Welcome to Princeton Baptist Medical Center student orientation page. We are excited that you will be learning at Princeton. Princeton is part of the Baptist Health System. There are four facilities in the system and Princeton is the largest. In order to prepare you for your clinical experience, you are required to complete the orientation module, sign the confidentiality form and take the test prior to your first student visit at the hospital. You will also be required to obtain a temporary parking pass to park in the employee parking lot. These will be given to your instructor on your first clinical day. The completed test and signed confidentiality form should be submitted to your instructor if you are in a clinical group.

If you are doing a preceptorship or practicum, you must submit your paperwork to and obtain your parking pass from Susan Bowden, Clinical Nurse Educator II, prior to doing your first preceptorship day. Contact Susan at 783-7067 or by locating her office on 4th Floor West of the main hospital.

Again, welcome to Princeton; we wish you a meaningful learning experience on campus!

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STUDENT ORIENTATION MODULE

Baptist Health System Mission Statement

As a witness to the love of God, as revealed through Jesus Christ, the Baptist Health Foundation is committed to ensure that the Baptist Health System has the charitable and community resources necessary to sustain its ministries that enhance the health, dignity and wholeness of those we serve through Integrity, Compassion, Advocacy, Resourcefulness, and Excellence.

Baptist Health System Vision

We will be recognized by our patients, physician, and staff, and the communities we serve as a faith-based ministry providing a safe, protective, compassionate, modern healthcare environment.

Our Values

We live by certain values at Princeton Baptist Medical Center, and these values shape and influence all of our decision and actions. These values are:
**Integrity**
To honor God in all we do.

**Compassion**
To minister to the body, mind and spirit of those entrusted to our care. To treat each other as we would want to be treated.

**Advocacy**
To improve the well-being of people in our communities.

**Resourcefulness**
To advance the benefits of faith-based, not-for-profit health care in our communities. To make the best use of our God-given resources.

**Excellence**
To support education and research to enhance performance. To continuously improve ourselves and our services.

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**Customer Service**

Exceptional customer service is one of the most important identifiers of who we are. In keeping with the mission, vision and values, the hospital places the needs of its customers above all. Outstanding customer service is our goal for all customers, both internal and external.

Our goal is for everyone that enters Princeton Baptist Medical Center to know that they are important and that we care for them as a person, physically, spiritually and emotionally. We intend for them to know they have experienced something different at Princeton.

In order to do this, we have made a promise to our customers and we have behavioral standards that all employees follow to help us keep that promise. We expect all students completing learning experiences at Princeton to follow the same behavioral standards.
Our Patient Promise:

Because it is our sacred privilege to serve you, our goal is to ensure that you receive the best care in a manner that exhibits the love of Christ.

We promise to deliver an experience that ensures you feel confident in recommending Baptist Health System as the best place for all health-related needs.

We promise to:

always provide attentive and personalized care that is sensitive to your physical, emotional and spiritual well being;

always be compassionate and responsive to your needs;

always listen to understand your needs and coordinate your care with our expert physicians and medical team;

always provide you with open and honest communication, and the information you need – every step of the way;

always provide a safe and clean environment for you, your family and friends;

always value your time while keeping focused on the importance of your health.

Behavioral standards that are used to meet the promise are:

1. Gracious greeting
2. Informative interaction
3. Establish expectations
4. Appealing Appearance

A gracious greeting is important to continue with our strong reputation for caring and compassion. It includes three parts:

1. Smile, make eye contact within 5 seconds
   Immediate acknowledgement of someone makes them feel valued and cared for. It sets the tone for the rest of the interaction and can help diffuse any anxiety or discomfort the patient may be having. Smiling is appropriate in most situations. However, there are a few times it is not.

2. Introduce self and facility
   By introducing yourself, you put the patient at ease and create a more emotional and personal connection. By stating the name of the facility, you
are helping to tie the patient emotionally to Baptist. This creates loyalty in the future.

3. **Welcome, thank you, good morning**
   Starting a greeting with a salutation helps make the patient feel welcomed. It also show respect.

**Informative interaction** is making sure that every patient interaction is meaningful for the patient. It is comprised of three things:

1. **Identify self, state position and address the patient by name**
   Identifying yourself puts the patient at ease and personalizes the interaction. Stating your position helps the patient know what to expect and the types of questions they should ask.

