JHH Clinical Orientation Topics for Nursing Agency and Faculty

JHH Department of Nursing

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Overview and Objectives

This online course will provide nursing agency, faculty and students with an introduction to the Johns Hopkins Hospital.

Please also refer to the Clinical Topics for Clinical Staff orientation packet.

After completion of this course, the learner will have a basic understanding of the JHH orientation process and policies.

All policies are available online on the JHH Intranet.
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Mission, Vision, and Values
The mission of Johns Hopkins Medicine is to improve the health of the community and the world by setting the standard of excellence in medical education, research and clinical care.

Diverse and inclusive, Johns Hopkins Medicine educates medical students, scientists, health care professionals and the public; conducts biomedical research; and provides patient-centered medicine to prevent diagnose and treat human illness.
Johns Hopkins Medicine provides a diverse and inclusive environment that fosters intellectual discovery, creates and transmits innovative knowledge, improves human health, and provides medical leadership to the world.
Values

- Excellence & Discovery
- Leadership & Integrity
- Diversity & Inclusion
- Respect & Collegiality
Blood borne Pathogens
Blood borne Pathogens

Blood borne pathogens (BBP) are microorganisms, such as viruses and bacteria, which are carried in the blood and other potentially infectious materials (such as semen, vaginal secretions, pleural fluid, etc.) and can cause human disease.

**3 Main Bloodborne Pathogens:** Hepatitis B and C and HIV

**Transmission Routes**

- Perinatally (Mother to Baby)
- Sexually
- Parenterally (Blood to Blood or Blood to Other Body Fluids)
  - Needle Stick Exposure
  - Splashes to Eyes, Nose or Mouth
BBP Exposure Prevention

Follow Standard Precautions

- Treat all blood and body fluids as though potentially infectious

Wear Personal Protective Equipment (PPE) such as Gowns, Gloves or Masks

Use Safety Devices & Never Recap Needles
BBP Exposure Prevention

Dispose of Sharps in the Sharps Container

• Sweep up glass & dispose in sharps container (Do not use hands)
• Do not overfill sharps container
• Do not dispose of other trash in sharps container

Dispose of All Materials Saturated with Blood/Body Fluids in Red, Biohazard Bags
BBP Post-Exposure Management

Wash the exposed area

- Use soap & water for exposed skin
- For eye/mucous membrane exposures, flush with water

Immediately report the injury to 5-STIX

Inform supervisor and complete an Employee Incident Report
Corporate Compliance
Impaired Provider
Workplace Violence
Who Oversees Compliance?

The Department of Corporate Compliance.

This Department was established to educate and train employees, preserve continued ethical and legal conduct and protect organizational and employee reputations.
What is Corporate Compliance?

Compliance means we adhere to the rules and regulations required by Federal, State & Local laws.

JHHS is committed to following all applicable laws and regulations and in particular, those that address health care fraud, waste, and abuse and the proper billing of Medicare, Medicaid, and other government funded health care programs.

JHHS recognizes its employees rights under these laws and is committed to abiding by them. We rely heavily on our employees, to help us comply with all requirements by identifying potential problems, reporting them and asking questions.
What is the Compliance Program?

A program comprised of various policies and procedures to detect and prevent fraud, waste, and abuse, and to protect those who report suspected instances of fraud, waste, and abuse.

They are:

• JHHS Corporate Compliance Plan
• JHHS Non Retaliation Policy
• JHHS Organizational Ethics Statement
• Conflict of Interest Policy
Why have a Program?

To ensure that we:

• protect our organization, employees, and customers;

• preserve the level of integrity that JHHS is known for;

• promote the continued effort to do the right thing;

• maintain effective internal controls that promote adherence to legal and ethical standards;

• promote detection, prevention, and resolution of illegal or unethical conduct.
Special Compliance Issues

Interaction with others

Conflict of interest

Workplace conduct and responsibility
**Gifts:** With the exception of biomedical, pharmaceutical, and medical device vendors, nominal “gifts” may be accepted if the item offered is edible or usable in the workplace. Any other gifts should be discussed with the Compliance or Legal Department.

**Supplier, Vendor of Consultant:** JHHS and its staff may not accept gifts or contributions to influence with whom we do our daily business.

