

- Generates a sense of ownership among the team about its work and environment
- Performance Board
 - Includes metrics used to measure the work unit's progress in critical areas:
 - Fall prevention
 - Pressure ulcer prevention
 - Hospital acquired infection rates
 - Updated routinely
 - Clearly states goals, metrics and objectives that all team members are accountable for obtaining



Where does it occur?

- In front of the Readiness Board located in a designated space in each department

When does it occur?

- Each department has a routine huddle schedule- during orientation ask when the huddle is scheduled for the specific department
- It is required that all department/unit caregivers attend these huddles when patient care allows for the opportunity

Why do we do this?

- Improves communication between teams, locations and supporting departments
- Tells a story at a glance on how well the department is doing (visible management system)
- Improves collaboration and reduce communication frustrations (i.e. "I didn't know anything about that!")
- Improves patient and caregiver satisfaction

Purposeful Rounding

Reactive vs Proactive Care

Reactive

- React to falls and skin breakdown
- Workflow is unpredictable
 - Random calls/interruptions
- Less time for patient care
- More patient complaints

Proactive

- Increased safety by preventing falls and skin breakdown
- YOU control the workflow (reduced calls/interruptions)
- More time at the bedside
- Increased patient satisfaction
- Improved patient communication

Why is rounding important?

Evidence shows that when purposeful rounding is done, there is a:

- 50% decrease in falls
- 14% decrease in skin breakdown
- 35% decrease in calls for pain medication
- Overall decrease in anxiety, worry, and waiting

What are the benefits of rounding?

- Improves our patient's perception of care
- Provides pro-active care instead of reactive care
- Decreases call light use to better control workflow with less interruptions
- Reduces patient falls and skin breakdown
- Increases workflow efficiency
- Increases patient and caregiver satisfaction

How is rounding done?

5P's of Purposeful Rounding include:

P	Addressing the need
Pain	Are you having pain anywhere?
Potty	Do you want to use the restroom?
Positioning	May I make you more comfortable by repositioning you?
Proximity of Personal possessions	Let me put the things you need close to you. (Call light)
Plan of Care	Here is what I know will be happening today Pumps

Emergency Codes: Non-clinical

Please learn the following codes that are initiated by dialing the emergency number posted by your region.

<p>Active Shooter – Active Assailant: Run/Hide/Fight</p> <p><i>Policy Number 900.1.376</i></p>	<ul style="list-style-type: none"> ▪ 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. ▪ How to respond to an Active Shooter/Active Assailant: <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 the emergency notification extension or 9-1-1.
<p>Code Amber - Infant / Pediatric Abduction</p> <p><i>Policy Number 900.1.378</i></p>	<ul style="list-style-type: none"> ▪ All staff members are provided general training on response to a suspected abduction during orientation. Additionally, department specific response training is provided during departmental orientation. This training is reinforced through drills. ▪ Clinical staff members assigned to work in a PeaceHealth inpatient labor and delivery, or pediatric department are provided additional training on unique mitigation, prevention, response, and recovery activities for their area. This training is reinforced through drills.
<p>Code Black - Bomb threat</p> <p><i>Policy Number 900.1.379</i></p>	<ul style="list-style-type: none"> ▪ All caregivers receiving or identifying a potential Code Black scenario, need to contact the emergency notification extension 7111 or call 911 (whichever is applicable to your building). ▪ Suspend use of radios and cell phones. Assist with reporting and search efforts as directed.
<p>Code Gray - Aggressive Individual</p> <p><i>Policy Number 900.1.380</i></p>	<ul style="list-style-type: none"> ▪ Initiate Code Gray when de-escalation techniques by department caregivers have failed. <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 following: <ul style="list-style-type: none"> ○ Location including department/unit, room number or closest intersecting location. → If in an offsite clinic or area, contact 911 for initial response. Contact switchboard/PBX after 911 has been notified. ▪ Security, house supervisor, 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 supervisor and security will assess the situation and determine if further assistance from local Law Enforcement is required.
<p>Code Orange - Hazardous Materials Spill</p> <p><i>Policy Number 900.1.381</i></p>	<ul style="list-style-type: none"> ▪ Before attempting to clean up any internal hazardous substance release, you must know what the material is. If an incidental spill or leak occurs, take the following actions: <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 of the waste debris.
<p>Code Red – Fire</p> <p><i>Policy Number 900.1.382</i></p>	<ul style="list-style-type: none"> ▪ RESCUE: Rescue all persons in immediate danger, giving priority to patients, and move them to a safe area. Close doors behind you. ▪ ALARM: Activate the nearest fire alarm pull station AND report the fire by dialing the switchboard operator or calling 911 (whichever is applicable to your building) - notify operator and give exact location of the fire or smoke and describe extent of fire if known. ▪ CONTAIN: Close all doors. EXTINGUISH OR EVACUATE.

