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The Johns Hopkins University School of Medicine Johns Hopkins Health System Corporation The Johns Hopkins Hospital

Annual Required Education Packet

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This packet includes basic information on many important topics relevant to working at Hopkins. Where possible, references are provided. It is not meant to be an all-inclusive study. Your department, office or unit may require more extensive education in any of the above areas. Please see your manager for more information.

***Direct Care Employees include:** RN (Case Manager, CNS, Clinical Resource Nurse, NP) , MD, PA, Unit Managers, OT/PT/Speech Therapist, RT, Clinical Technician and Associate, Support Associate, Technicians (Radiology, Cardiology, OR, etc...), Patient Care Transporters, Clinical Dieticians, Social Work, Phlebotomy, Clinical Pharmacists, Counselors, Patient Visitor Services Staff, Pastoral Care, Child Life

NOTES: These requirements apply to contracted employees in any of the above roles.
 Roles which fall under Nursing are assigned applicable required education in Healthstream.

Topics for All Employees - Annual Review Required

Patient Safety

Overview

Patient safety is a national problem. The statistics are alarming:

- 44,000 to 98,000 deaths/year
- \$50 billion in total costs
- 7% of patients suffer a medication error

We know that:

1. The problem is large and universal.
2. The workers are not to blame.
3. Safety is resolute within the working systems.
4. To improve patient safety we must improve our systems rather than target individual fault.

National Patient Safety (NPS) Goals *

The Joint Commission has established the following safety goals for all healthcare institutions that support safe care practices:

- Improve the accuracy of patient identification - use 2 identifiers, label all specimens in the patient's presence
- Improve the effectiveness of communication among caregivers, write down/read back/confirm verbal orders and critical test results, avoid prohibited abbreviations, use SBAR hand-off communication
- Improve the safety of using medications - label all meds and containers on and off the sterile field
- Reduce the risk of healthcare-acquired infections - clean hand frequently, adhere to standards regarding fingernails
- Accurately and completely reconcile medications across the continuum of care - consider home medications at admission/transfer/discharge, send reconciled medications list home with patients and to next care provider
- Reduce the risk of patient harm resulting from falls - implement risk assessment and flagging system
- Encourage patients' active involvement in their own care as a patient safety strategy - provide education to patients about how to voice questions about their care and report safety or quality concerns
- Identify patients at risk for suicide
- Implement "universal protocol" for right patient / right procedure / right site - include pre-procedural verification, site marking and time-out immediately before procedure.

* These goals are current as of January 2007. For updated goals, please visit

www.insidehopkinsmedicine.org/jcaho or

www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals

Johns Hopkins Safety Strategic Plan

The Johns Hopkins Hospital strives for safety in patient care, teaching and research.

Keeping patients, each other and our workplace safe at Johns Hopkins requires:

- Everyone to understand certain obligations and expected ways of behaving when errors and mistakes happen
- Setting a goal to prevent mistakes from happening
- Learning from our mistakes
- Recognizing that it's everyone's job to be alert, to acknowledge mistakes and to seek guidance from supervisors and others who have the skills to help.

Johns Hopkins has identified several goals in its safety strategic plan:

- Improve communication
- Improve teamwork
- Improve culture of safety
- Incorporate safety into facilities design
- Reduce complexity
- Engage patient/family/patient surrogate as partners in safety
- Develop valid measures of safety
- Align resources and incentives with patient safety

Johns Hopkins Ethical Framework for Safety

Our Ethical Framework for Safety guides us in our accomplishment of our strategic plan.

The main ideas are simple:

- Building a safe place for patient care, teaching and research means everyone must feel safe and respected if they speak out or are involved in an error.
- The way to fix a problem is to talk about it honestly.
- Mistakes are the product of both systems and the people who work within them, so everyone can help in responding to them, learning from them, fixing them and preventing them.
- The Hospital and its staff and leadership should not and will not blame or retaliate against those who are involved in a mistake, who report it in good faith or who take steps in good faith to prevent it.