**Physician and Provider Agreements:** Contracts and other formal relationships should always be reviewed by our Legal Counsel.
Workplace Conduct & Responsibility

Obey applicable laws, rules and policies.

Behave honestly, use good judgment with high ethical standards.

Strive for mutual respect and trust.

Avoid personal conflicts of interest.

Report actual or suspected concerns/violations to management by following the chain of command.

*Failure to follow the Code may put yourself, patients, co-workers, institutions and/or the System at risk!*
JHH is committed to providing a safe and secure workplace and environment free from physical violence, threats, and intimidation.

Conduct and behaviors of physical violence, threats or intimidation by an employee may result in disciplinary action up to and including discharge.

JHH does not permit retaliation against anyone who, in good faith, bring a complaint of workplace violence or speaks as a witness in the investigation of a compliant.
Workplace Conduct & Responsibility

**Verbal Abuse** – statements, expressions which create fear or intimidation in other employees.

**Physical Abuse** – touch, gestures, pushing, striking, stalking or the use of objects; intrusion into one’s personal space.

**Creating a Hostile Work Environment** – intimidating or harassing behaviors or actions which interfere with the work performance of an individual or group.
Workplace Violence

If you see physically violent behavior and or feel that the threat of violence is imminent, call security @ 5-5585 or 911.

If you believe a faculty or staff member is potentially dangerous but the threat of violence is not imminent, call Human Resources @ 5-6783 or FASAP @ 5-1220.
Impairment in the Workplace

Risk Factors and Background Indicators

- Family history of addiction
- History of frequent job changes
- Jobs with limited supervision
- Prior medical history
- Home/family problems
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<td>• Attendance issues such as absenteeism or tardiness</td>
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<td>• Job shrinkage/getting less done</td>
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<td>• Inability to meet deadlines</td>
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<td>• Illogical or sloppy documentation</td>
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<td>• Excessive errors in judgment in patient care decisions</td>
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<tr>
<td>• Increased on the job injuries</td>
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<td>• Increased patient complaints</td>
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## Impairment: Signs and Symptoms (cont)

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<th>Personality changes</th>
<th>Behavioral changes</th>
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<td>- Irritability</td>
<td>- Mental status changes</td>
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<td>- Withdrawal</td>
<td>- Physical changes</td>
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<td>- Mood swings</td>
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<table>
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<tr>
<th>Social changes</th>
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<tr>
<td>- Increased isolation</td>
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<td>- Decreased interest in outside activities</td>
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Help and Resources

If you have concerns about a co-worker / staff member report this using your chain of command.

REMEMBER to keep this information confidential.

Organizational resources

• FASAP

• Compliance reporting line

You have a legal and ethical obligation to report.
Cultural Diversity
Diversity includes all the characteristics, experiences, and differences of each individual.
Cultural Competence

**Culture** – Set of learned and shared beliefs and values that are applied to social interactions and to the interpretation of experiences and is shaped by proximity, education, gender, age etc.

**Cultural Competence** – The ability of health care providers to understand and respond effectively to the cultural and language needs brought by a patient to the health care encounter.
Working Toward Cultural Competence

Be aware of and examine your own cultural and family values.

Seek to share your culture and learn about other cultures.

Focus on the similarities as well as the differences between your culture and the cultures of others.
Respect in the Workplace

We’re committed to preventing the disrespectful little "paper cuts" co-workers unknowingly inflict upon each other.

Through training we raise awareness and emphasize the importance of maintaining a thoughtful and respectful workplace.
Patient and Family Centered Care

At JHH this approach is used in the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.

This approach shapes policies, programs, facility design, and staff day-to-day interactions.
Patient and Family Centered Care

Recognizes the vital role that families play in ensuring the health and well-being of family members of all ages.

Acknowledges that emotional, social, and developmental support are integral components of health care.

