



Interprofessional Caregiver or Student Orientation Handbook

Our Mission

We carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.

At PeaceHealth, the fulfillment of our Mission is our shared purpose. It drives all that we are and all that we do. To those who embrace the spirit of these words and our commitment to exceptional medicine and compassionate care, we offer the opportunity to learn and grow as a member of the PeaceHealth family.

Our Values

Respect

We respect the dignity and appreciate the worth of each person as demonstrated by our compassion, caring, and acceptance of individual differences.

Stewardship

We choose to serve the community and hold ourselves accountable to exercise ethical and responsible stewardship in the allocation and utilization of human, financial, and environmental resources.

Collaboration

We value the involvement, cooperation, and creativity of all who work together to promote the health of the community.

Social Justice

We build and evaluate the structures of our organization and those of society to promote the just distribution of health care resources.

Our Vision

Every person receives safe, compassionate care; every time, every touch.

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Welcome!

We are so pleased that you have joined PeaceHealth – you are a valuable member of the healthcare team! During your orientation, you will learn more about the practices that:

- Support daily work.
- Ensure consistent care based on professional standards.
- Are grounded in evidence and best practice to help us:
 - Provide holistic care
 - Promote patient and caregiver safety
 - Contribute to improved patient outcomes
- Influence the patient's experience through:
 - Teamwork
 - Communication
 - Collaboration
 - Coordination

Communication with Patients and Families

PeaceHealth has implemented a standardized communication model called **ICARE** to create a memorable engagement at every point of interaction with the patient/family.



Introduce

...you and others; explain roles

Connect

...in a personal way

Acknowledge

...inconveniences; Ask permission

Respond

...to the patient; listen and respond with thorough explanations

Explain

...in a way the patient understands; help set expectations

As a PeaceHealth caregiver, you should:

- Develop your personal style to build a personal connection with patients.
- Use the ICARE communication model to build trust with patients.
- Use ICARE in your patient interactions to make a connection and ensure the patient is an active participant in their care.

This video can help you find ways to make a connection: [56 Seconds to Create a Connection - PressGaney](#)

Trauma Informed Care (TIC) Approach

A trauma-informed care (TIC) approach acknowledges the need to have a complete picture of a patient's life situation – past and present – in order to provide effective care with a healing orientation. Traumatic events impact human health, thoughts, feelings, behaviors, communications, and relationships. Everyone experiences trauma in their own way – how it impacts them is based on complex factors such as their support system, culture, and previous life experiences. Traumatic memories or triggering events can often occur during healthcare encounters, such as a hospital admission, due to the inherent imbalance of power and sense of vulnerability. People who have been exposed to life-altering danger need safety, choice, and support in healing interactions. The guiding principles behind TIC include safety, trustworthiness, choice, collaboration, and empowerment.



Here are some strategies for using a TIC approach when interacting with patients:

- Treat and recognize each individual's experience as unique.
- Converse with the patient in their preferred language, using an interpreter as needed.
- Ask the patient how they prefer to be addressed, including their name and pronouns.
- Create an environment where the patient feels safe – provide privacy, maintain appropriate lighting, minimize loud noises, etc.
- Be aware of personal space and your proximity to the patient.
- Whenever possible, sit and talk with the patient at eye level, rather than hovering over them.
- Be attuned to signs that the patient is feeling anxious or uncomfortable, such as lack of eye contact, muscle tensing, fidgeting, withdrawing when being touched, etc.
- Avoid asking patients to continually retell their story (e.g., questions about intimate partner violence).
- Ask permission before approaching/touching the patient.
- Explain what to expect prior to performing any procedure or administering a medication.
- Provide the patient with choices whenever possible.
- Involve the patient in goal setting and treatment planning.
- Provide patient with the information they need to participate in their own care, while respecting their needs, wants, and preferences.
- Learn more about the patient's coping mechanisms and support systems.
- Be on the look-out for signs of re-traumatization.

Health Equity

“Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment. Many populations experience health disparities, including people from some racial and ethnic minority groups, people with disabilities, women, people who are LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex, or other), people with limited English proficiency, and other groups.” (*Centers for Disease Control and Prevention*)

In alignment with its Mission, Vision, and Values, PeaceHealth has set a goal to deliver equitable healthcare to the communities it serves, ensuring that all are treated justly and respectfully, with equitable access to

opportunities and resources. Delivering on that promise starts with a commitment to providing culturally appropriate and gender-affirming care, as well as understanding Social Determinants (also called “Drivers”) of Health.

Culturally Responsive Care & Gender Affirming Care

Cultural competence is widely seen as a foundational pillar for reducing disparities through culturally sensitive and unbiased quality care. “Culturally competent care is defined as care that respects diversity in the patient population and cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes, and behaviors.” (*Agency for Healthcare Quality and Research*)

A key aspect of providing culturally appropriate care is cultural humility. Cultural humility is orienting the care you provide by practicing self-reflection, appreciating your patient’s lay expertise, and being open to sharing power with patients. Be self-aware, examine your cultural background, and acknowledge that personal and systemic biases may contribute to health disparities. To be culturally humble, look beyond your own cultural framework to see how another person’s cultural background influences their communication style (*Concannon & Patrick, 2022*). Be respectful of these differences and try to find solutions that meet your goals without compromising the cultural beliefs of those you serve. Cultural humility calls you to refrain from passing judgment. Cultural humility is knowing that you must be open and curious.

Gender-affirming care, as defined by the World Health Organization, includes social, psychological, behavioral and/or medical interventions designed to support and affirm an individual’s gender identity. Gender affirming care is the practice of caring for patients without bias, demonstrating acceptance of the patient’s chosen gender. You will learn more about ways to provide gender-affirming care during your orientation.