Safety Begins with You

Here's what you can do:

- Read the "Ethical Framework for Safety" policy and discuss it with your colleagues, supervisors and other leaders.
- Understand that **The Johns Hopkins Hospital Code of Ethics** considers it an obligation for appropriate Hopkins care givers to tell patients and their families if mistakes involve immediate harm or could put the patient at risk of harm.
- If a mistake is made that could harm a patient, take care of the patient first and then write down as soon as possible what you know. Seek guidance as soon as you

can from your supervisor or other leaders and work with them to plan what to say and how to talk to the family or the patient.

- Keep in mind that respect for patients and their families means respecting their ability to understand and respond to information about a mistake that has happened; respecting their right to seek compensation for harm; and respecting their right to privacy and confidentiality regarding their involvement in a mistake.
- Keep in mind that respect for care givers and leadership means respecting their ability to understand and respond to mistakes, as well as respecting their privacy and confidentiality.
- Keep in mind that it doesn't matter how you know about a mistake or problem-*the goal is to fix it or prevent it from happening again.*

Reporting Safety Concerns

- Report adverse events or safety concerns in Patient Safety Net (PSN). You can find the link on the public workstation under "PSN-Report an Event or Service Concern". No password is needed and anyone who can access the public workstation can place an event.
- Contact the Law Office at 410-955-7949 immediately if any of these patient events occur:
 - Temporary harm and required initial or prolonged hospitalization
 - Permanent harm
 - Near-death event (e.g., required ICU care or other intervention necessary to sustain life)
 - Death
- Since JHH is a Joint Commission accredited hospital, employees can also report quality of care concerns to the Joint Commission. We ask that you first attempt to utilize your department's chain of command for resolution. Both JHH and Joint Commission policy forbid retaliatory actions being taken against employees for having reported quality of care concerns to the Joint Commission. The Joint Commission may be contacted:
 - by email to complaint@jcaho.org
 - by fax to the Office of Quality Monitoring at 630-792-5636
 - by mail to the Office of Quality Monitoring, Joint Commission, One Renaissance Blvd, Oakbrook Terrace, IL 60181
 - by phone at 800-994-6610

Safety Resources

Below are some resources for more information about safety programs at Johns Hopkins:

- Center for Innovation in Quality Pt Care
<http://innovation.jhmi.edu/content.cfm?sectionID=34&pageID=105>
- Patient Safety Committee

- Patient Safety Coordinator (Lori Paine, 5-2919)
 - Strategic Plan for Patient Safety (available on the Innovation website)
 - Ethical Framework for Safety (Code of Ethics)
 - Code of Conduct (Interdisciplinary Clinical Practice Manual)
 - Medical Error Disclosure Policy (Interdisciplinary Clinical Practice Manual)
 - Medication Events Policy (Interdisciplinary Clinical Practice Manual)
 - Patient Safety Net (event reporting system available on all public workstations)
 - Patient Safety Hotline /Compliance Line (1-877-WE COMPLY or 1-877-932-6675)
 - Patient Safety Brochure
- <http://www.hopkinsmedicine.org/patients/safety/index.html>

Basic Infection Control

All employees should be aware of good basic infection control techniques. Two of the most important techniques are hand washing and respiratory etiquette.

Hand Washing

The single most effective procedure to prevent the spread of germs and infection is to practice good hand hygiene using soap and water or an alcohol-based waterless hand sanitizer (like Purell™). Clean your hands:

- Whenever soiled
- After every patient care encounter
- Before eating or drinking
- Before and after performing personal hygiene
- After contact with patient belongings, equipment or linen

If using soap and water, remember to rub your hands together to produce friction and cover all areas of your hands and nails with soap and water for at least 10-15 seconds.

Alcohol-based waterless hand sanitizers are an option if water is not available (exception- if working with patients with C-diff, use soap and water). Make sure to use enough product to wet your hands and nails and rub in until dry or at least 10-15 seconds. Do not use a waterless product if your hands are visibly soiled or contaminated with blood or other body fluids. And wash your hands with soap and water when you feel a build up of emollients on your hands.