Promotes the health and well-being of individuals and families and restore dignity and control to them.
Patient and Family Centered Care Goals

- Better health outcomes
- Wiser allocation of resources
- Greater patient and family satisfaction
- Greater accountability for health maintenance by patients and families
Emergency Management
An emergency may be defined as any occurrence, either within our facility (internal), or the surrounding community (external) that affects our ability to successfully complete our mission.
Example of Emergency Management

• Severe Weather
• Mass Transit Accident
• Utility Outage
• Severe Fire
• Supply Shortage
• Large Patient Influx
• Chemical or Radiation Exposure
• Major Infectious Disease Outbreak
<table>
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<td><strong>Code Red</strong>—fire</td>
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<td><strong>Code Gold</strong>—bomb threat</td>
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<tr>
<td><strong>Code Yellow Bio</strong>—bioterrorism</td>
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<tr>
<td><strong>Code Yellow Chemical</strong>—chemical</td>
<td></td>
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<tr>
<td><strong>Code Yellow Radiation</strong>—radiation</td>
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<tr>
<td><strong>Code Yellow ED</strong>—patient influx of up to 10 patients from a single event</td>
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<tr>
<td><strong>Code Yellow Hospital</strong>—patient influx of more than 10 patients from a single event</td>
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Fire Safety
Response to FIRE/SMOKE

1. Remove anyone in immediate danger
2. Close the door
3. PULL THE ALARM (found along your exit route)
4. Call the emergency number 5-4444 when in a safe location
How are you to respond to a fire alarm in your area?

Healthcare Occupancy:

• Defend in place. Close doors, clear hallways, and place all patients and visitors in their rooms. Review the Unit Specific Life Safety Plan for your unit.

Business Occupancy:

• Evacuate patients, visitors, and employees to a connecting building. If not connected to a different building, evacuate down the stairs and go 50’ from the building.
Is your area a healthcare or business occupancy?

HSE policy #408 lists out all the hospital buildings and floors and designates them as either healthcare or business.
In the event of a fire in a Healthcare Occupancy, DO NOT turn off and/or disconnect any medical gases.

DO NOT activate the emergency zone shut-off valve for oxygen.

If a patient is in immediate danger, oxygen is to only be turned off at the wall outlet.
Employee-Specific Evacuation Plan

- Designed for employees who have either temporary or permanent restrictions that limits the use of stairs in the event of an evacuation.
- Employees self-identify through the Department of Safety.
- They will meet with an Occupational Safety Officer who will develop a site-specific evacuation plan for that employee.
DO NOT attempt to use fire extinguishers – even for small fires—unless trained annually.
Do not use elevators in buildings that are in alarm.

Use the stairs or exit to a connecting building.
What should you do in the meantime?

Keep all egresses clear including stairwells.
Do not block fire equipment, such as pull stations, fire extinguishers, and fire hose connections.
Do not block open self-closing smoke/fire doors.
Keep all required flammable liquids in a flammables cabinet.
Smoke only in designated areas.
Make sure all EXIT lights are lit.
Check stairwell doors to make sure they latch.
Know your egress routes.
Do not block sprinkler heads.
REMINDER:
Smoking by staff members, visitors and patients is permitted ONLY in designated areas.
Hazardous Communication
HSE Policy 701 – Hazard Communication – Employee “Right-to-Know” Law

JHH employees have the right to know about the hazardous chemicals and materials with which they are working, and how to dispose of these chemicals properly.

The primary objective is for you to know how and where to find specific hazard information.
Hazard Communication

**Primary Container** Labels must contain the following information:

- Name of Chemical
- Appropriate Hazard Warnings
- Name and Address of Manufacturer

**Secondary Container** labels need to contain the full name of the chemical. It is also recommended that the container be dated and initialed.
Hazard Communication

Signage ➔
Management of Hazardous Materials

All *excess, used, spent* and *unwanted* chemicals must be collected for disposal.

All containers must be labeled.

- Chemical names
- PI/Location/Phone #
- Date filled

Labeling is the responsibility of the **USER**.
Chemical Spill Procedure

Evaluate the spill

• Are the materials innocuous, corrosive, flammable, toxic, or explosive?

• Identify all material by common or chemical name.

• Estimate how much is spilled.

• Evaluate the degree of danger to the immediate area. (Patients, staff, visitors, equipment or property.