Social Determinants (a.k.a., Drivers) of Health

During the admission process, nurses will screen patients for Social Determinants (Drivers) of Health (SDOH), such as financial resource strain, housing stability, transportation needs, food insecurity, and physical activity. The screening process helps to identify issues that could impact the patient’s progression of care and health outcomes. Areas of concern are then escalated to Social Work, Care Management, or other members of the healthcare team. Collecting and sharing information about SDOH helps identify geographic areas where health disparities exist so they can be addressed with appropriate community resources.

| ♥ Social Determinants of Health | |
|---|--|
|  Tobacco Use ↗ |  Alcohol Use ↗ |
| Jan 25, 2024: Unknown | Jan 26, 2024: Not At Risk |
|  Financial Resource Strain ↗ |  Food Insecurity ↗ |
| Jan 26, 2024: Medium Risk | Jan 26, 2024: Food Insecurity Present |
|  Transportation Needs ↗ |  Physical Activity ↗ |
| Jan 26, 2024: Unmet Transportation Needs | Jan 26, 2024: Insufficiently Active |
|  Stress ↗ |  Social Connections ↗ |
| Jan 26, 2024: Stress Concern Present | Jan 26, 2024: Socially Isolated |
|  Intimate Partner Violence ↗ |  Depression ↗ |
| Jan 26, 2024: Not At Risk | Not on file |
|  Housing Stability ↗ | |
| Jan 26, 2024: High Risk | |

Communication Boards

Communication Boards are in each patient's room. They keep patients, families, and care team members informed; encourage the patient and family to participate in care decisions; and communicate daily goals and nursing interventions that are part of the patient's Care Plan. The person who is orienting you will introduce you to the Communication Board and the required documentation components.

Communication boards may vary at your facility, but the minimum required information is:

- Date
- Patient
- Care Team (Nurse, CNA, Provider)
- Family Info
- Mobility (including assistive devices)
- Fall Risk, including T.I.P.S. Tool® in many areas
- Diet
- Pain Status
- Language Preferences (if different from English)
- Goals (including D/C date if known)

Make sure to use plain, simple language on the Communication Boards, avoiding medical terminology ("jargon") or abbreviations. It is there to facilitate communication with the patient/family so it is important to use language that they can understand. Goals should be patient-centered and in the patient's own words.

Care Plans

A patient's Care Plan serves as an individualized road map for promoting positive clinical outcomes. Depending on your role, you may be reviewing and updating the patient's Care Plan. Individualize the patient's Care Plan, including problems and goals, starting with your initial assessment of the patient's needs. The goals you document will display in the Patient Story report.

Progression of Care, Discharge Planning, and Length of Stay

Studies show that the longer a patient stays in the hospital, the more challenges they may face in their recovery and the higher the risk of injury while in the hospital. Reducing Length of Stay (LOS) is one of PeaceHealth's strategic priorities and aligns with our Values of Respect, Stewardship, Collaboration, and Social Justice.

Progression of Care and Discharge Planning contribute to a reduced LOS and...

- Promote the patient's transition to the most appropriate level of care for their recovery
- Ensure responsible utilization of our healthcare resources
- Improve access to much-needed hospital beds within our communities
- Support PeaceHealth's mission sustainability efforts

Our aim is to identify each patient's discharge needs (and potential barriers) early in their hospital stay and collaborate with other disciplines to facilitate their transition to the next phase of care.

Let the patient know the team is there to support them on their road to recovery. Depending on your role, collaborate with them to develop a plan tailored to their individual needs. Document this in the Care Plan.

Update the Care Plan to reflect what is happening with the patient, resolving problems and adding new ones as needed. Document the interventions you implemented, the outcomes, and patient progression in the patient's record.

Communicate, collaborate and coordinate care with the nursing team, the patient's provider, other disciplines and Care Management. Escalate barriers to discharge as soon as they are identified so that they can be addressed quickly and effectively. Participate in Multidisciplinary Rounds as often as possible.

Patient & Family Education

Patient and family education is important to engaging them as partners in their care and promoting positive clinical outcomes.

Depending on your role, patient education begins with **assessment**: identifying who the learner(s) are, their readiness to learn, their preferred method of learning, any potential barriers to learning, and what needs to be learned.

Caregivers plan and tailor their approach to education based on the learning needs assessment and engage other disciplines/resources to support the education. Patient education handouts are also available within the EHR.

It is important to consider health literacy when conducting patient/family education. Health literacy is an individual's ability to "obtain, communicate, process, and understand basic health information and services," according to the Centers for Disease Control and Prevention. A national assessment of adult literacy skills in the US identified that 36% of adults had serious limitations in health literacy skills.

According to the National Institutes of Health, research into health literacy shows that

- Everyone, no matter how educated, is at risk for misunderstanding health information if the topic is emotionally charged or complex.
- Anxiety can reduce a person's ability to manage health information.
- Providers and caregivers try to, and believe they are, communicating accurate information.
- In some cases, patients may believe they have understood directions but may be embarrassed to ask questions to confirm their understanding.

If a patient/family does not understand their treatment plan or medications, this can lead to errors that can negatively impact their health outcomes.

Provide patient and family education throughout the hospital stay – don't wait until their discharge day! This will help them absorb the information better and provide ample opportunity to ask questions.

When you **provide** teaching to patients and families, simplify communication and provide it in the patient's preferred language. Ask your supervisor or lead about how to access Interpreter Services when needed.

Confirm comprehension of the education provided so that the risk of miscommunication is minimized. The "teach-back" method is a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. It is a way to confirm that you have explained things in a manner your patients understand. After teaching a concept or two, use the following three steps to teach-back:

- Take Responsibility:
"Just to be sure I have been clear..."
- Ask for teach-back:
"Can you tell me in your own words (or show me)?"
or "How would you teach this to your (wife, son, etc.)?"
- After they teach-back, ask for questions:
"What questions do you have?"