2. **Use the phrase “I’m here for you” with every customer**
   This phrase encompasses what Baptist Princeton offers to each patient and to the community. It is what we want every person to feel and experience when they interact with us.

3. **Provide instructions verbally- using written format for reinforcement**
   Customer fact: patients in our community indicate they prefer instructions verbally, then written. We need to provide verbal instructions, including asking them if they understood the instructions, checking for their understanding, and asking them if they have additional questions. In addition to help with retention of the instructions we ask that you provide them in written format whenever feasible.

**Establishing expectations** will help manage and guide patient on what to expect

1. **Review the itinerary and provide an update on timing or any changes as they occur.**
   Time is an important factor and knowing what patients expect and then helping them to understand what will be provided is essential to decreasing anxiety.

2. **Promote the next step**
   Say something positive about the department or person they will be interacting with next. We need to take every opportunity to show our expertise and help patients be less apprehensive of the next steps. By promoting others, it can show boty expertise and how we work together as a team.

3. **Know top questions patients ask and have answers at your fingertips**
   By being ready to answer questions quickly and accurately, it provides the patient with a sense of confidence that we know what we are doing and that they are in good hands. Remind them the Patient Information guide will be a good source for common patient questions.

**Always have an appealing appearance** because our appearance is viewed throughout every step the patient takes.
1. **Your appearance**  
   It is important, it says a lot about the hospital and the environment. It is important to follow dress code and look professional every day.

2. **Face Heart to Heart**  
   Your body language sends a loud message even more than the works you speak- including facing heart to heart with the patient, making eye contact and smiling when appropriate.

3. **Organized and uncluttered**  
   A neat, organized area sends a clear message to patients and visitors that the quality of care is high. Avoid or remove clutter from your workstation in order to promote the perception of excellence.

Clink the following link to view the video of the Baptist Patient Promise:

www.bhsala.com/PatientPromise

Click the following link to view the behaviors that we display to fulfill our Promise:

http://www.bhsala.com/body_princeton.cfm?id=947

If you ever have questions about the Patient Promise or how to fulfill the standards, please let us know- we are here for you.

**GENERAL GUIDELINES FOR STUDENTS**

* Parking is in the Haynes Building parking lot on Tuscaloosa Avenue. Turn into the parking lot beside the Haynes Building. Press the intercom, when answered, give your name, school, and that you are a nursing student. The gate will be opened and you should park to the right of the Haynes Building. You must display your temporary parking pass in the front windshield of your vehicle.

* A student will never assume total responsibility for a patient. The assigned nurse has responsibility for the patient.

* All planned student activities pertinent to care of a patient will be shared with the designated Instructor, Staff Nurse, or Preceptor.

* A student who has not attained competency in a skill or procedure is required to have the Instructor or Preceptor present if the student is to participate in that procedure.

* A student cannot take a verbal order from a physician or other discipline.

* A student cannot confirm physician’s orders.

* A student cannot take a critical lab or critical radiology report.
* A student must comply with the school dress code. School issued name badges must be present and visible.

* A student must report any incident/accident to the Instructor, Preceptor, or Nurse Manager.

* A student cannot cosign as a witness for high-alert medications.

* A student cannot be a witness for written consent

**Sensitivity to Others**

No two people are exactly alike. We are all different. These differences become more important in the health care industry due to the extremely personal nature of the services provided. We need to be acutely aware of our differences and create an environment that is respectful of all people. Be aware of your own feelings regarding diversity and consistently use behaviors that communicate respect.

We must be able to recognize, respect, and work with people with different beliefs, practices, cultures, and rituals in order to promote and improve the health of our customers. Population groups and/or age groups must also be considered when addressing the patient’s plan of care. Inform your instructor or preceptor if you have specific questions regarding sensitivity/diversity.

**Information Management**

Information management includes obtaining, managing, and utilizing information to improve patient outcomes and hospital performances. In order to maintain confidentiality, access to information is on a need to know basis. User IDs are issued to students and passwords are created by the student. The password belongs only to you and it is extremely important that you do not share it with anyone.