• Questions? Call 5-4444.
Chemical Spill Procedure

Hospital personnel who are appropriately trained may clean up the spilled material:

- For example: spills of acids or bases can be cleaned up by using the appropriate neutralizers/absorbents and proper personal protective equipment.
Infection Prevention & Control
Mission Statement –
To promote patient safety by reducing the risk of acquiring and transmitting infections

Department Functions –
Prevention and control of HAIs & resistant organisms through:

Education, Surveillance including Hand Hygiene Monitoring and Evidence-Based Policies & Procedures
Example – Influenza
Pathogenic Microorganism: Influenza virus
Reservoir: Pt infected with the flu
Means of Escape: Cough, sneeze and respiratory secretions
Mode of Transmission: Droplets, contaminated hands/surfaces
Means of Entry: Inhalation, touching mucous membranes
Host Susceptibility: No immunity to Influenza virus (did not receive annual Influenza vaccine), decreased immune system, elderly or very young
Break the Chain

Infection prevention and control is everyone’s responsibility.

It is important for all employees to protect themselves, patients, visitors, co-workers and their families by practicing infection prevention & control techniques in compliance with hospital polices.
Healthcare Associated Infections (HAIs)

Occur when a patient comes to a healthcare facility and acquires a new infection during his/her care, for example:

- Surgical Site Infection (SSI)
- Central Line Associated Bloodstream Infection (CLABSI)
- Ventilator Associated Pneumonia (VAP)
- Catheter Associated Urinary Tract Infection (CAUTI)
Impact of HAIs

In the US, more than 2 million HAIs develop yearly
  • Of these, >99,000 die from HAIs
  • ICU patients have a 30% chance of acquiring a HAI

HAIs cost the United States $28-$33 billion a year

HAI rates are increasingly being used as indicators of quality and patient safety in healthcare facilities
  • Many states require hospitals to report certain HAIs
Hand Hygiene – The #1 Way to Prevent the Spread of Germs!

Hand Hygiene with Either Waterless Hand Sanitizers (Purell) or Soap & Water is Required:

• Upon entering & leaving a patient’s room/environment
• Between patients
• Before & after using gloves
• Moving from a contaminated to a clean body site
• Before & after handling an invasive device
• After contact with body fluids, excretions, mucous membranes, non-intact skin or contaminated items
• Before handling food or oral medications
• As needed after coughing or sneezing
Hand Hygiene

Hand Hygiene with Soap & Water is Required:

• Before eating
• After using the restroom
• Anytime hands are visibly soiled
• After caring for patients with spore producing organisms (For example: *Clostridium difficile*)
• When there is significant build-up of waterless hand sanitizer
Hand Hygiene Technique

**Waterless Hand Sanitizer:** Dispense a thumb sized amount of sanitizer into the palm and briskly rub over all surfaces of both hands until dry

**Soap & Water:**

- Wet hands with water then apply soap
- Vigorously rub together all surfaces of both hands for 15 seconds
- Thoroughly rinse hands under a stream of water
- Dry hands with a paper towel and turn off faucet using paper towel
Hand Hygiene Technique

Use only hospital approved lotion to maintain skin integrity.

For care providers with direct patient care or who work with open sterile supplies:

- No artificial nails, No chipping fingernail polish; Natural nails less than ¼ inch long
Standard Precautions

Treat all blood & body fluids as though potentially infectious; Apply to all patients to protect yourself from BBP

<table>
<thead>
<tr>
<th>Perform hand hygiene before and after patient care.</th>
<th><img src="image1.png" alt="Hand Sanitizer" /></th>
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<tr>
<td>If <strong>touching</strong> blood, body fluids, secretions, excretions, and/or contaminated items is likely, wear gloves.</td>
<td><img src="image2.png" alt="Gloves" /></td>
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<tr>
<td>If <strong>sprays/splatters</strong> are possible, add a gown and fluidshield mask with eye protection.</td>
<td><img src="image3.png" alt="Gown and Mask" /></td>
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</table>
Respiratory Etiquette

- Cough or sneeze into your sleeve
- **Stay Home** if you have Upper Respiratory Illness (URI) and Fever
- If You Have URI and No Fever, wear a Mask for patient care
- Practice good hand hygiene
- Stay up to date on influenza vaccination
Transmission Based Precautions

Apply to patients who are known/suspected to be colonized/infected with multidrug resistant organisms (MDROs) and other epidemiologically significant organisms **STANDARD PRECAUTIONS STILL APPLY**