For more information about hand hygiene, please see the following Hospital policy:
<http://www.insidehopkinsmedicine.org/icpm/ifc001-handwashing.pdf>

Respiratory Etiquette

Keeping the environment germ-free also means that we need to practice good respiratory etiquette. This means that we should:

- Cover your mouth and nose if you sneeze or cough
- Discard any soiled tissues in waste containers
- Stay home if you are sick with a respiratory infection
- Clean any surfaces that may be contaminated with a disinfectant

Respiratory etiquette, along with good hand hygiene, will help minimize the spread of respiratory germs.

Influenza (Flu)

Every year, millions of people in the US get the flu. Over 114,000 people will be hospitalized with the flu and about 20,000 will die from the flu. Even healthy people can get the flu and serious complications such as pneumonia, bronchitis and sinus or ear infections can occur among people of any age.

The single best way to protect against the flu is to get vaccinated every year. The Johns Hopkins Hospital strongly encourages employees with patient care contact to be vaccinated. Free flu vaccine is offered through the Occupational Health Department.

Other Important Influenza Tips:

- Vaccination is not a substitute for good hand hygiene
- Do not work if you have a fever or influenza like symptoms
- Do not allow visitors with respiratory symptoms to visit patients
- Appropriately isolate patients with symptoms.

For more information, see the Department of Hospital Epidemiology and Infection Control influenza plan at http://www.hopkinsmedicine.org/heic/ID/influenza/control_plan.html

TB Testing

Annual TB testing is required for all Hopkins employees engaged in patient care or who enter patient care areas. **This requirement includes non-clinical staff who may have occasional patient contact as well as clinical staff.** Occupational Health Services provides TB testing at both their Church Professional Building and Phipps Building locations. For questions about TB testing, please contact Occupational Health at 410-955-6211

Teamwork and Team Building

Working in a healthcare setting means working as part of a healthcare team. It is only by working collaboratively that we can meet the needs of all of our customers. Whether you are working directly with patients or working behind the scenes, each employee's role in the team is important. Teamwork and communication are also critical to building a culture of safety.

Definitions

- "A team is a group of people who go out of their way to make each other look good."
- "An energetic group of people who are committed to achieving common objectives, who work well together and enjoy doing so, and who produce high quality results."
- "Teams are collections of people who must rely on group collaboration if each member is to experience the optimum of success and goal achievement."
- "Teams are groups of individuals with a clear purpose and agreed-upon processes and outputs who display respect for each other, air and resolve differences and learn from the experience to grow and take greater calculated risks."
- "Together **E**veryone **A**chieves **M**ore."

Team Norms

Norms are rules or expectations which guide the relationships and interactions of the team. Norms must be:

- o Clearly defined (e.g. respect means different things to different people)
- o Agreed to by all, mutual
- o Communicated to all team members
- o Behaviors team members are held accountable for

How Teams Work

Teams have some common elements:

- Purpose
 - o A team's goal is connected to department and JHM goals.
 - o Roles and short-terms goals are revised as projects and tasks change.
 - o A team questions assignments which do not contribute to its long-term goals.
- Process
 - o Teams have a process to deal with conflict within our group.
 - o Teams have steps for solving problems or implementing new ideas.
 - o Newsprint, blackboards, schedules, or planners are used during meetings.
- Communication
 - o Contributions of all team members are encouraged.
 - o Teams meet as planned and communicate to members not present.
 - o Teams know why they are meeting and what they are supposed to accomplish.
- Commitment

- Teams meet their deadlines.
- Teams honor their agreements with other departments.
- Teams know the difference between *What's best for me* vs. *What's best for our team*.
- Trust
 - Team members are honest with one another.
 - Team members avoid talking behind one another's back.
 - Team members give one another the benefit of the doubt; no one is perfect.