To maintain confidentiality of patient information, refrain from having conversations regarding patients in the hallways, elevators, cafeteria, or other public places. Never discuss, disclose or review any information about a patient’s medical conditions with any other person unless they have proper authorization.

**HIPPA**
HIPPA is a federal law that requires all health care facilities to provide to patients the Notice of Privacy Practices. This notice explains the patient’s rights and when and to whom an agency will be giving any protected health information (PHI). PHI includes information related to any health care provided to a person. The patient’s medical record, as well as name, address, employer, birth date, telephone/fax number, email address, occupation, account number, social security number, certificate number, voice prints, finger prints, photos, relatives’ names, and other personal information are also included.

As a student, you should: not share any PHI with anyone who does not have a need to know it; only seek the information you need to complete your patient care assignment; not discuss any patient information in hallways, cafeteria, and other public places; dispose of any PHI material you have in a designated manner; use PHI materials in a secure area.

In order to gain access to PHI, each student will be required to sign a confidentiality agreement.

**Emergency Preparedness**

We must all be aware of potential emergencies in the hospital and trained to respond to unexpected events and emergencies. Following hospital procedures may ensure safety for our patients and families and employees.

**Fire Safety**

The proper response to fire or smoke is RACE-C:

R- rescue patient immediately from fire or smoke area

A- pull fire alarm station and call emergency number (3199), give the exact location of the fire

C- confine the smoke or fire by closing all doors to rooms and corridors

E- extinguish the fire (when safe to do so)

C- Clear the hallways
In case of fire, remain calm, act quickly, and never shout “Fire”. Remove all patients from the immediate fire area. Confine the fire by closing doors. Activate the nearest fire alarm and call the Code Red telephone number (3199) to give necessary information (location, nature, and extent if possible). Extinguish fire if possible. If not, evacuate all persons to a safe area using designated fire exits. Evacuation should first be horizontal, then vertical and down. Clear the hallways so that emergency equipment can be made readily available.

**Electrical Safety**

Electrical safety is needed to prevent fires and shock.

1. Inspect all equipment prior to use, check for cracks in glass or plastic and sharp or rough edges.
2. Do not use if cords are frayed.
3. Use only equipment with a 3-pronged plug.
4. Do not use unfamiliar equipment.
5. Use equipment only for what is intended.
6. Report all broken equipment immediately; label broken equipment “DO NOT USE”.
7. Do not try to repair broken equipment.
8. Do not use any device that blows a fuse or gives a shock. Report all shocks immediately, even small ones.

Patient incidents involving medical equipment or products must be reported immediately to your instructor/preceptor. This must be reported to Risk Management according to the Safe Medical Devices Act (SMDA).

**Security**

The Security Department monitors the hospital and surrounding grounds. There is a security officer posted in the employee parking areas at shift change. If you leave the hospital after dark and at a time different than shift change, contact Security at 783-3090. There will be a security officer to observe/escort you to your vehicle.

YOU can help make our hospital a safer place by taking steps to protect yourself. Do Not leave your purse, wallet, or valuables unattended. Keep them out of view. Report any suspicious person or unauthorized persons to Security immediately.
Security Sensitive Areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother Baby areas</td>
<td>Infant abduction/ domestic violence</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Internal theft of drugs/ robbery due to storage of drugs</td>
</tr>
<tr>
<td>Psychiatric areas</td>
<td>Patient violence/ domestic violence</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>Robbery due to storage of drugs/ domestic violence/ gang violence/ patient violence</td>
</tr>
<tr>
<td>Medical Records</td>
<td>Theft of sensitive patient information</td>
</tr>
</tbody>
</table>

Each of these areas may have special security devices, policies or procedures related to the security.

Hospital-wide Emergency Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Red/Location</td>
<td>Fire</td>
</tr>
<tr>
<td>Code Security</td>
<td>Hostage/ Infant abduction</td>
</tr>
<tr>
<td>Code One/ Code R</td>
<td>Psychiatric manpower</td>
</tr>
<tr>
<td>Code Blue (adult)/ Code Pink (child)</td>
<td>Cardiopulmonary arrest</td>
</tr>
<tr>
<td>“The hospital internal disaster team will report to ______________________”</td>
<td>Internal disaster’</td>
</tr>
<tr>
<td>“The hospital external disaster team will report to ______________________”</td>
<td>External disaster</td>
</tr>
<tr>
<td>“The hospital bad weather recall in now in effect”</td>
<td>Snow/ Ice</td>
</tr>
<tr>
<td>Not announced</td>
<td>Bomb threat</td>
</tr>
</tbody>
</table>
Hazardous Materials

