Loyola University Health System Mission Statement
Loyola University Health System is committed to excellence in patient care and the education of health professionals. We believe that our Catholic heritage and Jesuit traditions of ethical behavior, academic distinction, and scientific research lead to new knowledge and advance our healing mission in the communities we serve. We believe that thoughtful stewardship, learning and constant reflection on experience improve all we do as we strive to provide the highest quality healthcare.

We believe in God’s presence in all our work. Through our care, concern, respect and cooperation, we demonstrate this belief to our patients and families, our students and each other. To fulfill our mission we foster an environment that encourages innovation, embraces diversity, respects life and values human dignity. We are committed to going beyond the treatment of disease. We also treat the human spirit.

Trinity Health Mission Statement
We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Core Values

Reverence
We honor the sacredness and dignity of every person.

Commitment to Those Who are Poor
We stand with and serve those who are poor, especially those most vulnerable.

Justice
We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity
We are faithful to who we say we are.
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The Joint Commission Journey
Like most healthcare providers, Loyola University Health System (LUHS) is routinely evaluated to ensure it continues to provide safe high-quality care to patients. The Joint Commission (TJC) conducts surveys to assess our compliance with standards of patient care. Please take the time to prepare for TJC’s visit so we can share our pride in what we do.

What is The Joint Commission?
TJC is an organization dedicated to improving the quality of care in healthcare settings. Its major functions include developing organizational standards and performance measurement, awarding accreditation and certification and providing education and consultation.

When will the survey occur?
TJC surveys are unannounced and can occur anytime. LUHS will receive notice at 7:30 am on the first day of the survey. The TJC Command Center will open and get the word out to everyone, including special pages to management, computer alerts, overhead announcements in the hospital, flat-screen announcements and broadcast voicemails and emails. The survey team will arrive by 8 am. Surveyors will focus on inpatient care, ambulatory and home medical equipment standards. The surveyors will also conduct life safety tours for the entire main campus.

Survey Tips

Before the surveyor arrives…
- Know what to expect—review all preparation materials and know where to find the answers.
- Read the monthly Patient Safety Readiness newsletter.

How can I stay ready and informed about the TJC survey?
- Ask your manager and participate in preparation activities in your department.
- Watch for information on flat-screen announcements, posters and badges.
- Know how to access policies and patient education materials on the intranet.
- Check the LUHS Patient Safety Readiness Website. Go to Spirit, click on Resources and scroll down to Joint Commission Readiness. luhs.che.org/Departments/qz/qaps/JointComm/default.aspx
Throughout the week, the surveyors will do patient tracers. After selecting a specific patient, the surveyor will go to different patient care areas, test and treatment areas and support departments that have participated in the care and services for that patient.

*When the surveyor arrives…*

- Look and behave professionally.
- Be very attentive to your environment. Try to make it as neat, orderly, clean and organized as possible.
- Clear hallways and stairwells of any equipment or carts (isolation, chemotherapy and crash carts may remain in the hall).

*When the surveyor asks you a question…*

**Be enthusiastic and friendly.** Relax and take a deep breath. Be sure you understand the question. After giving it some thought, answer the question. If you don’t know the answer, tell the surveyor where you can find the answer or who can help provide it. Stop talking once you have answered the question. Surveyors aren’t looking for a LONG answer – they are looking for the RIGHT answer.

**Work as a team.** Volunteer to help your co-workers by helping to answer a question OR offer to cover for their responsibilities while they are speaking with the surveyor. Use your life-lines. Ask your manager or check intranet resources. Refer to information in this guidebook and on your National Patient Safety Goal badge and Employee Safety Information badge.
How does LUHS protect patients’ rights?
Relationships between the patient, family and hospital staff are based on trust and mutual respect. LUHS protects the rights of patients by:

- Planning care to meet their needs
- Making sure they understand plans for their care
- Involving patients and their families in decisions regarding their treatment
- Clearly explaining authorization and consent forms
- Providing patients with information about advance directives, such as living wills and assigning power of attorney
- Providing interpreters when communication barriers exist

- Upholding patients’ rights to refuse treatment as long as it is not against the law
- Respecting patients’ rights to change doctors or hospitals
- Ensuring they receive prompt and effective relief for pain

How do we protect patients’ privacy and confidentiality?
We guard the privacy and confidentiality of patients by:

- Following HIPAA guidelines before releasing patient information
- Making sure only authorized persons review patients’ records
- Not talking about patients in elevators or other public areas
PATIENT RIGHTS, CONFIDENTIALITY AND PRIVACY

- Logging off computer screens and guarding folders that contain confidential patient information
- Allowing computer access through a password system
- Giving treatments and examining patients in private
- Asking the patient's permission before discussing their care in front of visitors or other patients
- Knocking on the patient's door before entering and pulling privacy curtains once in the room
- Shutting doors when an exam or test is being done
- Disposing of patients' papers and reports in designated containers or shredding them

Survey Tips

For the full listing of how LUHS upholds patients' rights and confidentiality, check the Patient's Bill of Rights posted in the lobbies of all buildings as well as in the online policy, LUMC: Patient Rights and Responsibilities/GMH: Patient Rights and Responsibilities and Patient Guide.
What approach does LUHS use to improve quality?
Quality project planning begins with three questions:

1. Project Aim & Goal – What are we trying to accomplish?
2. Measurement – What will we count to be sure that changes we make are an improvement?
3. Solutions – What changes can we make?

Changes are then tested using multiple PLAN-DO-STUDY-ACT cycles

PLAN: Plan the test
DO: Test the change and collect data
STUDY: Analyze the data and develop conclusions
ACT: Make a decision to adopt the change, revise it or stop it. Begin another cycle.

LEAN/Six Sigma Transformation
LUHS also uses LEAN/Six-Sigma principles (DMAIC), to help improve processes and create efficiencies within our departments and across the system. Regular kaizen events are held in targeted areas to assess the current state, brainstorm potential changes, try out process changes and “go-live” with new processes.

What is LUHS doing to improve the quality and safety of patient care?
System-wide quality improvement teams have improved processes for:

- Reduction of central-line bloodstream infections, catheter-associated urinary tract infections and post-op venous thrombus embolus
- Reducing readmissions to the hospital
- Reduction of patient falls and pressure ulcers
- Reducing mortality due to severe sepsis/septic shock
What approach does LUHS use to improve quality?

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QUALITY & PATIENT SAFETY AT LUHS

The Joint Commission’s Core Measures focus on the clinical care for specific patient populations. These include influenza immunization, stroke, venous thromboembolism (VTE), sepsis, perinatal measures, emergency department measures and outpatient measures. Our compliance with these evidence-based measures is available to the public on the internet.

What initiatives is LUHS working on to improve patient safety?

- Patient Safety Hotline: available for staff, patients and families to report concerns about safety:
  - LUMC: 708-327-SAFE
  - GMH Patient Relations: 708-538-4103
- System-wide patient safety education for all physicians and staff
- Follow-up on trends of adverse events and near misses reported via the online patient safety communication system
- Root cause analysis of events and failure mode effects analysis to analyze new and existing processes for potential problems

Staff Interaction

Quality & Patient Safety:
The quality and patient safety activities that my department is working on are:

- Patient safety videos on the flat-screen monitors used throughout the system
- Unit/department based Patient Safety Risk Assessments
AND
- Implementation of National Patient Safety Goals
The Right Patient
Use TWO patient identifiers (Name and Date of Birth) every time you administer medications and blood, obtain blood and lab samples and do procedures. Label blood and lab samples at the bedside or chair in the presence of the patient.

Before administering a blood transfusion, identify the patient using a two-person verification process at the bedside or chair. Include the patient in this process.

All components of the Universal Protocol must be documented. Confirm the correct PATIENT, SITE and PROCEDURE at each step.

• A pre-procedure verification process is required to confirm that the required documentation, equipment and supplies are available. Verify the correct patient, site and procedure when the procedure is scheduled, during pre-admission testing, on the procedure day and when the patient is moved from the pre-procedure setting.

• The MD marks the surgical site BEFORE all procedures when there is more than one possible location for the procedure. Actively involve the patient in the process.

• Conduct a time-out prior to all surgeries and invasive procedures, actively involving all team members to address the following:
  - **Correct patient** – check name and date of birth
  - **Correct site** – marked and visible
  - **Correct procedure** – matches the consent

Effective Communication
Report, read back and document all critical test results immediately.
Safe Medication Use
Label all medications and solutions, including water and saline, on and off the sterile field.