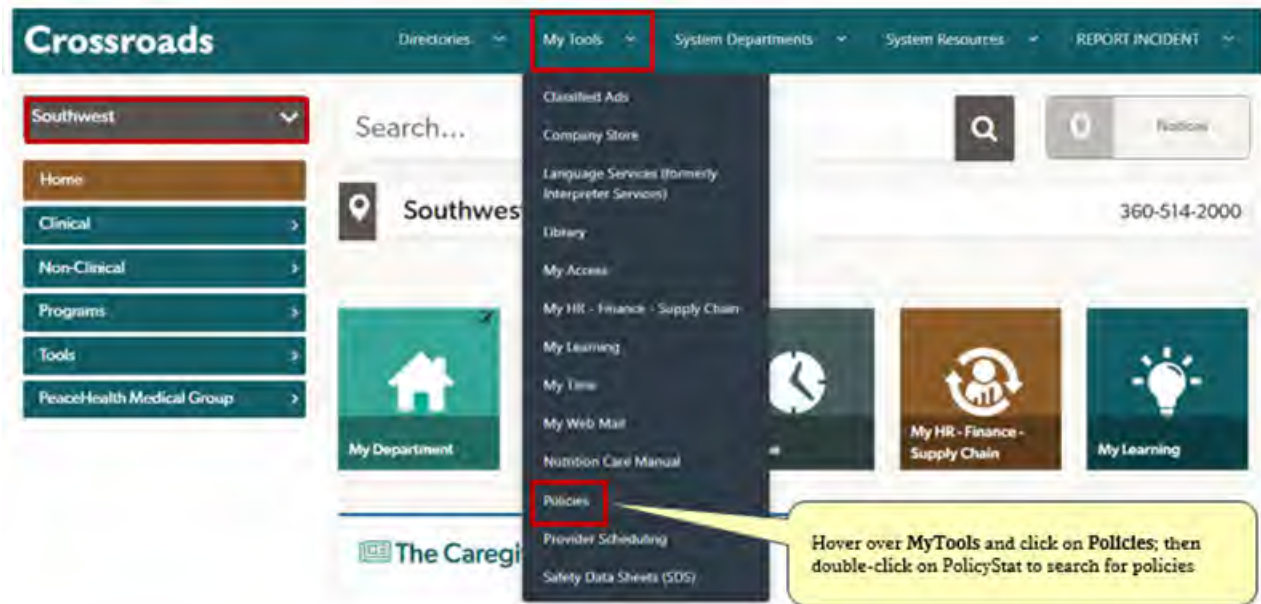


Overview of Crossroads and Policies

As a PeaceHealth caregiver, your daily work is guided by policies and procedures, steeped in evidence-based practice and with a commitment to Clinical Excellence. It is important for you to know how to access the tools that you need to practice safely and effectively.

Crossroads is PeaceHealth's intranet and where you will find important resources such as policies and reference documents.

To access policies, procedures, and reference documents:



Policies to Review

- Attendance & Punctuality
- CareConnect Downtime
- Caregiver Identification
- Chain of Command
- Code Status (DNR)
- Dress & Appearance
- Identifying & Reporting Patient Abuse, Neglect, Exploitation or Misappropriation of Property
- Isolation Procedure
- Intrafacility Transport
- Language Services (Interpretation, Translation & Auxiliary Aids)
- Mandatory Education
- Medication Administration*
- Order Management**
- Patient Identification
- Patient Visitation Rights & Privileges
- Resuscitation Training Completion Requirements
- Serious Safety Event
- Tobacco-Free, Smoke-Free Campus
- Training & Competency
- Workplace Violence Prevention

* Review if you will administer medications

**Review if you will be acting on provider's orders

You may be instructed by your Manager, Supervisor, Lead or person orienting you to review additional policies and procedures that are pertinent to your role.

To page a provider:

The screenshot shows the Crossroads system interface. A red box highlights the 'Physician' link in the 'Directories' dropdown menu. A yellow callout bubble points to this link with the text: 'Use Directories to search for a person by name.' Another yellow callout bubble points to the 'Physician' link with the text: 'To page a provider regarding an urgent patient need, use the “on-call calendar” called Amion (pronounced Am I On). The person who is orienting you can show you how to look them up through Dashboards in CareConnect.'

PeaceHealth’s Compliance Reporting Process

When you have a concern, you have a duty to report it or to ask questions. Likewise, the Unit/Department Manager or House Supervisor/Coordinator has a duty to follow up without retaliation. Reporting a compliance concern or problem should be as natural as picking up the phone to report a leaky pipe or a frayed carpet. When you have a question, or want to report a concern, we encourage you to refer to the following resources:

- The Unit/Department Manager or House Supervisor/Coordinator
- The Organizational Integrity Officer
- The PeaceHealth Integrity Line: (877) 261-8031 (an independent, confidential service open 24/7 except holidays)
- Online PeaceHealth Integrity Line at <https://peacehealth.alertline.com>

Security

The Security team is here 24x7. All caregivers are expected to report emergency situations, as well as suspicious activity, in clinical areas, common area spaces, and outside on the property (e.g., building, grounds, and parking areas). If you see something, say something!

- Emergency situations (see Emergency Codes)
- Suspicious or out of place person
- Suspicious, unattended bag or package
- Doors left unsecured



Be sure you know the correct emergency phone number to call for your facility:

- For most facilities, it is extension 7111. When calling from your cell phone or a number outside the facility, first dial the area code (if needed) and prefix for your facility, followed by 7111.
- Your facility may have a different emergency number. During your first week, ask your Manager, Supervisor, Lead, or person who is orienting you about the correct phone number to call to report an emergency.



General Safety and Emergency Management

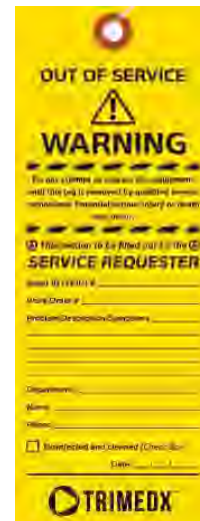
Electrical Safety

All electrical equipment brought into the facility by staff or patients (radios, hair dryers, fans, etc.) must be approved for use by a qualified staff member and have a dated sticker attached.

Any electrical equipment purchased for patient care use must be inspected by Clinical Engineering/BioMed prior to use. All patient care equipment has a sticker indicating when it is due for preventative maintenance. If you find a piece of equipment that is overdue for preventative maintenance, do not use it. Ask the supervisor or other department resource to submit a work order to have it inspected.

If you suspect a patient care device is damaged or not working properly:

- Unplug the device and remove it from service.
- Affix an “Out of Service” tag. Only BioMed may remove a tag once it has been affixed.
- Place it in the designated area for pick-up.
- Contact Clinical Engineering/BioMed.