Team Development

All teams go through 4 stages of development:

- Stage 1 = Orientation (members are eager, lots of "getting to know you," anxiety, cautious commitment, goals and tasks unclear, leader-dependent)
- Stage 2 = Dissatisfaction (discrepancy about initial hopes and realist, resistance, power struggles, frustration, chaos, choosing sides, arguing)
- Stage 3 = Resolution (learning to work together, making progress, confidence and cohesion developing, goals getting clearer, constructive disagreement)
- Stage 4 = Productivity (positive feelings about one another and about work, team spirit, synergy, "whole is more than the sum of its parts")

When new members join a team or the task of the team changes, it is not unusual for even an established team to go back to Stage 1 for a time.

Helpful Team Behaviors

Being a good team member means:

- Being on time/ be prepared
- Engaging in open communication, saying what you think
- Listening to understand and speaking to be understood
- Sticking to the agenda
- Being optimistic/positive about the team
- Critiquing ideas without criticizing team members
- Performing promised follow-up
- Taking problems seriously
- Being courteous, honest, trusting
- Practicing innovative thinking and taking risks
- Using "we" expressions and thoughts
- Supporting each other
- Displaying a sense of humor
- Setting realistic goals/time frames
- Establishing clearly defined roles
- Understanding, agreeing with and committing to department and organizational goals
- Maintaining a customer focus

- Anticipating needs of others
- Accepting and practicing personal responsibility
- Pursuing quality
- Seeking help and giving help without taking back responsibility
- Being open to suggestions
- Committing to continued learning, growth and improvement

Resources if Teams Aren't Working Well

There are times when teams cannot resolve their differences effectively without outside intervention. Here are some resources for when things aren't working:

Department of Human Resources Office of HR Consulting and Labor Relations

- o Work strategically with managers to integrate effective and efficient HR processes, programs and practices into business operations
- o Conduct departmental needs assessments or audits
- o Develop performance improvement corrective plans through the support of a cross-functional HR team
- o Develop and market "best practices" in teamwork
- o Provide education to managers and staff regarding Hospital policies

Department of Human Resources Office of EEO / AA/ Diversity

- o Provide educational training programs to improve awareness of discrimination and its impact on the workplace
- o Help to identify and change attitudes that can lead to discrimination
- o Offer diversity and cultural understanding training to improve a group's abilities to work together as a multi-cultural team
- o Individual consultation and assessment

Department of Human Resources Office of Organizational Development and Training

- o Work with departments to improve teamwork and group effectiveness
- o Encourage individual and group growth
- o Manage the change process.

The Johns Hopkins Compliance Line (1-877-WE COMPLY)

- o Toll-free, 24/7 confidential resource to report serious workplace concerns such as patient safety, patient abuse, conflicts of interest, theft or abuse of property, etc.
- o Staffed by full-time compliance risk specialists
- o Callers may remain anonymous

Environment of Care

The Joint Commission requires the Hospital to comply with several standards that relate to the environment of care:

- Safety
- Security
- Hazardous materials
- Emergency management
- Fire safety
- Medical equipment
- Utilities

But, keeping the Hospital's environment free and clear of hazards is every employee's responsibility. Here are some things you can do to help:

DO	DO NOT
<ul style="list-style-type: none"> ▪ Remove clutter from the hallways and corridors 	<ul style="list-style-type: none"> ▪ Prop doors open with wedges
<ul style="list-style-type: none"> ▪ Keep fire doors/exits, fire alarm pull stations and electrical panels free from clutter 	<ul style="list-style-type: none"> ▪ Use portable or space heaters
<ul style="list-style-type: none"> ▪ Report stained ceiling tiles, dusty vents or dirty sprinklers 	<ul style="list-style-type: none"> ▪ Store items within 18 inches of a sprinkler
<ul style="list-style-type: none"> ▪ Remove signs of smoking 	<ul style="list-style-type: none"> ▪ Use excessive amounts of combustible decorations (e.g. paper streamers, posters)
<ul style="list-style-type: none"> ▪ Store oxygen cylinders securely and in the proper location 	<ul style="list-style-type: none"> ▪ Store equipment or supplies in stairwells
<ul style="list-style-type: none"> ▪ Remove damaged/broken medical equipment immediately from service, label appropriately (include problem) and call Clinical Engineering Services immediately. 	
<ul style="list-style-type: none"> ▪ Report potential or actual injury related to equipment in Patient Safety Net (PSN) 	