Emergency Codes: Non-clinical *continued*

<p>Code Roam – Missing Patient</p> <p><i>Policy Number 900.1.383</i></p>	<ul style="list-style-type: none"> ▪ Notification of all onsite caregivers through the use of a Code Roam overhead page. ▪ A search of the facility by designated caregivers to locate the patient or client. ▪ Notification to local law enforcement if the missing patient or client is at risk of harm to themselves or others.
<p>Code Triage - Critical Incident - Leadership Briefing</p> <p><i>Policy Number 900.1.384</i></p>	<ul style="list-style-type: none"> ▪ 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 is, but is not limited to, events such as: Mass Casualty Surge Event, Major facility compromise, Life Safety Event in or near the hospital. ▪ Leaders will respond to Incident Command for further instructions. ▪ Department leadership will be responsible to communicate the information and mitigation strategies back to their department staff.
<p>Code 99 - Weapons Incident – Not an Active Shooter</p> <p><i>Policy Number 900.1.377</i></p>	<ul style="list-style-type: none"> ▪ An active threat situation involving a hostage, weapon and/or less than lethal device may be identified by caregivers, patients and/or visitors as an actual or perceived threat involving a hostage, weapon and/or less than lethal device. ▪ Any caregiver who encounters or suspects an active threat situation involving a hostage, weapon and/or less than lethal device may activate Code 99.

Emergency Codes: Clinical

<p>CODE BLUE</p>	<p>Code Blue, ICU</p>	<p>Advanced Cardiac Life Support Team requested</p>
<p>CODE BLUE Pediatric</p>	<p>Code Blue Pediatric (or age), Emergency Department</p>	<p><u>P</u>ediatric <u>A</u>dvanced <u>L</u>ife <u>S</u>upport Team requested for infant/child</p>
<p>Trauma Alert</p>	<p>Trauma Alert; trauma team report to the Emergency Department</p>	<p>Trauma Team activation for possible groups of patients coming to the hospital</p>
<p>Rapid Response Team</p>	<p>Access the RRT by following your unit's procedure</p>	<p>Call the Rapid Response Team if the patient has a:</p> <ul style="list-style-type: none"> ➤ Change in heart rate with rate less than 40 or greater than 120 ➤ Change in systolic blood pressure less than 90mm/Hg ➤ Change in respiratory rate to less than 8 or greater than 24 ➤ Threatened airway or change in oxygen saturation level (< 90% despite being on oxygen) ➤ Change in level of consciousness or mental status ➤ Failure to respond to a treatment ➤ Complaint of chest pain unrelieved by treatment ➤ Urine output of less than 50ml in 4 hours <p>Call the Rapid Response Team if:</p> <ul style="list-style-type: none"> ➤ Staff member is concerned or worried about a patient ➤ Patient or family is concerned about patient status/condition

*Be sure to check with your unit supervisor for directions regarding code initiation specific to your assigned unit/department.

Infection Prevention

Hand hygiene is a key expectation in patient safety for preventing the spread of infections. It is the responsibility of every caregiver to utilize appropriate hand hygiene practices- every time, every touch. At PeaceHealth we “wash-in” or gel when entering a patient room and “wash-out” with either gel or soap and water when leaving. The following information provides other expectations of hand hygiene required of our caregivers.

Your 5 Moments for Hand Hygiene



Glove Use Reminders:

Wearing gloves does not replace the need for hand hygiene. Gloves can protect both patients and caregivers from exposure to infectious agents.

Gloves should be worn as a single use item for:

- Each invasive procedure
- Contact with sterile sites and non-intact skin or mucous membranes
- Any activity that has been assessed as carrying a risk of exposure to blood, body substances, secretions and excretions

Gloves should be changed:

- Between patients
- During the care of a patient, to prevent cross-contamination from dirty to clean body sites, e.g., enteral to central line site
- If the patient interaction includes touching equipment that is transported room to room, e.g., glucose meter

Hand hygiene is required with glove use at these times:

- Before putting on gloves
- Immediately after removing gloves
- In between the “5 Moments” while caring for a patient
- Do not apply hand hygiene products to gloves

Help each other to be successful:

- Assume positive intent
- Have each other’s backs. It’s ok to ask or speak up:
 - “Can I help you with that while you wash your hands?”
 - “I’d like you to remind me to do hand hygiene; may I remind you too?”
- Focus on safety

1. **Before touching a patient (Wash-in)**
When? Clean your hands before touching a patient when approaching him/her.
Why? To protect the patient against harmful germs carried on your hands.
2. **Before Clean/Aseptic Procedure**
When? Clean your hands immediately before performing a clean/aseptic procedure.
Why? To protect the patient against harmful germs, including the patient’s own, from entering his/her body.
3. **After Body Fluid Exposure Risk**
When? Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
Why? To protect yourself and the health-care environment from harmful patient germs.
4. **After touching a patient**
When? Clean your hands after touching a patient and her/his immediate surrounds, when leaving the patient’s side.
Why? To protect yourself and the health-care environment from harmful patient germs.
5. **After touching patient surroundings (Wash-out)**
When? Clean your hands after touching any object or furniture in the patient’s immediate surroundings, when leaving- even if the patient has not been touched.
Why? To protect yourself and the health-care environment from harmful patient germs.

World Health Organization, Patient Safety, Save Lives- Clean Your Hands

Infection Prevention continued

Multidrug Resistant Organisms (MDROs) key points:

- These organisms are resistant to 1 or more classes of antibiotics
- Patients' infected with MDROs are at an increased risk of prolonged illness and mortality
- Cost of caring for patients infected with MDROs is more than double than caring for those without
- Caregivers exposed can become infectious and then become carriers
- Most common MDROs:
 - Methicillin Resistant Staphylococcus aureus (MRSA) commonly found on skin
 - Vancomycin-resistant Enterococcus (VRE) found in the GI and Urinary Tracts

Active Infection vs colonization



- Active infection is defined as presence of the organism with infection present
- Colonization is defined as presence of the organism without infection present
 - Colonized patients are 2.5 times more likely to get a new infection
 - 4% of healthcare workers are colonized with MRSA
 - Both active and colonized carriers spread the infection
 - Patients, families and/or caregivers can transmit the infection
 - Transmission occurs when hands come in contact with the infectious organism either from another person or an object

Prevent transmission by:

- Adhering to standard precautions
 - Hand hygiene
 - Personal Protective Equipment (PPE)
- Cleaning rooms and equipment thoroughly
- Placing patients' in private rooms with signage posted

Clostridium difficile (C. diff) is **not** a MDRO but it is considered an organism of concern.

C. diff:

- Has surpassed MRSA as the #1 hospital-acquired infection in the United States
- Is transmitted through the GI tract
- Is prevented by washing hands with soap and water after contact with a patient and/or equipment in a patient's room who has been identified as a carrier of C. diff
 - Hand gel does NOT protect against this organism

Must know!



Must know!