Labeling should include:
- Drug name, strength, amount of medication or solution containing medication, diluents name and volume
- Expiration date when not used within 24 hours
- Expiration time when expiration occurs in less than 24 hours

Use standard protocols (Epic order sets) to initiate and maintain anticoagulation therapy:
- Use oral unit-dose oral meds, pre-filled syringes, or pre-mixed infusion bags. Administer heparin via programmable pump
- Monitor labs regularly - obtain baseline and daily INR for all patients on warfarin therapy
- Educate patients and families on the importance of follow-up monitoring, compliance, food-drug interactions and the potential for adverse drug reactions and interactions. Document the teaching in the Epic Patient Education Module

Reconcile medications.
1. On admission, document the patient’s complete home medication list in Epic. Review dose, route and frequency for accuracy of each medication.
2. When a new medication is ordered, compare against the list of current medications. Reconcile and document any discrepancies.
3. Reconcile/check/document medication list at all patient transfers and at discharge. Provide updated medication list to the patient/family and the next provider at discharge.
Prevent Infections

- Perform hand hygiene with antiseptic hand gel or with soap and water for at least 15 seconds before and after any patient encounter. Use soap and water if visibly soiled or when caring for a patient with Clostridium difficile (C. diff).
- Prevent infections from multiple-drug resistant organisms (MRSA, VRE, gram-negative bacteria and C. diff).
  - Wash your hands and use appropriate PPE – gloves, masks, gowns.
  - Strictly follow isolation precautions guidelines.
- Prevent central line/PICC line infections by following protocols for line insertion and maintenance.
  - Insertion: Use insertion bundle checklist, standardized supply kit, maximum sterile barrier and chlorhexidine antiseptic for skin prep, apply Biopatch® disk and swab cap to every port. The subclavian site is preferred.
  - Maintenance: Disinfect catheter hubs and injection ports with alcohol-impregnated caps prior to access. Assess and document use of Biopatch® disk with dressing changes.
  - Removal: Evaluate need for catheter daily; remove non-essential catheters.
- Prevent catheter-associated urinary tract infections by using evidence-based practices and Decath Protocol.
  - Insertion: Use aseptic technique for site preparation, urinary catheter insertion, equipment, supplies and urine sample collection.
  - Maintenance: Minimize urinary catheter use and duration. Change only if clinically indicated by infection, obstruction, etc. Maintain the sterility of the collection system and replace as needed. Ensure that the catheter is secure, free-flowing and the bag is below the bladder and off the floor. Perform urinary catheter care daily.
• Prevent surgical site infections by administering the appropriate antibiotic within 60 minutes of surgical incision and then every four hours for longer cases; discontinue antibiotics within 24 hours of surgery end time (48 hours for cardiac surgery).
  – ALWAYS use clippers if hair removal is needed - DO NOT use razors
  – Use active warming measures to maintain normal patient temperatures
  – Maintain normal glucose levels in cardiac surgery patients
  – Report signs and symptoms of surgical site infection to the Department of Infection Prevention and Control:
    LUMC: 708-216-3654
    GMH: 708-538-5121

Patient Assessment/Education
• Educate patients and families on infection prevention strategies and document instructions.

• Identify patients at risk for suicide and address immediate safety needs. Provide resources for crisis [Hotline number: 800-273-TALK (8255)].
• Educate patients and families to share their concerns related to quality and safety issues. Talk to your caregiver and/or call...
  LUMC: 708-327-SAFE
  GMH Patient Relations: 708-538-4103

Clinical Alarm Safety
• Review Patient Care Policy
  LUMC: Clinical Alarms System and
  GMH: Clinical Alarm Management
• Know:
  – The most important alarm signals to manage
  – The most important alarms in your department
  – Clinically appropriate settings for alarms

It’s your turn:
Identify the National Patient Safety Goals that apply to your day-to-day work
How is LUHS improving the patient experience?
The LUHS Magis Program emphasizes Care, Concern, Respect and Cooperation among Loyola staff and physicians, and in how we interact with and serve our patients and their families. It is expected that every clinical department use patient survey feedback to develop an action plan to improve the patient experience for their specific patient populations. Some organization-wide Magis program activities include:

- A performance management system that incorporates Magis values and patient satisfaction goals
- Service recovery resources and assistance which provides a mechanism to apologize and make amends when our patients feel we have not met their service expectations
- Hourly staff rounding and daily manager rounding to address the personal needs of each patient
- A privacy standard that protects our patients’ privacy while in their room by closing curtains and doors and appropriately covering when care is being provided

Staff Interaction

Orientation & Competency:
Review the following questions with your manager and fill in the blanks.