Hazardous materials are chemical substances found in the workplace. These substances have the potential of causing harm to you. Chemicals are hazardous if they cause acute health problems, cause chronic health problems, suddenly release pressure, are flammable or are reactive. OSHA’s Hazard Communication Standard is often referred to as “Right to Know”. Its purpose is to make sure employees recognize and understand the hazards of the chemical in their workplace. Right to Know also requires employers to provide workers with the information and training they need to protect themselves from chemical hazards. Rights come with responsibilities. It is up to the employer and chemical manufacturers to provide information. It is up to the employee to use that information to work safely with chemicals.

There must be a written Hazard Communication plan that shows how facilities put safety measures in place to protect from chemical hazards. Everyone must know what the plan says and how it may be accessed.

The Right to Know has two key information tools. These are container labels and Material Safety Data Sheets (MSDS). Every chemical container should have a clearly written label. Every chemical should have an MSDS. Always check them before starting a job. These items give important information about what could go wrong when you work with the substance. Symptoms of exposure, overexposure- such as rashes, or headache, are also listed. Check warnings on health hazards closely. The MSDS explains what health problems could develop from exposure to the substance.

The MSDS has information you need to prevent possible problems. At the top of the list is personal protective equipment (PPE). When it says PPE is needed, use the gloves, eye coverings, clothes, respirator, etc. authorized by your facility to stay safe.

PPE is not your only defense against chemical hazards. The MSDS will list controls like ventilation. Key procedures and precautions for safe chemical handling, storage, and disposal will also be covered. If the spread of contamination is a concern, there will be information on showering and other hygiene practices.
Right to Know stresses accident prevention. It also recognizes that accidents can happen. So the MSDS tells what to do if there is a fire, spill, overexposure, or other emergency.

**Material Safety Data Sheets**

This hazard communication tool gives details on chemical and physical dangers, safety procedures, and emergency response procedures. Your employer must have one for every chemical and hazardous product in your workplace.

The MSDS covers:
1. Identity- manufacturer name and address and/or supplier’s information, emergency phone number and date prepared.
2. Hazardous ingredients- worker exposure limits to the chemical are included.
3. Physical and chemical characteristics- boiling point, vapor pressure, vapor density, melting point, evaporation rate, water solubility, and appearance and odor under normal conditions.
4. Physical hazard such as fire and explosion- and ways to handle those hazards, such as firefighting equipment and procedures.

**Infection Control**

General infection control policies are in the Policy Manager on the Baptist Intranet. Refer to these policies for specific questions regarding infection control or consult your instructor or preceptor. Student nurses should use the following guidelines while in the hospital:

1. Comply with the school of nursing/hospital dress code regulations.
2. Long hair should be pulled away from face to reduce the risk of contamination of patient food, supplies, etc. and to reduce the risk of personnel hair contamination from splashes or contact with soiled hands.
3. Avoid touching eyes or mouth during patient contact activities.
4. No eating or drinking in patient care areas.
5. Follow hand washing guidelines.
7. Follow isolation precautions as indicated.

**Hand Hygiene**
Proper hand care is the single most important way to prevent and reduce infections. Washing hands with hospital approved soap and water should be performed if hands are visibly soiled. If hands are not visibly soiled, the use of the hospital approved alcohol based handcleaner is the preferred method of hand care. The alcohol based handcleaner kills more bacteria and viruses and has a build up effect to keep killing organisms on the hands after several uses.

When following standard precautions, clean your hands:
- Before and after entering any patient room
- Before putting on gloves and after taking them off
- After touching blood or other body substances (or patient care equipment contaminated with these), broken skin or mucous membranes- even if you wear gloves
- Between different procedures on the same patient

If a patient is on contact precautions for Clostridium Difficile, you must wash your hands with soap and water. Alcohol based handcleaner is not effective against this microorganism.

Use of Lotions

Lotions are recommended to ease the dryness resulting from frequent handwashing and to prevent dermatitis resulting from glove use. Use only hospital approved/supplied lotion.