Chemical Safety/Hazard Communication

A Safety Data Sheet (SDS) reference guide for all chemicals is available to you under the “Right to Know Act.” Find out what chemicals are use in the area where you are working. SDS are posted on Crossroads under “My Tools.” Review the SDS before handling any hazardous chemicals. In case of a spill:

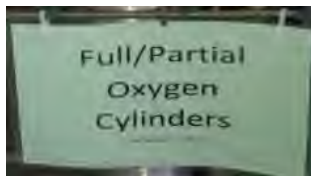
- Act quickly!
- Wear Personal Protective Equipment (PPE).
- Contain the spill.
- Notify Security if the spill is considered significant as noted in the Safety Data Sheet (SDS).
- Work with your supervisor to determine if it is safe to re-enter the area.
- Complete a variance report in Safe2Share.
- Report to the Emergency Department if exposed to a hazardous chemical.
- Dispose of clean up materials following SDS and departmental guidelines.



Safe Handling and Storage of Medical Gas Cylinders (e.g., Oxygen Tanks)

Medical gas cylinders contain compressed gas which poses the risk of explosion and/or fire if not handled properly. Here are some things you need to know and do:

- All medical gas cylinders (oxygen or not) should be secured in a stand when not in use. Proper signage for “Full” or “Partial” and “Empty” should be visible.



- Large cylinders should be stored in designated locations with **individual** chains, straps, or other devices to prevent tipping, falling, or being knocked over.
- Know the limits of how many cylinders can be stored in your area. It is 12 cylinders in most clinical areas.



- When in use with a patient that needs to be moved or transported, the cylinder must be secured to the appropriate and available cylinder holder. See examples below:



- Intelli-OX+ cylinders can be carried by the built-in handle. When transporting oxygen cylinders with stem valves (analog), they must be in an appropriate transportation device (i.e., cylinder cart).
- Always contact Imaging staff prior to transporting a patient who requires oxygen as portable tanks are not permitted in the MRI area.
- Never leave a cylinder unsecured or unattended.
- Never leave cylinders free standing on the ground or laying in a patient's bed.



Stem Valve



Cylinder Cart



Only authorized individuals (such as a Charge Nurse or Nurse Team Lead) can turn off medical gas shut-off valves in the event of an emergency.

Emergency Management Plan

In the event of an emergency your responsibilities include:

- Remain on duty until excused.
- Report to report to Manager, Supervisor, or Lead immediately for directions, assignment, and questions.

During an emergency, remember to:

- Use stairways. **DO NOT USE ELEVATORS!**
- Know where exits are and what the posted evacuation plan is for your area.
- Limit use of phones as much as possible.
- Wear ID badge.

If not on site during an emergency:

- Report to work at next scheduled time, unless otherwise directed.
- Report to work if specifically instructed by an emergency text message, pager, or phone call.

Emergency Codes

Please learn the following codes that are initiated by dialing the emergency number for your region/facility.

| | |
|---|---|
| Code Black (Bomb Threat) | <ul style="list-style-type: none"> ▪ If you receive or identify a potential Code Black scenario, contact the emergency notification extension 7111 or call 911 (or whatever phone number is applicable to your building). ▪ Suspend use of radios and cell phones. ▪ Assist with reporting and search efforts as directed. |
| Active Shooter / Active Assailant (REMEMBER: Run/Hide/Fight) | <p>An “active shooter” is an individual actively engaged in killing or attempting to kill people in a confined area; in most cases, active shooters use firearm(s) and there is no pattern or method to their selection of victims.</p> <p>How to respond to an Active Shooter/Active Assailant:</p> <ul style="list-style-type: none"> ▪ Evacuate (RUN) – If safe to do so, move to a safe location. ▪ Hide Out (HIDE) – If unsafe to move, shelter in place and take actions to barricade the sheltered location. ▪ Take Action (FIGHT) – As a last resort and only when your life is in imminent danger, take an aggressive action to overcome the shooter. ▪ Notify (CALL) – As soon as it is safe to do so, call extension 7111 or 9-1-1. |
| Code 99 (Weapons Incident, Not an Active Shooter) | <p>A Code 99 is an active threat situation involving a hostage, weapon, and/or less than lethal device. It may be identified by caregivers, patients, and/or visitors. If you encounter or suspect an active threat situation involving a hostage, weapon, and/or less than lethal device, activate a Code 99 by calling 7111.</p> |
| Code Gray (Aggressive Individual) | <p>Initiate a Code Gray when de-escalation techniques by caregivers have failed.</p> <ul style="list-style-type: none"> ▪ If in a main hospital, call 7111 and ask the operator to page Code Gray. Provide operator with the location including unit/department, room number, or closet intersecting location. ▪ If in an offsite clinic or area, contact 911 for initial response. Contact Security after 911 has been notified. <p>Security, the House Supervisor/House Coordinator, and Code Gray responders are expected to immediately respond to the Code Gray announcement, if available. Only those caregivers who have received approved intervention training are allowed to respond. The House Supervisor/House Coordinator and Security will assess the situation and determine if further assistance from local Law Enforcement is required.</p> |
| Code Orange (Hazardous Materials Spill) | <p>A Code Orange is called for a release (spill) that is uncontrolled or substantial. Staff working with hazardous materials are trained on spill response procedures. Before attempting to clean up any internal hazardous substance release, you must know what the material is. If an incidental spill or leak occurs, do the following:</p> <ul style="list-style-type: none"> ▪ Notify your supervisor. ▪ Follow the spill cleanup directions found on the Safety Data Sheets and obtain the appropriate spill cleanup kit, if applicable. ▪ Obtain and don appropriate personal protective equipment. ▪ Ensure that all substances are absorbed, removed, etc. and placed in a labeled container that is adequate for storing the waste debris. ▪ Contact the Safety Department to identify the best disposal method. |