Orientation: When I first started in my position at LUHS, my competency was tested by:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Competency: My competency is evaluated annually by:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Important Phone Numbers
Emergencies
Call 911, off campus call 9-911
Patient Safety Hotline
LUMC: 708-327-SAFE
GMH: 708-538-4103
Environmental Safety Concerns
708-327-2334; SAFE4
Spirit intranet
for everything you need to know!
Visit jointcommission.org to report patient or employee safety concerns that cannot be resolved through the hospital.

Packing List

Don't leave home without it:
- LUHS Identification Badge must be worn at all times
- National Patient Safety Goal Badge
- Employee Safety Information Badge
All physicians, staff and students at LUHS are responsible for maintaining a safe work environment. It’s important to keep yourself informed and aware of the LUHS emergency codes and the appropriate responses.

**Eye Wash Stations**
Eye wash stations must be inspected and tested weekly by the department in which they are located. Check to verify eye wash stations are unobstructed, protective covers are in place, and the station is flushed for three seconds.

**Fit Testing**
Clinical staff who have direct exposure to patients are required to be fit tested on an annual basis.

Did you know that…
Positive pressure rooms allow air to flow OUT of the room instead of in so that any airborne micro-organisms are kept away from the patient.

Negative pressure rooms maintain a flow of air INTO the room keeping contaminants and pathogens from reaching surrounding areas.

### LUHS Emergency Codes

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<td><strong>Code Orange</strong></td>
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<td><strong>Code Silver</strong></td>
<td>Active Shooter Lockdown</td>
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**Tip**
Your Employee Safety Information badge is a valuable resource for this information.
All physicians, staff and students at LUHS are responsible for maintaining a safe work environment. It’s important to keep yourself informed and aware of the LUHS emergency codes and the appropriate responses.

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ENVIRONMENTAL HEALTH & SAFETY

Fire Safety
Fires in healthcare settings require a rapid, efficient response to limit injury and damage. Each inpatient nursing unit is physically designed to confine smoke or fire to a “smoke compartment” to minimize injury or damage.

What do you do in the event of a fire?
If a fire occurs in another area: Close all doors and wait for further information or a “Code Red-All Clear.”

If a fire occurs within your immediate area: Follow the RACE plan

R Rescue: Rescue anyone in immediate danger.

A Alarm: Pull the fire alarm AND call 911 to report your name, location and type of fire. Off campus call 9-911.

C Contain: Close all doors and windows. Make sure smoke doors are closed. Keep corridors clear.

E Extinguish: If the fire is small, use one of the fire extinguishers to put it out. Evacuate if necessary.

To use a fire extinguisher, remember PASS:

P - Pull the pin between the handles
A - Aim in at the base of the fire
S - Squeeze the handles together
S - Sweep from side to side

If necessary, how do you evacuate employees and patients?
There are two ways to evacuate:

1. Horizontal evacuation is the preferred method for departments located in buildings that are constructed to “Defend in Place.” Move to a safe location on the same floor – past the next set of fire doors.

2. Vertical evacuation involves moving to a different floor or another building.

Remember:
Keep hallways “clutter-free” from equipment and other items. Do not block fire doors, fire extinguishers, fire alarm pull stations or sprinklers with items or equipment.

Always keep stairwells clear of equipment and other items.

Elevators should not be used during a fire emergency. If evacuation is needed, the fire department will know how to use elevators safely.

The Fire Department and Manager/Supervisor/Charge Nurse have the authority to shut off oxygen supply for that department.
Hazardous Materials

What are hazardous materials?
Hazardous materials are defined as any substance that can cause physical health problems when not handled safely. They include such items as flammable liquids, solids and gases; corrosives; poisons/toxins; and reactive.

What does OSHA require in the “Right-to-Know” Standard?
Every LUHS employee has the right to know about the hazardous materials they can come into contact with at the workplace and the safety precautions that you need to take to protect yourself.

What is your responsibility when working with hazardous materials?

- Know what hazardous materials are in your workplace—make sure that they are labeled.
- Always read the label before handling any chemical container.
- Use the appropriate personal protective equipment (PPE)—gloves, gowns and facemasks or safety glasses.
- Store and transport all compressed gas cylinders safely: upright, secure, or chained to the wall. Remember that cylinders must be transported in an appropriate carrier—never carry unsecured or transport on top of a patient’s bed. Do not store cylinders near heat sources or elevators.