Nails

Baptist Health System is committed to ensuring a safe and healthy work environment for patients and staff. We require our direct patient care givers to have short, clean, natural nails. Artificial nails and nail tips for all direct and indirect caregivers are prohibited.

Blood and Body Fluid Exposure

Blood and body fluid exposure is any cut or puncture wound with a used needle or instrument, any splash of blood or body fluid to eyes, nose or mouth, or any cutaneous
Exposures can happen any time and usually happen when it is least expected. Bloodborne pathogens of concern include Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV). Measures for preventing bloodborne exposures include: using standard precautions on every patient, every time; using safety designed devices (IV tubing, IV catheters, needles, syringes); disposing of all sharps immediately and appropriately; changing needle boxes when they are ¾ full; and avoiding recapping of needles.

In the event of blood or body fluid exposure, wash the site with soap and water or irrigate the eyes at the nearest eye wash station/sink. Notify your instructor or preceptor immediately.

**Personal Protective Equipment (PPE)**

PPE is worn to protect against blood/body fluid exposures. Know the location of the PPE in the patient care area and be familiar with them when barriers are indicated and use as required.

**Biohazardous Waste**

Biohazardous waste is any type of waste that is contaminated by blood or other body fluids contaminated with blood. It includes: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or other potentially infectious material. These materials should be discarded in red bags for incineration. These containers have the Biohazard symbol indicating their contamination. The containers are to be closable, constructed to contain all contents and prevent leakage during handling, storing, transporting, or shipping. Always wear PPE when handling Biohazardous Waste.

**Emergency Management Quick Reference**
1. Move all non-secured objects away from the windows, such as books, flowers, personal belongings, etc.
2. Close the curtains or blinds.
3. Close doors.
4. If possible, evacuate patients and visitors to areas without windows (halls, etc.).
5. If unable to move patients from rooms with windows, cover patient with blankets.

**Fire Precautions**

1. Remove the patient and visitors.
2. Activate the fire alarm and call 3199 to report.
3. Contain the fire by use of fire extinguishers and closing doors.
4. Clear the hallways.
5. Evacuate patients as directed- horizontally first, the down- using stairs.

**Bomb Threat**

1. Stay on the phone as long as possible. Notice accent, background noise, etc. Ask where the bomb is, what kind of bomb, when it will go off, why, etc. Do not notify other staff or patients and families.
2. While on the phone, get another staff to call Security at 3090 STAT.
3. If a suspicious item is found, immediately clear the area of patients.

**Infant Abduction**

1. Immediately lock down unit and keep locked down until all clear is announces.
2. Search all areas of unit and waiting room and restrooms. Look in hampers, etc.
3. Call 3090 for any suspicious activity and to report area clear.

**Improving Patient Care**

Baptist Health System is committed to improving the safety of our patients. There are many accreditation and regulatory bodies that define quality and look for continuous improvement in patient safety and quality of care. The Joint Commission is one of the organizations that survey hospitals at intervals to ensure that patient care is continuously being examined and improved upon. The survey process “traces” patient care throughout a hospital stay.

**Core Measures**

Core measures are quality initiatives that are prompted by the federal government. The initiatives empower consumers to make more informed decisions and encourage providers to improve quality of healthcare. Our core measures are:

- Acute Myocardial Infarction
- Congestive Heart Failure
- Pneumonia
- Surgical Care Improvement Project

Best practices are defined for each of the measures. The following tables list the core measures, best practices, and our plan for implementing the best practices.

### CONGESTIVE HEART FAILURE

<table>
<thead>
<tr>
<th>Best Practices</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evaluation of left ventricular function</td>
<td>1. CHF progress note on chart complete with EF documentation.</td>
</tr>
<tr>
<td>2. ACE Inhibitor or ARB at discharge for patients with EF less than or equal to 40%</td>
<td>2. CHF progress note present with appropriately ordered at d/c or contraindication to therapy documented.</td>
</tr>
<tr>
<td>3. Discharge Instructions</td>
<td>3. Instructions complete and meds must be reconciled at discharge and copy given to patient &amp;/or family (“Continue home meds” not acceptable). Follow up appointment documented.</td>
</tr>
</tbody>
</table>