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<th>Hand hygiene, gloves and gown required</th>
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<tr>
<td>Contact Precautions</td>
<td>contact (MRSA, VRE, or</td>
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<td></td>
<td>C. difficile)</td>
<td>contact</td>
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<td>gown required</td>
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<tr>
<td>Droplet Precautions</td>
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<td>RSV)</td>
<td>droplets</td>
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<td></td>
<td>Hand hygiene, gloves, fluidshield mask with eye shield and gown required</td>
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<tr>
<td>Airborne Precautions</td>
<td>air (Tuberculosis,</td>
<td>For organisms spread by</td>
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<td>Measles or Shingles/Chickenpox)</td>
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<td>Hand hygiene and PAPR or</td>
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<td>fit-tested N95 required</td>
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**Hand hygiene, gloves and gown required**
Why are transmission-based precautions critical?

MDROs are gram negative organisms with emerging resistance and have few or no treatment options.

VRE is the most common multi-drug resistant organism (MDRO) seen in our patients.

Methicillin-resistant Staphylococcus aureus (MRSA) is seen in many of patients (colonized or infected).

MRSA can cause skin and soft tissue, blood stream and surgical site infections.
CONTACT PRECAUTIONS

Standard Precautions always apply

Before entering room

1. Clean your hands.
3. Put on gloves.

Ready to Enter

Before leaving room

1. Remove gloves and gown.
2. Clean your hands on your way out.
**Clostridium difficile (C. Diff)**

Anaerobic, spore-forming rod which can produce toxins.

Disease can range in severity from diarrhea to colitis and in some cases, death.

Main risk factor is acquisition of the bacteria then antibiotic exposure.

- Elderly and hospitalized patients are at increased risk

Spread by fecal to oral route.
Clostridium difficile

Prevention:

Contact Precautions

Hand Hygiene with Soap & Water after patient care

Clean Environment and equipment using Oxivir

Antimicrobial stewardship
DROPLET PRECAUTIONS

Before entering room
1. Clean your hands
3. Put on a fluidshield mask w/eye shield or mask w/goggles.
4. Put on gloves.

Ready to Enter
OR

Before leaving room
1. Remove gloves, gown and fluidshield mask w/eye shield or mask w/goggles in room.
2. Clean your hands on the way out of the room.

Standard Precautions always apply
AIRBORNE PRECAUTIONS

Standard Precautions always apply

Before entering room
1. Clean your hands.
2. Put on PAPR or fit-tested N-95 respirator.

Ready to Enter

Before leaving room
1. Remove gloves and gown, if worn.
2. Close the door as you leave the room.

After leaving room
1. Remove PAPR or N-95.
2. Clean your hands.

See isolation policy for immunity exemption.
Patient Safety
Reporting Patient Safety and Quality of Care Concerns

For immediate hazards, call the existing emergency phone numbers.

For urgent patient safety concerns, contact your supervisor.

Use the departmental chain of command for assistance.

What is PSN?

PSN is a web based event reporting system that can be found on any public workstation under *PSN: Report an Event or Service Concern*

No passwords are required.

Any staff member can place events.
Compliance Hotline 1-877-WE COMPLY (1-877-932-6675)

• Anonymous reporting

For unresolved concerns, call the Safety Hotline at 410-955-5000.
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. Both JHH and TJC policy forbid retaliatory actions being taken against employees for having reported quality of care concerns to TJC.

E-Mail: complaint@jcaho.org
Fax: Office of Quality Monitoring
630-792-5636
Mail: Office of Quality Monitoring
Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Phone: 800-994-6610
PI/QI approach
Six Aims of Quality Health Care

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient-centered

Institute of Medicine Report: *Crossing the Quality Chasm* (2001)
PDSA Model for Quality Improvement

A Cycle for Learning and Improvement
The Johns Hopkins Hospital Initiatives

**Safety**
- Hospital Acquired Conditions
- Hand Hygiene

**Service**
- First Point of Contact: Access
- Caring Communication

**Clinical Process Improvement**
- Clinical Documentation Improvement
- Preventable Readmissions

**Business Process Improvement**
- NCB Move-in
- Epic and Meaningful Use
QI Department Initiatives

- **Core Measures:** Heart failure, AMI, Pneumonia, SCIP (also Psychiatry, Ambulatory, Pediatric Asthma and Global Immunization)

- **Pay for Performance/Maryland Hospital Acquired Conditions**

- **Procedure reviews**

- **Clinical Communities:** Committed to finding solutions guided by the best scientific evidence: ICU, Hospitalists, Medication Safety and PACU

- **Patient Centered Care**
Regulatory/TJC readiness
What is TJC?