Staff Interaction

Fire Safety:
Locations of my department's pull stations:
________________________________________________________________________
________________________________________________________________________
Location of my department's fire extinguisher:
________________________________________________________________________
Location of my department's fire exit:
________________________________________________________________________
Location of my department's oxygen shut-off valve:
________________________________________________________________________
Who has the authority to shut off the oxygen shut-off valve during emergencies?
________________________________________________________________________
**How do you obtain a Safety Data Sheet (SDS)?**

- Go to the Spirit homepage and click on the “Safety Data Sheets” link.
- You will be directed to the SDS online website for LUHS.
- Click on LUMC or GMH.
- Click on the building name of where the chemical is located or type the chemical name in the search box.

**OR**

- Or you can go to the Spirit homepage and click on Departments.
- Scroll down to the Employee Health and Safety link.
- You will be directed to the Employee Health and Safety Department home page.
- Click on the “Safety Data Sheets” link.
- You will be directed to the SDS online website for LUHS.
- Click on the building name of where the chemical is located or type the chemical name in the search box.

**What is your responsibility if you come across a hazardous materials spill/release?**

A hazardous release, exposure or spill is a Code Orange. When reporting a Code Orange, you will need to determine the type of spill/release that has occurred – chemical, biological or radiological.

- Report the Code Orange to Security by dialing 911; off-campus call 1-800-OIL-TANK and call SAFE-4. Describe the type or name of hazardous material spilled/released and location – building, department and room number.
- Evacuate the immediate area.
- Refer to a SDS for detailed instructions/health hazards.
- Limit foot traffic and/or secure the area until Security arrives and the hazardous materials contractor arrives.
**How do you dispose hazardous wastes? What goes where?**

Red Biohazard Bags: Sharps, blood, drainage soaked dressings, disposable items that could release blood or infectious materials if compressed, laboratory waste, IV tubing with visible blood and ALL specimen transport bags, even if clean or unused.

Sharps Container: Needles, other sharp medical instruments, broken glass and any other sharp materials.

Yellow Chemo Container: All chemotherapy items. Only Clean Harbors/Stericycle is authorized to remove chemotherapy materials.

Black Pharmaceutical Containers: Dispose of pharmaceutical waste in the appropriately labeled black container. Only Clean Harbors/Stericycle is authorized to remove pharmaceutical waste containers.

Containers/Bags Labeled “Radioactive:” All radioactive waste.

Only Radiation Control is authorized to remove radioactive materials. Contact Radiation Control to have radioactive waste removed from your area: LUMC: x63239 GMH: x85115

Clear Trash Bag: Use to dispose everything else.

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**Suicidal Ideation or Psychiatrically Certified Patients**

**Environmental Awareness**

The patient has a right to receive care in a safe setting.

- Identify patients that have demonstrated suicidal ideation or are psychiatrically certified by the medical team
- LUHS Safety measures include:
  - 1:1 monitoring with continuous visual observation
  - Removal of sharp objects from the room/area
  - Removal of equipment that can be used as weapons
  - Utilization of a patient room checklist located in the EMR
- Assess the environment for:
  - Hand rails, door knobs, door hinges, shower curtains, exposed plumbing/pipes
  - Soap and paper towel dispensers on walls, power cords on medical equipment or call bell cords
  - Light fixtures or projections from the ceiling
- Assess unattended items:
  - Utility or housekeeping carts that contain hazardous items
  - Unsafe items brought to patients by visitors
  - Windows that can be opened or broken
– Unprotected lighting fixtures
  - Assess for ligature risks: remove anything a patient can hang from
– Defined as anything that can be used to attach a rope, cord or other materials for the purpose of hanging or strangulation
– Ligature points include: shower rails, coat hooks, pipes, radiators, bedsteads, window and door frames, ceiling fittings, handles, hinges and closures
– The most common ligature points and ligatures are doors, hooks/handles, windows, belts, sheets or towels.

**Staff Awareness**

- Patients at LUMC will be in a yellow gown. Patients in the GMH Emergency Department will be in a yellow gown
- Avoid wearing a stethoscope around your neck
- Remove items from your lab coats or uniforms that can be used as a weapon
- Special attention for safety when patients have hemodynamic or IV lines and monitor cables attached
- Wear your Vocera®, This can be used in an “all-call” function to notify staff or to directly call security if needed

**Emergency Management**

If an emergency situation occurs on LUMC campus, request assistance by dialing 911 from any facility telephone.