| | |
|--|--|
| Code Red (Fire) | <p>RESCUE: Rescue all persons in immediate danger, giving priority to patients, and move them to a safe area. Close doors behind you.</p> <p>ALARM: Activate the nearest fire alarm pull station AND report the fire by calling 7111 or 911 (whichever is applicable to your building). Notify dispatch and give exact location of the fire or smoke and describe extent of fire, if known.</p> <p>CONTAIN: Close all doors.</p> <p>EXTINGUISH OR EVACUATE.</p> |
| Code Amber (Infant / Pediatric Abduction) | Clinical staff members assigned to work in a PeaceHealth inpatient labor and delivery, nursery, neonatal intensive care, and pediatric units/departments are provided additional training on unique mitigation, prevention, response, and recovery activities for their area. This training is reinforced through drills. |
| Code Roam (Missing Patient) | <p>If one of your patients/clients is missing, call Security at 7111. In hospital buildings, notification of all onsite caregivers will occur through the use of a Code Roam overhead page.</p> <ul style="list-style-type: none"> There will be a search of the facility by designated caregivers in an effort to locate the patient/client. Local law enforcement will be notified if the missing patient or client is at risk of harm to themselves or others. |
| Trauma Alert | <p>In the hospital, a Trauma Alert is activated in the ED so that the Trauma Team is alerted to begin receiving patients.</p> <p>You will hear and overhead announcement (example: "Trauma Alert; Trauma Team report to the Emergency Department"), repeated x3.</p> |
| Code Triage (Critical Incident/Leadership Briefing) | <p>Activating a Code Triage should be done when there is knowledge or validated information of a major compromise to hospital business operations. Reasons to activate a Code Triage are, but not limited to, events such as Mass Casualty Surge Event, major facility compromise, life safety event in or near the hospital.</p> <ul style="list-style-type: none"> Leaders will respond to Incident Command for further instructions and communicate the information back to their unit/department staff. |
| Rapid Response Team (RRT) | <p>Call Security at 7111 to activate the RRT if a patient, visitor, or caregiver has:</p> <ul style="list-style-type: none"> Respiratory Rate (RR) < 8 or > 30 breaths per minute. Threatened airway or persistent change in oxygen saturation. Acute change in level of consciousness (LOC), lethargy or seizure. Signs or symptoms of stroke. Heart Rate (HR) < 40 or > 120bpm. Systolic Blood Pressure (SBP) < 90 mmHg or > 200mmHg. Urinary output < 50 ml in 4 hours. Change in patient coloration: lips, face, or limbs pale, dusky or blue. Family or staff member worried about patient's status/condition. New onset or unrelieved acute pain. |
| Code Blue | <p>In the hospital, call Security at 7111 to activate a Code Blue if a patient, visitor, or caregiver is not breathing and/or does not have a pulse.</p> <ul style="list-style-type: none"> Provide details, including name of patient, unit/department, location (room number, hallway, etc.) and if this is an adult or pediatric patient. You will hear an overhead announcement (example: "Code Blue, ICU"). A Code Blue team trained in Advanced Cardiac Life Support will respond. |

Workplace Violence Prevention

It is the policy of PeaceHealth to provide a safe and non-intimidating work environment. PeaceHealth is committed to taking any act of violence seriously and prohibits all conduct, either verbal or physical, that is abusive, threatening, intimidating, or demeaning.

The responsibility for a workplace free of violence and aggression is a shared responsibility - a vital partnership between all who work at PeaceHealth.



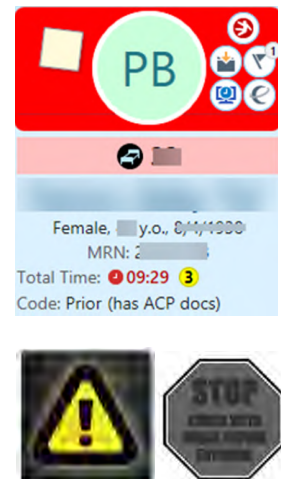
Patient Belongings and Weapons Screening

PeaceHealth has implemented a weapons screening procedure at most facilities. Where this is in place, all patients (with the exception of NICU patients) are screened for weapons upon entry to the facility. The weapons screening procedure is limited to disclosure by the patient representative, UNLESS they fall into a category that requires their belongings to be secured. In other words, we cannot inspect or store patient belongings without appropriate cause. Find out if your facility has a weapons screening procedure in place and, if so, learn what your role is in the process.

Identifying Known Aggressive or Potentially Violent Persons

Prior to patient interaction, look for a red banner and/or FYI flags (in CareConnect) that may indicate a history of or potential for violence. These include a Special Treatment Plan FYI flag or a Security Alert FYI flag. If you feel that a FYI flag is needed for your patient, please contact the unit's Charge Nurse/NTL, Nurse Manager, or House Supervisor/Coordinator.

In addition, the patient's door may have a magnet or sign indicating there may be a potentially harmful situation with the patient and/or family. See examples at right. If you see this magnet or sign, contact the patient's nurse or Charge Nurse/NTL prior to entering the patient's room to learn about interventions put in place to prevent patient aggression towards caregivers.



When caring for or interacting with a known aggressive or potentially violent person, consider engaging Security as a precautionary measure.

Recognize when a Person is Entering into Crisis and their Behavior is Escalating

PeaceHealth provides training licensed by the Crisis Prevention Institute (CPI)® - the training is available through online modules as well as instructor-led classes. The core philosophy behind this training program is to maintain the best **CARE, WELFARE, SAFETY, and SECURITY** of everyone involved in crisis situations.

Understanding the phases of the Crisis Development Model is the first step in crisis prevention and keeping yourself and others safe. Your responses and actions might positively or negatively contribute to escalating or de-escalating a crisis. Below are the phases, behaviors to recognize, and appropriate caregiver response.

Anxiety: during this first phase of the Crisis Development Model, you may observe a change in behavior or anxiety, nervousness, and repetitive nonverbal behaviors (such as pacing, crossed arms, grinding teeth, biting lips or fingernails, clenching fists, etc.). Your response is to be supportive. Offer the person a chance to explain, listen, and acknowledge their feelings/concerns. Use an empathetic, non-judgmental approach.

Defensive: during this phase, the individual begins to lose rationality. You may notice that the person becomes belligerent, asks challenging questions, or releases anger verbally (i.e., raising their voice, shouting)

or nonverbally. Your response is to be directive, provide clear instructions, and set expectations. Request their cooperation and use some of the de-escalation techniques below.

Risk Behavior: during this phase, the individual loses control, resulting in physical behavior that could pose a risk to self or others. Your response is to call for help (e.g., call a Code Gray or Security).