TJC (The Joint Commission) is a regulatory body that establishes standards for hospitals and other healthcare organizations.

TJC periodically (unannounced sometime within 18-36 months of previous survey) evaluates compliance with these standards and will award accreditation to organizations that satisfactorily meet the requirements.
What is your role in the Hospital?

- Knowledge of and adherence to policies and procedures for the hospital/department/unit/service
- Maintenance of current licensure, certification and credentialing as required by your job description
- Keeping current on required ongoing and annual education/training
What is your role in the Hospital?

Reporting patient safety and/or quality of care issues

• Hospital – Compliance Line, Patient Safety Net (PSN)

• Regulatory – TJC (no retaliation policy) 1-800-994-6610 or email complaint@jointcommission.org

• TJC Contact information can also be found on the JHH HR website at: http://www.hopkinsmedicine.org/jhhr/
Priority Areas

- Compliance with National Patient Safety Goals (NPSGs) as they relate to your role
- Your orientation to the JHH and to your job
- Your job/role/responsibilities
- Your role in a disaster
Priority Areas

- Your role in infection prevention and control
- Your role in patient safety and quality of care
- Your role in upholding patient rights
NPSG: Upholding Patient Rights

Patients receive:

• the Partnership Pledge

• Patient Handbook

Patient Bill of Rights posted throughout the hospital.

The hospital assures the needs of patients with vision, speech, hearing or cognitive impairment are met via linguistic services, sign language, interpreting and large print.
• Use name and history number for inpatients; use name and date of birth for outpatients

• Compare two identifiers on the patient ID band against the same two identifiers on the MAR, specimen label or requisition form.

• Never use the room number as a patient identifier.
Label all specimens in the patient’s presence – **ALWAYS**.

Before starting a blood transfusion, always match the blood to an order, match the patient to the blood, and verify with a second qualified person.
NPSG: Communication

For critical action values, write it down & read it back, asking the giver or receiver to confirm.

Get critical test results to the right person in a timely manner.
For procedural and OR areas, label all meds, solutions & containers on & off the sterile field.

Reduce the likelihood of patient harm associated with the use of anticoagulation therapy (includes having a program with approved protocols, lab tests, monitoring, and evaluation).
Prescribers will consider home medications at admission, transfer & discharge. Make sure the patient knows which medicines to take at home. Tell the patient it is important to bring their up-to-date list of medications every time they visit a doctor.
NPSG: Prevent HAI

Implement HEIC policies addressing:

Hand Hygiene - Clean hands frequently & between patients - remember natural nails only & less than ¼-inch long.

Prevention of Multi-Drug Resistant Organism (MDRO) infections (VRE, MRSA, C-diff)

Prevention CLABSI, SSI, CAUTI
Identify patients being treated for emotional or behavioral disorders (Behavioral Health only) & assess them for suicide risk.
NPSG: Universal Protocol

To help ensure right patient, right procedure, right site surgery include 3 elements:

• pre-procedural verification process
• site marking
• time-out immediately before procedure.
Risks to the Environment
Medical Equipment Risks

Basic Safety Tips:

Make sure all patient care equipment is appropriately cleaned and disinfected prior to use.

Utilize equipment only if you have been appropriately trained. Seek instruction from experienced user.

Utilize equipment in the manner it was intended for use. Never alter or use for non-approved functions (e.g., using an infusion pump to deliver tube feedings).

Report equipment problems to CES, 5-2100, don’t work around broken equipment.
Medical Equipment Risks

Broken/Malfunctioning Equipment:

If you suspect an equipment problem, remove from patient use immediately. If patient injury, leave any disposables, or accessories intact (e.g. tubing, etc...). This will significantly aide in the investigation of the system.

Clearly label the equipment as broken and indicate problem (use pre-printed broken equipment labels)

Call CES, 5-2100, ext 515 to pick up equipment involved in PSN events.