If you are at an ambulatory location, dial 9-911 from any facility telephone or 911 from your cell phone.

**What is a Code Triage?**

LUHS has developed a number of response mechanisms dependent on the event. A Code Triage initiates the opening of Incident Command and the activation of the relevant response plan.

**What should you do when a Code Triage is called?**

You should report to your Unit/Department. There your manager will advise you of the situation and give you instructions.

Specific Labor Pools may be created for physicians, nurses, ancillary staff, non-medical and volunteers. You may be directed there for your assignment.

**Where can you find information on the LUHS emergency procedures?**

Refer to the “Emergency Management” link on the Spirit homepage the LUHS Safety Manual or the red colored emergency flip charts located in key areas of the health system.

**Where can you find a quick Code reference?**

Every employee was issued a quick reference card of the codes when their ID was issued. It should be worn next to your ID at all times. If you do not have one, please contact your manager who will assist in getting you a replacement.
What should you do to prevent the spread of infection?

- The prevention of infection is each person’s responsibility. Treat all blood and bodily fluids as if potentially infectious.
- Hand hygiene is the single most important procedure to stop the spread of infection.
- Tips for effective hand hygiene include:
  - Apply one or two pumps of antiseptic hand gel and cover all of the hand surfaces, including fingernails and in between fingers. Allow to dry.
  - Rub well-lathered hands together vigorously for 15 seconds, followed by thorough rinsing under running water. Use paper towel to wipe your hands dry and to turn off the faucet.
- When to cleanse hands:
  - Before and after contact with patient or environment.
  - Before putting on gloves.
  - After removing gloves.
  - After contact with body fluids, mucous membranes and wound dressings.
  - Before meals.
  - After using the bathroom.
  - When visibly soiled.
- The use of gloves does not eliminate the need for good hand hygiene.
- Use soap and water if hands are visibly soiled or when caring for a patient with Clostridium difficile infection.

What are important “contact-times” when disinfecting equipment and surfaces?

- PDI Sani-Cloth Germicidal Disposable Wipe (Gray Top Container)—Disinfects in three minutes. Keep surface wet for entire time period.
- PDI Sani-Cloth Bleach Disposable Wipe (Orange/Gold Top Container)—Disinfects in four minutes. Keep surface wet for entire time period.

Tip


Pain management process

- Side effects of pain management treatment.
- Activities of daily living, including the home environment.
- Safe use, storage and disposal of opioids when prescribed.
• Screen, assess, and reassess pain that is consistent with the patient's age, condition and ability to understand
• Screen patients for pain during emergency room department visits and at the time of admission
• Include the patient in the pain management treatment planning process
• Evaluate and document the patient's responses to pain interventions
• Pain management goals should include progress towards functional ability
• Educate the patient and family on discharge plans related to pain management, including:

Violent and Self-destructive Behavior

One-Hour Rule Initiation of Restraints

• The LIP must see the patient within one hour after initiation of restraints to evaluate the patient, then document in Epic (Navigator).
• Duration of LIP order: four hours for adults, two hours for ages 9-17; one hour for ages under nine.
• RN/PCT must monitor the patient every 15 minutes for signs of injury changes in physical/mental status.

Interdisciplinary Plan Of Care (IPOC)

• Individual, goal-directed nursing care is to be provided to patients through the use of the nursing process.
• Document problems, interventions, evaluations and reassessments a minimum of once per shift.
• IPOCs are to address the patient's current clinical presentation and needs.
• IPOCs must be evaluated and adjusted if any change occurs in their condition.
• Utilize the “Patient Story” module as well as documentation of WIND rounds when discussing the patient's plan of care.

Patient/Family Education

• Document the patient's learning assessment in Epic under the Patient Education Module.
• Document patient/family education in Epic under the Patient Education Module.

Restraints

• Document alternatives attempted prior to restraint application and reason why alternatives were ineffective.
• A restraint order is required before the application of restraints (non-emergency).
• In emergency situations restraints may be initiated by trained staff, then the LIP is notified and an order is obtained as soon as possible.
• Staff cannot discontinue/terminate an order and then re-start it under the same order because that would constitute a PRN order.
• No trial releases (that would be considered a PRN).
We also treat the human spirit.