Several departments within the Hospital work together so that we meet these standards. If you have any questions about safety within your environment, please feel free to contact them:

- Facilities (X5-5770 for JHH, X5-3323 for SoM)
- Health, Safety and Environment (X5-5918) <http://www.hopkinsmedicine.org/hse/>
- Security (X5-5585)

- Emergency Management/CEPAR (410-735-6450) <http://www.hopkins-cepar.org/> or <http://www.insidehopkinsmedicine.org/cepar/>

Fire Safety and Hazard Communication

All employees are required to complete annual training related to fire safety and hazard communication. For your convenience, this training is available;

- On-line at <http://www.hopkinsmedicine.org/hse/> (please print a course certificate and give it to your manager so that it may be included in your personnel file)
- In-person at the Health, Safety and Environment Department office at 2024 Monument Street (the schedule is located at the following link - http://www.hopkinsmedicine.org/hse/training_schedule/training_schedule.htm)
- In-person at departmental staff meetings (to be arranged by department leadership)
- Self-learning packet (available in select departments)

Emergency Management Overview

It is important for the Hospital to be prepared for unexpected events or disasters. A disaster is defined as any occurrence, either within our facility (internal) or the surrounding community (external) that may affect our ability to successfully complete the mission of the organization. Some examples of disasters include:

- Severe weather
- Mass transit accident
- Utility outage
- Severe fire
- Supply shortage
- Large patient influx
- Chemical or radiation exposure
- Major infectious disease outbreak

JHH uses "Emergency Codes" to activate the specific disaster plan in the event of one of the above. These codes are universal for all hospitals within the State of Maryland.

Code Red	Fire	
Code Gold	Bomb threat	
Code Yellow ED	Unusual influx of patients	Department notification only
Code Yellow Hospital	Large number of casualties from a catastrophe	Notification via overhead paging

Code Yellow Bio	Mobilization of bioterrorism plan	Notification of Incident Command Center via telecommunications
SARS or Pandemic Flu	Mobilization of infection control plan	Notification of Incident Command Center via telecommunications
Code Yellow Chemical	Large number of casualties from a chemical-related spill or catastrophe	Notification of Incident Command Center via telecommunications
Code Yellow Radiation	Large number of casualties from a radiation exposure catastrophe	Notification of Incident Command Center via telecommunications

There are almost 30 Hospital-based disaster plans on the website www.hopkinsonalert.org

Just as Hopkins as an organization must develop disaster plans, it is equally important for departments to review their individual emergency management plans to satisfy the four "As":

- Access: Determine how to access E-Mgt info www.hopkinsonalert.org , Staff Emergency Response Matrix or Hopkins OnAlert badges
- Activation: Determine who to get help from to deal with an emergency
- Assignments: Identify your role and responsibilities in an emergency
- Authority: Who's in charge... in your dept? For the Hospital?

ADDITIONAL UPDATE TOPICS FOR DIRECT AND INDIRECT CARE EMPLOYEES

Population Served

If your job description requires that you work with different age groups, you must complete age-specific competency training on an annual basis. This training is available by self-learning packet which can be found at:

<http://www.hopkinsmedicine.org/jhhr/Managers/2>

<http://www.hopkinsmedicine.org/jhhr/Managers/1.pdf> (the quiz for the above)

Please complete the quiz and give it to your supervisor so that documentation of training can be placed on your Employee Educational Record.