Reference the equipment ID number (on CES yellow barcode tag) and complete the PSN report.
Unsafe Work Conditions

Report all unsafe work conditions to your Supervisor.

Report all work-related injuries to your Supervisor.

HSE (Safety office) will follow up on most incidents.
Examples of Unsafe Work Conditions

- Spills and wet floors—clean them up
- Rain and snow events – wear proper shoes
- Walking down steps—hold on to the handrail
- Trips—make sure cords are off the floor
- Texting while walking
Construction Safety

Recognize and Avoid Hazards:

New construction - ongoing
Renovations - do not enter areas
Vibration, noise, arc flash
Slips, trips and falls
Asbestos removal

Concerns? Contact HSE.
JHH also has their own in-house Clinical Engineering department that maintains the safe, reliable, and functional operation of medical devices.

A medical device is ANY device that is used on a patient.

If medical device fails, call Clinical Engineering Services at 4-SAFE ext. 3.
Safe Patient Handling Program

The Johns Hopkins Hospital has implemented a safe patient handling program.

The program implements mechanical patient lifts and transfer devices to lower the risk of employee injuries due to moving of patients.
Safe Patient Handling Equipment

The Maxi-Move portable patient lift.

The Maxi-Sky ceiling patient lift.

The Pink Slip patient transfer device.
MRI Safety

An MRI magnet is ALWAYS on, even if it is not in use.

Metal objects become projectile and can seriously compromise safety.

If working in an MRI area you will receive MRI Safety Training and screening.
Your job may require accessing secure medication storage areas.

Secured medication areas may be accessed by:

- Licensed employees
- Maintenance services staff
- Environmental services staff
- Central Stores staff
- Security staff
- Pharmacy Technicians
- OR Technicians
- Anesthesia Technicians
- Others as required by their job function
<table>
<thead>
<tr>
<th><strong>Access to Secure Medication Areas</strong></th>
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<tbody>
<tr>
<td><strong>Do</strong></td>
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<tr>
<td>Ensure that the storage area is secure/locked when leaving</td>
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<tr>
<td>Immediately notify the Charge Nurse or Nurse Manager if you suspect that the medications have been tampered with or stolen</td>
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<tr>
<td>Allow unauthorized personnel into the medication storage area</td>
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Service Excellence
Service Excellence: Standards of Behavior

Customer Relations
Self Management
Teamwork
Communication
Ownership/Accountability
Continuous Performance Improvement
Customer Relations

Treat patients and other customers with courtesy, respect and caring behaviors.

Respond quickly and appropriately to customer requests.

Anticipate customer needs and initiate action to meet those needs.
Self Management

Present a positive image of Johns Hopkins through professional appearance and behavior.

Identify own areas of development and seek opportunities for personal and professional growth.

Carry out responsibilities in a safe and timely fashion and request assistance as needed.
Teamwork

Work cooperatively within own unit/department and with other units/departments.

Willingly accept additional responsibility; try to make others' jobs easier.

Recognize and support the skills and qualities of others.

Willingly exchange appropriate and professional information with coworkers.
Communication

Listen to customer needs and respond in a courteous and tactful manner.

Provide timely feedback to the appropriate customer in a clear and concise manner.

Use professional judgment in providing information based on the situation and be sensitive to individual/organizational concerns.

Consistently ensure that information known about the customer is kept private and confidential.
Ownership/Accountability

Treat customers’ property and Johns Hopkins’ property with care and respect.

Demonstrate conservation and responsible use of resources.

Contribute to the safety and security of the Johns Hopkins environment through personal actions.
Continuous Performance Improvement

Effectively and efficiently fulfill responsibilities to achieve the greatest benefit at an acceptable cost.

Continually strive to suggest and implement ways to improve personal departmental and institutional performance.
Teamwork
Teamwork

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.”
Definitions

“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 Everyone Achieves More.”
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
Being a good team member means:

- Critiquing ideas without criticizing team members
- Performing promised follow-up
- Taking problems seriously
- Being courteous, honest, trusting
- Practicing innovative thinking and taking risks
Helpful Team Behaviors

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
Helpful Team Behaviors

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
Conclusion and Resources

This course has provided you with an introduction to the Johns Hopkins Hospital.

If you have any questions, please discuss with your unit nurse manager or educator.