### ACUTE MYOCARDIAL INFARCTION

<table>
<thead>
<tr>
<th>Best Practices</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aspirin on arrival</td>
<td>1. Aspirin given within 24 hours of arrival.</td>
</tr>
<tr>
<td>2. Aspirin at discharge</td>
<td>2. Aspirin continued at discharge. AMI progress note should be present with appropriate meds. ordered at discharge.</td>
</tr>
<tr>
<td>3. ACE/ARB for LVSD discharge for patients with EF less than or equal to 40%</td>
<td>3. AMI progress note present on chart with appropriate meds. ordered at discharge or contraindication to therapy documented.</td>
</tr>
<tr>
<td>5. Beta blocker at discharge</td>
<td>5. AMI progress not present on chart with appropriate meds. ordered at discharge or contraindication to therapy documented.</td>
</tr>
<tr>
<td>6. Time to PCI (within 90 min.)</td>
<td>6. EKG should be done within 10 min. of arrival. Code STEMI team activated to achieve revascularization of vessel in &lt;90 min.</td>
</tr>
<tr>
<td>7. Lipid lowering therapy</td>
<td>7. Lipid panel ordered within 24 hr. of arrival. For patients with LDL&gt;100, patient discharged on a statin or MD should document any contraindication.</td>
</tr>
</tbody>
</table>
## PNEUMONIA

<table>
<thead>
<tr>
<th><strong>Best Practices</strong></th>
<th><strong>Expectations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Blood cultures documented prior to antibiotic given.</td>
<td>1. Cultures drawn prior to antibiotic administration.</td>
</tr>
<tr>
<td>2. Initial antibiotic received within 4 hours.</td>
<td>2. Antibiotic should be given within 4 hours of hospital arrival.</td>
</tr>
<tr>
<td>3. Antibiotics consistent with current guidelines.</td>
<td>3. Assess appropriate order, verify with MD if orders conflict with Uniform Order Set.</td>
</tr>
<tr>
<td>4. Pneumococcal Vaccination (65 yr. or older)</td>
<td>4. Adm. Hx. completed; home med. sheet completed; vaccine given if indicated.</td>
</tr>
<tr>
<td>5. Influenza Vaccination (50 yrs. or older-Oct.-March; current year only)</td>
<td>5. Adm. Hx. completed; home med. sheet completed; vaccine given if indicated.</td>
</tr>
</tbody>
</table>

## SURGICAL CARE IMPROVEMENT PROJECT

<table>
<thead>
<tr>
<th><strong>Best Practices</strong></th>
<th><strong>Expectations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Antibiotics within 1 hour (Vancomycin-2 hours)</td>
<td>1. Antibiotic given prior to incision.</td>
</tr>
<tr>
<td>3. Antibiotics discontinued within 24 hours of surgery end time.</td>
<td>3. Verify that antibiotic is ordered and administered correctly. If infection documented- antibiotic can continue &gt; 24 hours.</td>
</tr>
<tr>
<td>4. Achieve immediate (within 15 min) postop normothermia (&gt; 96.8 orally) for colorectal surgery patients.</td>
<td>4. Temp&gt; or = to 96.8 within 15 min. If &lt; 96.8 warm IV fluids, Bear Hugger may be used. Recheck temp within 15 min. and document.</td>
</tr>
<tr>
<td>5. Beta blocker given within 24 hours prior to surgery or prior to leaving PACU (for patients with beta blockers as home med.)</td>
<td>5. Beta blocker given (even if NPO), Preop Diet and Medicaidon Order Form on chart.</td>
</tr>
<tr>
<td>6. Recommended Venous Thromboembolism prophylaxis ordered.</td>
<td>6. Appropriate prophylaxis should be ordered. If not, verify rationale with MD.</td>
</tr>
</tbody>
</table>
7. Recommended VTE Prophylaxis implemented within 24 hours prior to or 24 hours after surgery.