Tension Reduction: after a crisis, the person will experience a decrease in physical and emotional energy. The person regains rationality and their physical energy drops. They may begin to cry or apologize. Your response is to establish therapeutic rapport and try to re-establish communication with the person. Demonstrate empathy, avoid blame, and give reassurance.

De-escalation Techniques

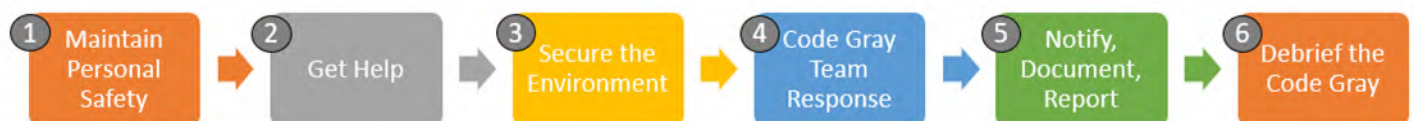
- Assess the situation. If you see signs or symptoms of a person entering into crisis, intervene early.
- Identify triggers that cause the person to escalate.
- Maintain a calm, professional demeanor/voice.
- Be aware of yourself (your tone, attitude, position, posture, facial expressions, nonverbal behaviors).
- Avoid being argumentative or emotional. If you find yourself becoming emotional, leave the situation and ask another caregiver to intervene.
- Be empathetic to the person's situation.
- Use problem solving with the individual.
- Be clear: use simple language.
- Offer choices.
- Give the individual time to think.
- Don't respond to challenges and power struggles.
- Set clear behavioral expectations, to include the consequences.
- Sometimes you have to agree to disagree.
- (Depending on your facility) Activate the Action Response Team (ART) early on so you can develop a plan of care for this patient.
- Activate a Code Gray if the situation escalates.

If met with verbal or physical aggression...

- Don't crowd the individual – respect their personal space and “comfort zone.”
- Reconsider the task that you were about to perform: is this the right time to do it or can it be postponed?
- Be aware of your surroundings:
 - Are there objects the person could use to hurt you or themselves?
 - Do you have a safe path to exit the room and get help if needed?
- Never place yourself between the person and the door if they are trying to leave:
 - Let them go.
 - Call Security at x7111 and the patient's physician immediately.

Code Gray Process

Call a Code Gray when the potential for imminent danger to self or others is high and/or de-escalation attempts are unsuccessful:



1. Personal Safety is a top priority! Remove yourself and others from an unsafe situation
2. Get Help:
 - Follow Chain of Command (Charge Nurse/NTL, Nurse Manager, House Supervisor/Coordinator)
 - Call (or delegate call to) Security at #7111 to initiate Code Gray. Provide details such as location, situation, who's involved, etc. Stay on the line until Security ends the call (if possible)
3. Secure the Environment:
 - Close doors to other patients' rooms and secure the perimeter as appropriate

- If safe, remove items that could be used as a weapon (i.e., scissors or other sharps, eyeglasses, jewelry, ID badges, food trays, etc.)
4. When the Code Gray Team arrives:
 - Identify Code Gray Team Leader: could be Charge Nurse/NTL, House Supervisor, other RN, Security
 - (Team Leader): debrief responders re: situation; use clear communication; delegate responsibilities
 - Develop a plan and implement response (see below)
 5. Notify the patient's physician; document in the EHR; complete a Safe2Share; communicate to next shift
 6. Debrief the Code Gray:
 - Is everybody OK? Check in the moment. Initiate a Safety STOP is appropriate
 - Is an Action Response Team (ART) meeting needed?
 - How well did we follow the process? Any learnings for next time?

If you or a co-worker are injured because of workplace violence...

- Notify your Manager, Supervisor, or Lead right away.
- Call a Safety STOP or have someone call one for you.
- Seek medical attention as appropriate.
- Complete a variance report as soon as you are able – there is a dedicated icon in Safe2Share for this.
- Mobilize resources for emotional support, including Employee Assistance Program, Pastoral Care, Workplace Violence Prevention Committee, etc.



Safe2Share tile for reporting Workplace Violence events

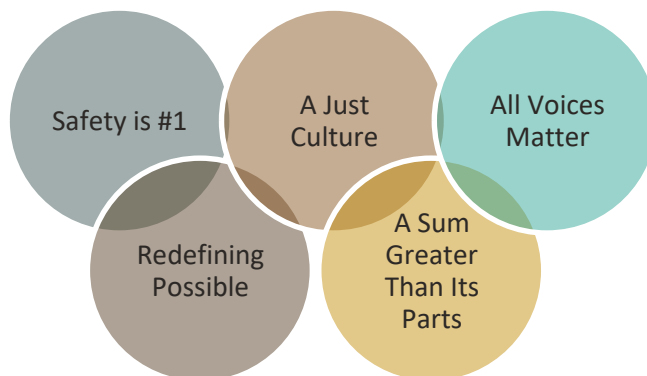
Workplace Violence Prevention Resources on Crossroads

Some facilities have a Crossroads page dedicated to Workplace Violence Prevention. Ask your Manager, Supervisor, Lead or person who is orienting you how/where to locate resources for your hospital.



Clinical Excellence and Culture of Safety

Organizations with a Culture of Safety maintain a commitment to safety at all levels, from frontline caregivers to managers and executives.



In fulfillment of our shared mission, we work together at every level to achieve our priorities in Clinical Excellence – raising the bar to achieve 100% Perfect Patient Care, Always – Every Touch, Every Time. Safety is priority #1 and is everyone's job.