Bloodborne Pathogen Training

All employees (except for those in the Administrative roles) are required to complete annual bloodborne pathogen training. For your convenience, this training is available:

- On-line at <http://www.hopkinsmedicine.org/hse/> (please print a course certificate and give it to your manager so that it may be included in your personnel file)
- In-person at the Health, Safety and Environment Department office at 2024 Monument Street (the schedule is located at the following link - http://www.hopkinsmedicine.org/hse/training_schedule/training_schedule.htm)
- In-person at departmental staff meetings (to be arranged by department leadership)
- Self-learning packet (available in select departments)

For more information on infection control and bloodborne pathogens, please visit the following website: <http://www.hopkinsmedicine.org/heic/policies/index.html>

Update Topics for Direct Care Employees - Annual Review Required

Pain Management

Overview

Pain is defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. Operationally, it can be defined as "what the patient says hurts" and exists "when the patient says it does." The "right" to be free of pain exists for all patients regardless of age or underlying disease process. Relief of pain and suffering is integral to the mission of JHH, and pain is considered the "5th vital sign."

The physiology of pain is well established. Following an injury or disease, nerves transmit impulses to the brain which as they reach consciousness will be interpreted as pain. However, pain is much more than that. It is impossible to assume how much pain a patient is experiencing. Many factors determine pain and how a patient will respond to it:

- Age
- Culture
- Socio-economic
- Previous pain experience
- Fear/helplessness
- Sleep deprivation
- Time and place
- Anxiety

The following are the ABCs of pain management:

- A** Assess pain at regular intervals using a self report measure if possible
- B** Believe the patient
- C** Choose the appropriate therapies
- D** Deliver therapy in a logical, coordinated fashion
- E** Empower and Education patients to control their pain
- F** Follow-up

Assessment of Pain

At JHH, nurses and unlicensed assistive personnel (UAPs) screen every patient for pain on admission, at every outpatient encounter and before/after any surgical procedure. There are various rating scales that may be used for screening based on the patient's age and communication abilities. These scales can be found in the Pain Management protocol referenced in this document. For non-nursing roles, your part in pain management would be to notify the RN if you observe obvious signs of pain when with the patient (e.g., while doing a PT treatment or transporting a patient) or if the patient reports any pain to you.

Treatment of Pain

Pain may be managed more effectively using a combination of medications and non-pharmacological approaches.

Non-pharmacological interventions should be considered based on patient preference and the degree of pain relief obtained. Options include heat or cold, massage and vibration,

distraction (music, videos, games), relaxation techniques (imagery), acupuncture, self-hypnosis, transcutaneous electrical nerve stimulation (TENS).

There are a number of medications that are effective in managing a patient's pain. Selecting the appropriate pharmacological intervention is a collaborative decision making process that involves authorized prescribers, pharmacists and care givers along with the patient's input. When pain occurs on a regular basis, medication should be given on an around-the-clock (ATC) schedule to ensure adequate pain relief.

Pain management may be complex in some patient populations. Special attention should be paid to the following high risk patient groups:

- Infants & children
- Elderly
- Women in labor
- Non-English speaking patients or patients from other cultures
- Patients with substance abuse
- Patients with communication difficulties

For more info, see the JHH pain protocol at

<http://www.insidehopkinsmedicine.org/icpm/PAT025-pain.pdf>

Organ Donation and Procurement

In Maryland, there are currently over 2400 people waiting for organ transplants. The majority is waiting for kidneys, livers, and lungs. As a Level 1 Trauma Center, JHH is often in the position to approach families about organ donation. Staff should be prepared with information to answer questions or refer to experts.

There are three types of donors:

1. Organ Donation Following Brain Death

- Patients must have severe cerebral impairment that meets the criteria for a Glasgow Coma Scale 3.
- Patients are on artificial life support (ex, mechanical ventilation) and end organ perfusion continues despite neurological death (pt still has organized cardiac activity).
- Organs and tissues can be recovered.

2. Organ Donation Following Cardiac Death

- Patients with severe acute irreversible central nervous system injury who do not meet the criteria for brain death and for whom the family or surrogates have decided to withdraw life-support.

- The degree of neurological injury should in all cases necessitate the need for mechanical ventilation.
- The liver, pancreas, and kidneys may be recovered.

3. Tissue Donors

- Tissue donation can occur when either brain death or cardiopulmonary death has been declared.
- Each potential tissue donor is evaluated on an individual basis.
- One tissue donor can enhance the lives of over 100 recipients.

JHH has several resources to help assist families and caregivers with this process. The Family Advocate is a JHH chaplain who has received special training for the role. The Family Advocate serves as a 24 hour dedicated resource to provide impartial emotional, spiritual and crisis intervention support to the family of any patient with severe neurological injury irrespective of the likelihood of subsequent organ donation. He/she is available by paging 410-283-6000.

The JHH Transplant Program Coordinator is responsible for the supporting the donation process, education of hospital staff, data collection and monitoring of family and staff satisfaction with the organ donation process. This person may also serve as a family advocate and may be reached on beeper 410-283-6667.

To support ethical organ and tissue donation and to meet the spiritual and emotional needs of families, JHH has two interdisciplinary protocols:

Organ Donation following Brain Death -

http://www.insidehopkinsmedicine.org/icpm/MEL006-organ_donation.pdf

Organ Donation following Cardiac Death -

http://www.insidehopkinsmedicine.org/icpm/MEL011-donation_cardiac_death.pdf

Restraints/Seclusion

Overview

The decision to use restraints is a difficult one, involving complex issues that pose significant risks to patients and to the hospital. A hospital may be sued for negligence for not taking adequate precautions to protect impaired, elderly, incapacitated or unstable patients. On the other hand, hospitals also have been sued for false imprisonment when patients were restrained against their wishes. Most importantly, failure to correctly use or monitor patients in restraints can lead to serious injury or even death.

Because of the risk of injury from restraints, The Joint Commission has implemented strict standards about their use. These standards include detailed information about the frequency of patient assessment and documentation depending on the type of restraint or the use of isolation. All orders for restraints and seclusion must be obtained from physicians and renewed every 24 hours. Complete documentation is required for all assessments.

As a hospital that participates in the Medicaid and Medicare programs, JHH is also subject to their rulings which emphasize:

- The patient's right to be free from use of seclusion or restraint, of any form, as a means of coercion, convenience, or retaliation
- Preventive strategies or alternatives to restraint/seclusion attempted before instituting restraint/seclusion (see Appendix A of the JHH protocol at http://www.insidehopkinsmedicine.org/icpm/PAT002-restraint_med_surg.pdf)
- Use of least restrictive measures when restraint/seclusion is clinically justified and alternatives are ineffective seclusion (see Appendix B of the JHH protocol at http://www.insidehopkinsmedicine.org/icpm/PAT002-restraint_med_surg.pdf)
- Frequent patient assessment and discontinuation of restraint/seclusion as soon as possible

Restraint and Seclusion Protocols

To protect patients and comply with regulatory agencies, JHH has 4 restraint protocols, which are briefly described here.

1. Physical Restraint in Acute Medical/Surgical Patients
 - a. Indication for use: When the primary reason directly supports med/surg healing.
 - b. See http://www.insidehopkinsmedicine.org/icpm/PAT002-restraint_med_surg.pdf
2. Physical Restraint for Emergency Behavior Management in Acute Medical/Surgical Patients
 - a. Indication for use: For the purpose of protecting the patient against injury to self or others because of an emotional or behavioral disorder while in a med/surg setting.
 - b. See http://www.insidehopkinsmedicine.org/icpm/PAT024-restraint_emerg_med_surg.pdf
3. Chemical Restraint for Emergency Behavior Management
 - a. Indication for use: Use of a drug (chemical) as a restraint in emergency behavior management. The drug is used in addition to or in replacement of the patient's regular drug regimen to control aggressive or violent behavior that endangers the patient or safety of others.

- b. See http://www.insidehopkinsmedicine.org/icpm/PAT022-restraint_chemical.pdf
- 4. Physical Restraint/Seclusion for Emergency Behavior Management in Psychiatry & Emergency Department
 - a. See http://www.insidehopkinsmedicine.org/icpm/PAT003-restraint_emerg_psych_ED.pdf

For more information on the use of restraints and seclusion, see the protocols or contact your department manager.

Fall Reduction

The 9th National Patient Safety Goal involves reducing the risk of patient harm resulting from falls. To meet this goal, the Hospital is required to implement a fall reduction program, including a component that evaluates the effectiveness of the program.

Patients may be at risk of falling due their physiological or mental status or because of treatment protocol or regimens. All inpatients are assessed for fall risk based on completion of the JHH Fall Risk Assessment tool:

CATEGORY	CRITERIA	INTERVENTIONS
Low Fall Risk	<ul style="list-style-type: none"> ▪ patients with a risk assessment tool score of 0-5 	<ul style="list-style-type: none"> ▪ initiate basic fall safety interventions
Moderate Fall Risk <i>YELLOW FLAG</i>	<ul style="list-style-type: none"> ▪ patients with a risk assessment tool score of 6-13 	<ul style="list-style-type: none"> ▪ initiate basic and additional safety interventions
High Fall Risk <i>RED FLAG</i>	<ul style="list-style-type: none"> ▪ patients who meet the following criteria: <ul style="list-style-type: none"> ○ risk assessment tool score of >13 ○ automatic high risk per fall history (during this hospitalization or 1 or more falls within the past 6 months) ○ per patient care protocol (e.g. seizure precaution protocol) 	<ul style="list-style-type: none"> ▪ initiate basic and advanced safety interventions such as gait transfer belts, "low" beds, enclosed beds, fall alarms, etc.

The following are basic fall safety interventions and should be initiated with all patients:

- remove excess equipment, supplies and furniture from rooms and hallways
- secure excess electrical and telephone wires
- clean spills immediately and placing "Danger - Wet Floor" signs promptly
- orient patient to surroundings

- keep bed in lowest position during use unless impractical
- keep bed side rails up
- secure locks on beds, stretchers and wheelchairs
- keep floor clutter-free
- place call light and frequently needed objects within patient reach
- encourage patients/their families to call for assistance when needed
- display special instructions for vision and hearing
- assure adequate lighting
- use properly fitted, nonskid footwear

For more information about fall risk interventions, please visit

www.insidehopkinsmedicine.org/nursing/cnp/328falls.pdf

Questions

Please circle your responses to the questions below. Completed quizzes should be placed in the departmental employee file.

Questions for all employees

1. Which of the following are National Patient Safety Goals?
 - a. To improve the accuracy of patient identification
 - b. To improve the effectiveness of caregiver communication
 - c. To reduce the risk of healthcare-acquired infections
 - d. All of the above

2. Johns Hopkins has a Patient Safety Coordinator.
True False

3. You may contact The Joint Commission with a safety concern by:
 - a. Email or mail
 - b. Fax
 - c. Phone
 - d. All of the above

4. The most important strategy in reducing the risk of infection is good hand hygiene.
True False

5. The Johns Hopkins Hospital offers free flu vaccine to all employees.
True False

6. Every member of the team is critical to the success of the team.
True False

7. It is OK to prop all doors open.
True False

8. Code Red means:
 - a. Fire
 - b. Bomb threat
 - c. Chemical disaster
 - d. Large influx of patients

Additional questions for all direct care providers

9. Pain is considered the 5th vital sign.

True False

10. The Johns Hopkins Hospital has 2 organ donation policies on the intranet: Organ donation following brain death and Organ donation following cardiac death.

True False

11. Because of the risk of injury from restraints, The Joint Commission has implemented strict standards about their use which include:

- a. Frequent assessment
- b. Physician orders every 24 hours
- c. Complete documentation
- d. All of the above

12. Which of the following are basic fall safety interventions:

- a. Remove clutter
- b. Clean spills immediately
- c. Orient the patient to his/her environment
- d. All of the above

Intrastaff Use Only:

Score: _____%

Graded by: _____