<table>
<thead>
<tr>
<th>7. Prophylaxis implemented within 24 hours.</th>
</tr>
</thead>
</table>

8. Glucose control for Open Heart Surgery

<table>
<thead>
<tr>
<th>8. Verify glucose and initiate glycemic protocol.</th>
</tr>
</thead>
</table>

The facility has defined other outcomes measures and continuously implements plans and actions to improve performance in the following areas:

- National Patient Safety Goals
- Patient Satisfaction
- Patient Falls

**National Patient Safety Goals**

**Goal 1:**
- Improve the accuracy of patient identification
- Always use 2 appropriate patient identifiers: verbally match name and DOB on armband with patient record

**Goal 2**
- Improve the effectiveness of communication among caregivers
- For verbal or telephone orders or telephonic reporting of critical results, verify the complete order or test result by having the person receiving the order or test result “read back” the complete order or test
- Measure, assess, and if appropriate, take action to improve timeliness of reporting and receipt by responsible LIP critical test results and values
- When nurses receive a critical test result, use results sticker to record results and place in progress notes; record the time the results is called to the physician, and call critical test results to physicians within one hour
- Implement a standardized approach to “hand off” communications, including the opportunity to ask and respond to questions. Hand offs include but are not limited to: nursing shift changes, physician transferring complete responsibility for a patient, physician hand off from the ER to inpatient unit, MD report to PACU nurse, PACU nurse to floor nurse, floor nurse to radiology transport, transport to radiology tech

**Goal 3**
- Improve the safety of using medications
- Standardize and limit the number of drug concentrations available

Revised 6/09
6/10
7/10
4/11
• Identify and review a list of look alike/sound alike drugs used and take action to prevent errors with interchange of these drugs
• Label all medication containers or other solutions on and off the sterile field in the OR and other procedural areas
• DO NOT USE Abbreviations: U (unit), IU (international unit), QD, qd (every day), QOD, qod (every other day), trailing zero (2.0 mg), lack of leading zero (.25- should be 0.25), MS, MSO4, MgSO4 (morphine sulfate or magnesium sulfate)

Goal 7
• Reduce the risk of health-care associated infections
• Comply with current CDC hand hygiene guidelines
• Healthcare professional should always wash their hands before/after patient contact, for at least 15 seconds, after touching inanimate sources that may be contaminated, and with soap and water when hands are visibly soiled
• Manage all identified cases of unanticipated death or major permanent loss of function associated with a health-care associated infection as a sentinel event

Goal 8
• Accurately and completely reconcile medications across the continuum of care
• Implement a process for obtaining and documenting a complete listing of the patient’s current medications upon the patient’s admission to the organization and with the involvement of the patient including a comparison of the medications the hospital provides to those on the list. Provide the patient a list of all medications at discharge
• A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner, or level of care within or outside the organization

Goal 9
• Reduce the risk of patient harm resulting from falls
• Implement a fall reduction program and evaluate the effectiveness of the program

Goal 13
• Encourage patients’ active involvement in their own care as a patient safety strategy
• Communicate with patients and families about all aspects of their care, treatment and service
• Patients are educated on methods to report concerns related to care, treatment, services, and patient safety

Goal 15
• The organization identifies patients at risk for suicide
• A risk assessment is completed that includes factors that might increase or decrease suicide risk. The patient’s immediate safety needs and most appropriate setting for treatment are addressed. The organization provides information such as crisis hotlines to individuals and their family members for crisis situations.

Goal 16
• Creating a system for rapid response when a patient’s condition deteriorates suddenly
• The organization selects a suitable method that enables staff to directly request additional assistance from specialty trained individual(s) when the patient’s condition appears to be worsening
• A significant number of critical inpatient events are preceded by warning signs for an average of 6 to 8 hours

Goal 3E
• Reduce the risk of patient harm from anticoagulation
• Pharmacist is involved in inpatient anticoagulation services for both heparin and warfarin to provide input on dosing and monitoring of patients on anticoagulation therapy
• Patient education includes the reasons and benefits of therapy, potential side effects, follow-up monitoring, compliance issues, dietary restrictions, potential for drug interactions, and safety precautions

Universal Protocol

• UP 1A: Preoperative verification process
• UP 1B: Mark operative site
• UP 1C: Active time out immediately before starting the procedure
• Conduct a “time out” with the entire procedure team confirming:
  o Correct patient
  o Correct procedure
  o Correct site is marked (if required)
  o Correct patient position
  o Special equipment/implants available

This is the completion of the student orientation module. Now proceed to the post-test and confidentiality statement.