Just Culture

Just Culture is a values-supportive system of shared accountability. It is a culture that holds organizations accountable for systems they design and for how they respond to staff behaviors fairly and justly. There are four components of a Just Culture:



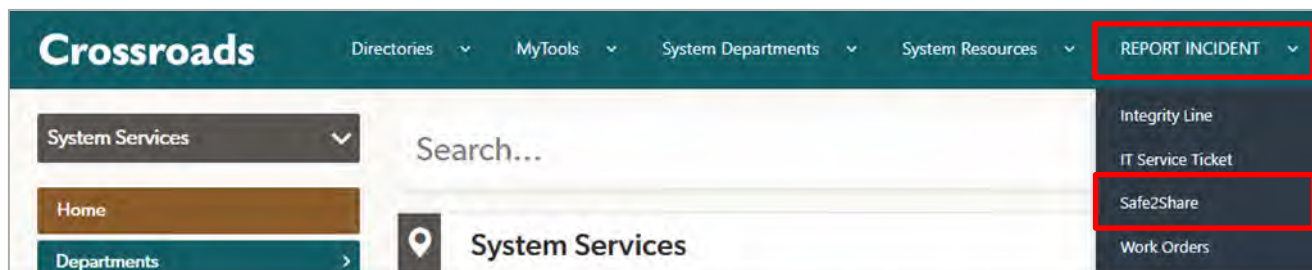
Managing Behavioral Choices:

- **Human error** - inadvertent action; inadvertently doing other than what should have been done such as a slip, a lapse, or a mistake (e.g., dosage calculation error). These behaviors may lead to a consultation.
- **At risk/drift behavior** - choice that increases risk where risk is not recognized or is mistakenly believed to be justified. Makes us more prone to human error (e.g., skipping an important step in a process). These behaviors may lead to a consultation or coaching.
- **Reckless behavior** - choosing to consciously disregard a substantial and unjustifiable risk (e.g., texting while driving impaired or intoxicated). These behaviors will lead to disciplinary action.

The more we understand contributing factors to medical errors and mistakes, the more successful we will be in eliminating risk. That is the rationale behind having a variance reporting system, an escalation pathway, and the Safety STOP program in place.

Variance Reporting

Safe2Share is PeaceHealth's variance reporting system. You can access it from Crossroads via the drop down under Report Incident:



- A variance report must be filed when there is a safety-related incident, including harm (or the potential for harm) to a patient, visitor, or caregiver.
- Variance reports must be completed promptly.
- The person most directly involved in an incident, or the person who first discovers the incident, is responsible for completing the variance report.
- Variance reports may be submitted anonymously.
- Variance reports are highly confidential and are not to be copied for any reason.
- The information contained in the variance report may be used only for risk management purposes and may not be used for any other purpose including peer review or employee corrective action.
- Variance reports are not a part of the patient medical record, and no mention of a variance report should be documented in the medical record. Record only the facts of an incident involving a patient.

In the event of a safety incident, including a “near miss:

- Follow the Pathways for Escalating Hospital Safety Concerns.
- Call a Safety STOP for serious safety events (i.e., the “29 Never Events”) to mobilize support, identify and implement countermeasures, and eliminate preventable harm.

Pathways for Escalating Safety Concerns

At PeaceHealth, all caregivers are empowered to speak up *any time* there is a safety issue. To ensure the right resources are deployed and concerns receive the quickest, most appropriate response it is critical that caregivers **use one or more of the escalation pathways that fit the situation.**

Call for help



When there is an emergency that requires urgent intervention.

Use standard processes:

- Call a Rapid Response
- Call a Code
- Call 911 (if appropriate for the setting)

Use Chain of Command



To address a safety concern that is presenting an operational barrier to daily readiness/patient flow, including:

- Transfers/admission/discharge
- Delays in resolving earlier service tickets for biomed, TSP or facilities
- Broken equipment
- Staffing
- Supplies
- Policies
- Workflow

Options:

- Talk with a leader, manager or house supervisor.
- Submit a service ticket or work order (TSP, biomed, facilities).
- Share an improvement idea.
- Call the Integrity Line: 877-261-8031.
- Escalate through the tiered-huddle system.

(Follow your facility's chain of command procedure. Crossroads>MyTools>Policies).

Call a Safety STOP



All caregivers are empowered to call a Safety STOP when there is a safety event involving harm or the potential for harm to a patient or caregiver.

- Ensure patient/caregiver is safe/stable.
- Initiate a Safety STOP using local process (call operator or manager)
- Notify on-site leader immediately.
- All involved remain in area until dismissed by responding persons.
- Participate in the investigation as requested.

(For additional information about Safety STOP, visit Crossroads>System Departments>Patient Safety).

Safe2Share Log-In

In addition to escalating through one or more of the above pathways, complete a Safe2Share report for all safety issues: Crossroads > Report Incident.

Questions? Talk to your manager.



29 “Never Events”

| <h1>100% Perfect Care, Zero Harm</h1> <h2>Never 29 Events (National Quality Forum Serious Reportable Events in Healthcare)</h2> | |
|---|---|
| Surgical or Invasive Procedure Events | <ul style="list-style-type: none"> • Surgery or other invasive procedure performed on the wrong site • Surgery or other invasive procedure performed on the wrong patient • Wrong surgical or other invasive procedure performed on a patient • Unintended retention of a foreign object in a patient after surgery or other invasive procedure • Intraoperative or immediately postoperative/post-procedure death in an ASA Class I patient |
| Product or Device Events | <p>Patient death or serious injury associated with:</p> <ul style="list-style-type: none"> • The use of contaminated drugs, devices, or biologics provided by the healthcare setting • The use or function of a device in patient care, in which the device is used or functions other than as intended • Intravascular air embolism that occurs while being cared for in a healthcare setting |
| Patient Protection Events | <ul style="list-style-type: none"> • Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person • Patient death or serious injury associated with patient elopement (disappearance) • Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting |
| Care Management Events | <p>Patient death or serious injury associated with, or resulting from:</p> <ul style="list-style-type: none"> • A medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration) • Unsafe administration of blood products • A fall while being cared for in a healthcare setting • The irretrievable loss of an irreplaceable biological specimen • Failure to follow up or communicate laboratory, pathology, or radiology test results or • Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting • Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy • Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting • Artificial insemination with the wrong donor sperm or wrong egg |
| Environmental Events | <p>Patient or staff death or serious injury associated with</p> <ul style="list-style-type: none"> • An electric shock in the course of a patient care process in a healthcare setting • A burn incurred from any source in the course of a patient care process in a healthcare setting • The use of physical restraints or bedrails while being cared for in a healthcare setting or • Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances |
| Radiologic Events | <ul style="list-style-type: none"> • Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area |
| Potential Criminal Events | <ul style="list-style-type: none"> • Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider • Abduction of a patient/resident of any age • Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting • Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting |

Patient Identification

Proper patient identification is an essential component of patient safety. We want to ensure each patient is in the right place and receiving the proper care. **It is PeaceHealth policy that, in accordance with safe patient care practices, patients must be positively identified with two approved identifiers (first and last names and DOB) every time caregivers provide care.** Key elements of the Patient Identification Policy and Procedure include:

- All patients have ID bands placed upon admission by Patient Access or clinical caregivers.
- For patients transferred from another facility, the armband(s) from the other facility must be removed.
- Prior to placing the ID band, the caregiver verifies information by asking the patient to state and spell their first and last name and date of birth (stating the birth month by name, not by number); the patient's response is then compared to the information on the ID band.
- If patient's name or date of birth needs to be corrected because they were entered incorrectly at time of admission, contact Patient Access for support to correct.
- If an ID band must be removed, the person who removes it is responsible to ensure that the patient is re-identified, and a new ID band is placed.
- Every caregiver is required to check patient identification prior to providing services. Examples include:
 - Upon admission, transfer and change of shift
 - When taking blood and other specimens (label in the presence of the patient whenever possible)
 - When administering medications or blood products
 - Prior to an invasive or diagnostic procedure
 - Prior to transport to/from a procedure
 - Prior to handing documents containing identifying information (e.g., paper prescriptions, After Visit Summary, consent forms) to a patient






Patient identification bands include:

- A patient label with bar codes used for patient identification, medication/blood administration and specimen collection.
- Standardized color clips used as visual clues.

It is nursing's responsibility to validate the correct band and clips are placed on the patient:

- On admission:
 - During initial assessment, the nurse assesses factors associated with:
 - ✓ Fall risks
 - ✓ Allergies
 - ✓ Latex Allergy
 - ✓ Limb Alert (restricted extremity)
 - ✓ Do Not Resuscitate (DNR)
- At the beginning of the shift and at time of transfer (during Bedside Shift Report and hand-off):
 - Any changes in orders and/or status that may impact the band or clip color(s), the nurse will either:
 - ✓ Add a new clip
 - ✓ Remove the old band and replace it with a new one that has the correct clips attached
- **If a patient's ID band is removed at any time or for any reason, it is the responsibility of the caregiver who removed or discovered it to ensure it is replaced immediately.**



| | | | | |
|--|---|---|--|---|
|  |  |  |  |  |
| Allergies to: <ul style="list-style-type: none"> ▪ Drug(s) ▪ Food ▪ Environmental | Allergy to latex | Fall alert Implement fall bundle interventions | Restricted extremity movement, (i.e., mastectomy, fistula, or new pacemaker placement) | Order for Do Not Resuscitate (DNR) |
| Continue reviewing allergies with patient | Place sign on door | Educate patient and/or family to call for help getting out of bed | Restricted IVs, BPs, or blood draws (i.e., fistula) | Confirm provider's orders concerning code status: Full Code or Do Not Resuscitate (DNR) |
| Refer to EHR for specifics | Indicate allergy on patient's Communication Board | Indicate risk on Communication Board Label patient's door | Continue placing signs at the head of the patient's bed or on their door | |

| Another clip needs to be added | A clip needs to be removed |
|---|---|
| <ul style="list-style-type: none"> ▪ Confirm the change with the patient (family) and with the medical record ▪ Retrieve the correct color clip ▪ Apply the clip to the patient's wrist band ▪ Educate the patient and family to the new clip ▪ Include the change in hand-off communication with other caregivers | <ul style="list-style-type: none"> ▪ Confirm the change with the patient (family) and with the medical record ▪ Retrieve a new wrist band and add ALL the correct color clips needed ▪ Remove the old band from the patient's wrist ▪ Apply the new band to the patient ▪ Educate the patient and family to the change ▪ Include the change in hand-off communication with other caregivers |

Patient Identification Resources and References

- Patient ID Policy
- Patient Lookup Policy
- Patient Lookup Procedure



Clinical Excellence

Redefining Possible for PeaceHealth

Pressure Injury Prevention

- Assist with turning/mobilizing patients at risk for pressure injury due to activity or mobility limitations.
- *(Respiratory Care)* For Patients on Non-Invasive Ventilation (e.g., BiPAP), follow the Non-Invasive Ventilation (NIV) Algorithm (*see next page*).
- Perform and document assessments and interventions in collaboration with the patient's nurse.
- **If you notice any redness or purple discoloration of the skin, skin tears, blisters, or any other skin changes, notify the patient's nurse and provider right away.**

Catheter-Associated Urinary Tract Infection (CAUTI) Prevention

- Implement these Indwelling Catheter Maintenance Bundle elements:
 - Hand Hygiene and gloves whenever handling an indwelling urinary catheter.
 - Coordinate with nursing team to empty drainage bag prior to ambulating patient.
 - Maintain drainage bag lower than level of bladder and never on the floor.
 - When placing patient back in bed after ambulation, minimize kinks and dependent loops in catheter tubing.
 - Ensure blue clip is affixed to sheet.
- **Notify patient's nurse if the patient has an elevated temperature or is reporting any pain.**

Central Line-Associated Bloodstream Infection (CLABSI) Prevention

- Avoid touching central line insertion site.
- **Notify the patient's nurse if you notice that the central line dressing is wet, soiled or the edges are pulling up.**

Venous Thromboembolism (VTE) Prevention

- Assist with ambulating/moving patient in collaboration with patient's nurse.
- If you need to ambulate the patient and they are wearing Sequential Compression Devices (SCDs), seek help from nursing team to remove and reapply the SCDs.

Falls Prevention

- Look for fall risk identifiers: Communication Board and T.I.P.S. Tool in room, yellow gown, ID band color coding for moderate- or high-risk, DMS board/huddle.
- Implement fall prevention interventions as appropriate to role.
- **Notify the patient's nurse immediately if the patient falls.**



Clinical Excellence: Pressure Injury Prevention, including Device-related Pressure Injuries (Respiratory Care) For Patients on Non-Invasive Ventilation (e.g., BiPAP), follow the Non-Invasive Ventilation (NIV) Algorithm for Prevention of Pressure Injury:

