

# ***SCC 2017-2018 Regulatory Compliance***

## **FOR A SAFE WORKPLACE**

**The SCC Mandatory Education Newsletter**

**FY 2017-2018 Edition**

*Welcome to the annual edition of SCC 2017-18 Regulatory Compliance, SCC's **mandatory** education newsletter! This newsletter has been developed to help you meet some of our annual education requirements. These topics are required by the Joint Commission (JC), the Massachusetts Department of Public Health (DPH), and the Occupational Safety and Health Administration (OSHA).*

*In order to satisfy the annual requirements, you must:*

- *Read each mandatory topic.*
- *Answer questions on the Answer Sheet at the end.*
- *Return Answer Sheet only to Staff Development for scoring.*

*If you have any questions while reading the newsletter or answering the questions, please contact Staff Development, your supervisor or program director.*

## ENVIRONMENT OF CARE

### Loss of Utilities/Electrical Safety



**At SCC, the following systems are supported by emergency generator power:** One elevator, heating, ventilation and exhaust fans, communications (telephones), water, oxygen, vacuum, medical air and essential lighting.

- In the event of a loss of utilities at SCC, immediately notify the following staff:
  - Engineering between 7:00 am and 3:30 pm on weekdays.
  - Security 24hrs/dy on weekdays, weekends and holidays.
- To ensure a continuous electrical power supply, all critical patient care equipment should be plugged into the RED EMERGENCY RECEPTACLES.
- Periodic checks should be made in all areas to verify an adequate supply of flashlights and batteries.
- To help protect patients and staff from electrical shock:
  - Do not overload circuits. Use extension cords only for emergencies. Engineering must approve these cords and will supply them when appropriate.
  - Do not use damaged electrical equipment. Immediately take such equipment out of service, fill out defective equipment tag and report the electrical hazard to your supervisor and Engineering.
  - ***Electrical equipment brought in by patients and staff must be electrical safety tested and tagged by Engineering prior to use. Any equipment that does not meet the electrical safety standard must be removed from the facility.***

### Hazard Communication



The Occupational Safety and Health Administration's (OSHA) Hazard Communication Program, often referred to as "Right To Know", is designed to promote a safe work environment and to protect employees from exposure to hazardous chemicals in the workplace.

SCC's Hazard Communication Program complies with OSHA guidelines by providing employees with required hazardous clinical information outlined by the Material Safety Data Sheets (MSDS). The MSDS sheets are now online and can be accessed through the Partners Application menu. By clicking on "SCC MSDS Material Safety Data Sheets", a link will open a search page where the following information for any chemical product used at SCC can be viewed and printed:

- The name of chemicals used in the work environment.
- The type of personal protective equipment (gloves, masks, safety eyewear) that should be used when working with chemicals.
- Chemical properties and precautions for safe use, known physical and health hazards of the chemical and recommendations for first aid in the event of exposure.
- How to manage a chemical spill.

#### If a chemical spill occurs in your area or location:

- Evacuate the spill area. Inform all staff in your area or location of the need to evacuate.
- Notify Environmental Services (extension 4066) of your location, the name of the chemical, and if anyone has been exposed or may need medical attention. (Inform Security if Environmental Services is not available.) Outpatient sites should inform their manager.
- Secure the area until the spill has been contained and rendered harmless.
- Complete an event report.

### Work Requests and Repairs



#### Non-Priority Repairs

Everyday, our engineering staff makes countless non-priority repairs and complete an equal number of work orders throughout the building. Something always needs repair, whether it's a light bulb, a bed that's not working or a door that isn't closing properly. This type of request doesn't require an immediate response. **Non-priority** work requests should be requested through the [Engineering/Facilities page of the PCC InSite Intranet](#), and will be scheduled for the next workday. **Please do not use e-mail or voice mail to request this type of repair, as these systems are not constantly monitored.**

#### Emergency Repairs

Emergencies are classified as flooding from a broken pipe, major electrical disruptions, extended outages or large-scale heating and cooling failures

and safety related equipment failures. During the day shift, Engineering should be paged in the event of an emergency repair. On evenings, nights and weekends, report the problem to the Supervisor or Charge Nurse, who will page Security. Security will work with the Nurse Supervisor to carefully evaluate the problem before placing a page for engineering to respond for an emergency repair. In such cases, Engineering will respond within thirty minutes.

**Remember to use the right procedure to request repairs and to report emergencies. All equipment repairs must be RED-tagged with description of required repair.**

## Occupational Health and Safety

Healthcare workers are exposed to many potential job hazards. The National Institutes of Health and the Occupational Health and Safety Administration list the following primary areas of concern:

**Fire and Electrical Hazards** – Be sure to follow hospital policy and procedure for using electrical equipment and reporting problem and making repairs. Be familiar with location of fire alarms, extinguishers and fire management protocol.

**Ergonomics/Back injuries** – Minimize manual lifting of patients or objects and eliminate lifting when possible. Use safe work practices (correct body mechanics, plan ahead, and get help) with patient transfers and any necessary lifting.

**Hazardous Chemical** – Be aware any potentially dangerous chemical, follow guidelines for use and refer to Safety Data Sheets (SDS) when necessary. SDS can be found

**Slips/Trips and Falls** – Help prevent injuries. Eliminate any cluttered halls, stairs or work areas, clean up spills immediately, and report any environmental hazards, i.e. uneven or wet/icy surfaces.

### **Bloodborne Pathogens and Infection Exposure**

Your best protection is to follow guidelines for Hand Hygiene, Use of Personal Protective Equipment and Standard Precautions.

**Needle stick and Sharps Injuries** – Follow recommended work practices for the use and disposal of needles and sharp equipment. Report any sharps injury and follow the post exposure protocol.

**Stress** – Healthcare often requires coping with some of the most stressful situations found in any workplace. Engage in personal stress-reducing activities. Be mindful of signs and symptoms of work-related stress and seek assistance from a supervisor or HR. The Employee Assistance Program (EAP) is an available resource.

**Workplace Violence** – SCC will not tolerate any form of behavior that is inappropriate, intimidating or potentially violent. Refer to Partners Intranet, PCC In Site for the complete policies on Workplace Violence, Dr. Strong, Workplace Civility and Behavioral Emergencies/Management.

### **Infectious Disease Prevention**

Use good judgment about reporting to work if you are ill. If in doubt, discuss your concerns with the Employee Health nurse or Supervisor.

Report any communicable disease or suspected disease to your supervisor and Employee Health (*See Partners Intranet, PCC In Site: Employee Health Work Restrictions*).

## Radiation Safety



The hospital makes every reasonable effort to reduce radiation exposure. SCC follows the **As Low As Reasonably Allowable (ALARA)** program established by the Nuclear Regulatory Commission.

X-rays are often taken on the inpatient units using the portable x-ray machine. The radiology technologist will instruct hospital personnel where to stand while the x-ray is being taken. All personnel should follow the technologist's instructions to move away from the x-ray beam in order to avoid exposure. If accompanying a patient to x-ray and assisting in the procedure, a lead apron will be provided for protection.

## **EMERGENCY MANAGEMENT** **Emergency and Disaster Preparedness**

Emergencies can be caused by fire, weather, explosion, loss of communication systems, loss of utilities, (electrical power, water, steam, vacuum, medical gas, oxygen) or community-wide accidents/incidents.

In order to be prepared in the event of a disaster, be sure to review SCC's Emergency Preparedness Management Plan located in Meditech.

### **Key Points to Remember**

- Patients must wear identification bracelets/tags at all times.
- Clinical staff must be aware of patients' ambulation/activity status.
- If called in for a disaster, park your vehicle on the **west** side of the building.
- All hospital staff must wear identification upon entering the building.
- All staff must be aware of primary and secondary evacuation routes as posted throughout the hospital.

### **SCC Emergency Management Terms**

**CODE AMBER** = Child Abduction

**CODE BLUE** = Cardiac Arrest

**CODE RED** = Smoke or Fire Alarm

**CODE WHITE** = External Event

**DR. STRONG** = Violent Situation

**CODE PURPLE** = Natural Disaster

**CODE SEARCH** = Bomb Threat

**STAFF ALERT** = to alert staff to announcements, such as weather alerts, notice of community emergencies or utility failures.

**NON-SCC PATIENT EMERGENCY** = Offer rescue services to any person arriving at SCC requesting emergency care by calling 9-911. Provide first aid until rescue arrives.

**ACTIVE SHOOTER:** Individual actively engaged in killing or attempting to kill in a confined area.

What should you do if faced with this situation?

- **Get out**-Attempt to evacuate yourself; help others if safe to do so
- **Hide out**-Find a place to hide and barricade the room
- **Call out**-Call security/police if able, with as many details as possible
- **Take out**-Only when your life is in imminent danger, attempt to disrupt or disable the shooter

## **Workplace Violence**



SCC is committed to providing a safe and secure environment for all patients, staff, and visitors at all sites. Workplace violence, related to outpatients or visitors only, may include abuse, intimidation, harassment, and threats of violence or any behavior that makes a person feel unsafe. Some examples of actual or potential workplace violence include:

- Overreacting to uncertainty or delay.
- Verbal or physical threats.
- Demonstrating excessive anger.
- Abusive language or profanity.
- Violent behavior, such as punching inanimate objects.
- Showing or claiming to have a weapon.
- Reacting defensively when criticized.

Workplace violence is a serious concern and will be managed to preserve a safe environment.

Here are some basic interventions for workplace violence:

- Report to a supervisor any behavior that makes you feel unsafe.
- If you are in immediate danger, remove yourself from the situation if possible and call security and police.

It is the responsibility of the supervisor/manager, with Human Resources, to address any inappropriate behavior.

For non-inpatient behavioral issues, please refer to policy C-131 "Behavioral Emergencies".

## **HUMAN RESOURCES**

### **Sexual Harassment**

Sexual harassment is defined as sexual advances, requests for sexual favors and verbal or physical conduct of a sexual nature when:

- A term or condition of employment or an employment decision is explicitly or implicitly contingent on submission to or rejection of an advance; or
- Such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment.

### **SCC takes all allegations of sexual harassment seriously.**

We will respond promptly to complaints, and if determined that inappropriate conduct has occurred, SCC will act to eliminate that conduct and impose corrective action. If any employee believes that he/she has been subjected to sexual harassment, the employee has the right to file a complaint with SCC. This may be done in writing or orally. **The employee should report the incident(s) immediately to the HR Generalist or the V.P. of Operations.** Each complaint will be investigated in a fair, impartial and expeditious manner.

If it is determined that inappropriate conduct has been committed by one of our employees, SCC will take appropriate action, which may include disciplinary action up to and including termination.

## INFORMATION MANAGEMENT



### **HIPAA / Privacy**

The Health Insurance Portability and Accountability Act (HIPAA), a federal law implemented on April 14, 2003, is also known as the Privacy Rule. This legislation is designed to outline and protect patients' rights for privacy and confidentiality and the policies that govern Protected Health Information (PHI).

#### **As an SCC employee, please remember:**

- You may only access information that is critical for you to perform your job (minimum necessary).
- Do not use waiting rooms or public areas to discuss Protected Health Information (PHI).
- Information technology, including fax machines and email, increases the risk of unintentional release of PHI.
  - Always verify fax numbers before sending.
  - Don't leave PHI in open areas.
  - Make sure PHI is communicated in a safe/secure manner – be cautious in use of email.
  - Prevent unauthorized viewing of computer screens showing PHI.

Patients have the right to privacy and confidentiality in every aspect of their health care. All staff at SCC are responsible to insure these important rights.

If you have any questions or concerns regarding HIPAA or patient privacy, please speak with your supervisor.

### **HIPAA – Security and Appropriate Use of Electronic Information**



Employees who work in the hospital have access to the hospital's computer systems and to the confidential information contained within its databases. Any

unauthorized access of the computer and its databases and/or distribution of information from the databases are inappropriate, harmful to the hospital and cannot be tolerated.

#### **HIPAA Security Rule for Electronic Information**

The HIPAA Security Rule outlines the steps an employee must take to protect confidential information from *unintended disclosure through breaches of security*. This includes any reasonably anticipated threats or hazards, such as a computer virus, and/or any inappropriate uses and disclosures of electronic confidential information. It also states that viewing information should be on a "Need to Know" basis. That means you should only be viewing information you need to complete your job.

#### **The Partners Healthcare System (PHS) Information Security policies cover the following information types:**

- Protected Health Information (PHI)
- Personal Information (PI)
- Employee data (PI)
- Financial data (PI)
- Intellectual property
- Source code (of information systems)
- Security information
- Sensitive business / policy information

State and Federal laws and other regulations mandate the protection of healthcare and personal information. All known or suspected **breaches** of confidentiality and information security must be reported to your entity Privacy Officer and will be investigated.

#### **Breaches of Confidentiality and/or Information Security Include:**

- Failing to sign off a computer terminal when leaving the workstation (not clicking on the yellow lock)
- Misdirected mailings, faxes or emails that contain PHI or PI
- Lost or stolen laptops, smart phones, iPads, thumb drives, etc. use for business purposes
- Verbal disclosures of PHI or PI
- Employees accessing patient records for whom they have no job-related responsibility, including friends, family members, co-workers and VIP's.
- Sharing of Partners passwords or using another employee's password (If you mistakenly lose or forget your password, you must contact Information Systems to receive a new password).
- Posting PHI or PI on Social Media sites (e.g.: Twitter, Facebook, etc.) Leaving PHI or PI unattended or abandoned (i.e.: in the café)
- PHI or PI that has been disposed of improperly (e.g.: in the regular trash)

SCC computers, computer systems and related data are the property of Partners Healthcare/Spaulding Cape Cod and are to be used primarily for business purposes. Employees should have no expectation of privacy for any activity conducted on an SCC computer or system.

E-mail is a vital method of communication at SCC. Critical patient care and organizational information is distributed via email. **Employees are expected to read and respond to email messages at least one time per shift worked.**

### **Key Information Security Points**

1. All Laptops, Company or Personal, that access PHS systems (even email) must be encrypted. You may NOT share your Safeboot Encryption password with ANYONE.
2. All Smartphones & Tablets (i.e. IPAD) that access PHS systems (even email) must be encrypted and password protected. You may NOT share your SmartDevice password with ANYONE.
3. PHI, PI and PHS Protected Information must never be sent FROM or TO an email address other than PARTNERS.ORG without using SENDSECURE.
4. ONLY Partners authorized Encrypted USB drives can be used to store PHI, PI and PHS Protected Information

All concerns regarding appropriate use of hospital computer systems should be addressed to your Program Director, Privacy Officer or Information Systems.

## **INFECTION PREVENTION AND CONTROL**

### **Influenza Prevention**

The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu **vaccination** each year.

People who have the flu often feel some or all of these signs and symptoms:

- Fever or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (very tired)

- Some people may have vomiting and diarrhea, though this is more common in children than adults.

Flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or possibly their nose.

You may be able to pass on the flu to someone else before you know you are sick, as well as when you are sick. Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 to 7 days **after** becoming sick. Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time.

About two weeks after vaccination, antibodies develop that protect against influenza virus infection.

### **Perform Proper Cough Etiquette and Hand Hygiene**

- Cough into your sleeve or cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water or use an alcohol based hand sanitizer.
- Avoid touching your eyes, nose and mouth. Germs spread this way.

Spaulding Cape Cod conducts an Annual Influenza Vaccination Program and follows the philosophy that all employees should be vaccinated against the flu. Seasonal flu clinics begin in September. Please contact Employee Health (Ext. 4178) for any questions.

## **Bloodborne Pathogens (BBP) & Exposure Control Plan (ECP)**

Potentially Infectious Material (PIM) includes any body fluid that may contain infectious microorganisms. When PIM comes into contact with your mucous membranes, non-intact skin or through parenteral (piercing the skin) contact is called a bloodborne pathogen exposure. If an exposure occurs, first wash the area thoroughly with soap and water and then report the event to your supervisor. Your supervisor will assist you with completing the appropriate forms located in the Bloodborne Pathogen Post Exposure Kit (BBP Kit). You should receive medical attention within one hour of the incident.

Bloodborne Pathogen Post Exposure Kits (Red Envelopes) are located in all program areas of SCC. They contain all the necessary information to manage a bloodborne exposure.

SCC routinely evaluates how to prevent exposures. This is called “The Exposure Control Plan” (ECP). The Plan is located in Partners Intranet, PCC In Site.

## Hand Hygiene



Hand hygiene is the single most important procedure in preventing the spread of infections. SCC requires two types of hand hygiene:

- Hand Washing with Soap and Water – This involves using soap and water for a rigorous 20-30 second rubbing together of well-lathered hands followed by a thorough rinsing under running water.
- Alcohol Based Hand Sanitizer – Apply product to the palm of hand and rub hands together. Rub the product over all surfaces of your hands and fingers until your hands are dry.

All staff must perform hand hygiene:

1. Before initial patient or patient environment contact
  - Entering a patient’s room
2. Before an aseptic procedure
  - Changing a dressing or inserting a catheter
3. After body fluid exposure
  - Assisting patient with toileting
  - Emptying a foley catheter
  - Performing mouth care
  - After gloves are removed
4. After Patient or Patient Environment Contact
  - Leaving a patient’s room
  - Adjusting a patient’s wheelchair
5. Hands must be washed with soap and water:
  - Before eating.
  - After using the bathroom
  - When hands are visibly soiled.
  - Caring for any patients diagnosed with C Diff.

All patients must perform hand hygiene:

- After using the bathroom
- Before meals.
- Before leaving the room for therapy
- When returning to their room from therapy

## Standard Precautions & Personal Protective Equipment (PPE)



Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status. Every patient has Potentially Infective Material (PIM), which includes:

- All body fluids, e.g. urine, feces, saliva, blood, and sputum from coughing or sneezing.

Personal Protective Equipment (PPE) protects the caregiver and helps to prevent the spread of microorganisms. In addition to Hand Hygiene, PPE (gloves, gown, mask and eye protection) must be used to supplement standard precautions, in case there is possible exposure to PIM.

Some patient’s care requires the use of several types of PPE. Gloves, gowns, masks and eye protection must be worn during any patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

A surgical mask must be worn with eye protection (face shield or goggles) if potential risk of sprays/splashes of blood, body fluids, secretions, excretions to mucus membranes.

### Respiratory Hygiene and Cough Etiquette

To help stop the spread of germs:

- Cover your mouth and nose with a tissue when you cough or sneeze. (Perform hand hygiene immediately following)
- If you don’t have a tissue, cough or sneeze into your upper sleeve. (NOT YOUR HANDS)
- Put your used tissue into the wastebasket. (Never your pocket or purse)
- Perform hand hygiene.
- Provide coughing patients and visitors with tissues or masks, instructing them about Respiratory Etiquette and Hand Hygiene.

# **Isolation Precautions and Personal Protective Equipment**



All staff entering a patient's room are required to observe Isolation Precautions (Transmission-based Precautions) that are ordered. Please review signage on the patients door and follow as per protocol.

## **Multi-drug Resistant Organisms**

Hand hygiene, transmission based precautions, cleaning and disinfecting the patient's care equipment and environment are essential strategies for preventing the spread of Multiple Drug Resistant Organisms (MDROs). Examples of MDROs include Methicillin Resistant Staph Aureus (MRSA); Vancomycin Resistant Enterococcus (VRE) and Extended Spectrum Beta Lactamase (ESBL). (ESBLs are changes in bacteria such as E coli or Proteus which make the organism highly resistant to antibiotics and are noted in the laboratory sensitivity report)

## **LIFE SAFETY**

### **Fire Safety**



In the event of a fire, remember **RACE**:

**R** = Rescue any individual immediately threatened by fire or smoke.

**A** = Activate the nearest fire alarm pull station.

**C** = Close all doors and windows to contain the fire.

**E** = Safely attempt to extinguish the fire using the extinguisher and evacuate the area in a horizontal manner from greatest risk to least risk.

**When using a fire extinguisher, remember PASS:**

**P** = Pull the pin.

**A** = Aim at the base of the fire.

**S** = Squeeze the handle.

**S** = Use a sweeping motion at the base of the fire.

**At SCC, our code for fire is CODE RED.**

**Never use the elevators during a fire.** The Sandwich Fire Department will determine whether complete evacuation of the building is required upon their arrival.

At SCC, only the **Nursing Supervisor** and **Respiratory Therapist** are responsible for turning off oxygen supply systems during fire situations. This decision will be made with fire officials once they are on the scene.

If you have any questions regarding the SCC fire safety program, please contact our Safety Officer, Sini Jaksic at x4062.

## **NATIONAL PATIENT SAFETY GOALS**

### **2017 National Patient Safety Goals**

#### **Identify patients correctly.**

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Make sure that the correct patient gets the correct blood when they get a blood transfusion.

#### **Improve staff communication.**

Get important test results to the right staff person on time.

#### **Use medications safely.**

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the areas where medicines and supplies are set up.

Take extra care with patients who take medicines to thin their blood.

Record and pass along correct information about a patient's medication. Find out what medicines the patient is taking. Compare those to the new medications given to the patient. Make sure the patient knows which medications to take when they are at home. Tell the patient it is important to bring their up-to-date list of medications every time they visit a doctor.

#### **Use alarms safely.**

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

#### **Prevent infection.**

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Use proven guidelines to prevent infections that are difficult to treat.

Use proven guidelines to prevent infection of the blood from central lines.

Use proven guidelines to prevent infection after surgery.

Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

### **Identify patient safety risks.**

Find out which patients are most likely to try to commit suicide.

### **Prevent mistakes in surgery.**

Make sure that the correct surgery is done on the correct patient and on the correct place on the patient's body.

Mark the correct place on the patient's body where the surgery is to be done.

Pause before the surgery to make sure that a mistake is not being made

**2017 National Safety Goals**, will implement evidence based practices to prevent indwelling catheter-associated urinary tract infections. (CAUTI)

### **Critical Values Reporting**

An important component of patient safety and preventing potential harm is the timely communication of critical lab values.

- Critical Values are only reported to/accepted by any RN or physician.
- All Critical Values are communicated promptly and appropriately to the physician within one hour of receipt.
- SCC uses the Critical/Panic Value List for laboratory tests established and approved by C-Lab. A list of Critical (Alarm) Values is in the Critical Value binder at the Nurses station.
- Documentation on the Critical Value Report form demonstrates timely reporting and communication of critical values
- The Critical Value Report form documents:
  - date and time notification received
  - lab value(s) reported
  - “RAV” to demonstrate the lab value result was *read back and verified*.

## **PROVISION OF CARE, TREATMENT AND SERVICES**

### **Domestic Violence & Self Neglect of Elders**

- Domestic Violence (DV) includes all forms of abuse and neglect that are inflicted on another person.
- SCC does 100% screening of DV, as studies have indicated that there can be a direct or

indirect correlation between DV and health issues.

- All clinical staff are mandatory reporters of abuse and neglect of children, disabled adults and elders, including self neglect of elders.
- Criteria include physical, sexual, emotional, financial abuse and neglect.
- Mandatory reporting requires a telephone report to the designated agency and a follow up written report.
- The Joint Commission requires that we provide resource information to any adult who is not disabled, but reports being a victim of DV.
- All actions require documentation in the medical record by the involved clinician.
- SCC's Social Workers or Care Coordinators are available for consultation and assistance.

### **Age and Population-Specific Considerations in Patient Care**

A person's healthcare needs and preferences can vary significantly depending on their age and multiple socioeconomic and cultural influences. The Joint Commissions requires that the provision of healthcare service is delivered in a manner that embraces diversity and is consistent with the needs of the “population served”.

Age-specific considerations are ways to deliver focused care in terms of a patient's age-related psychosocial, physiological and communication needs and related health risk factors. By understanding these differences, we can provide more individualized, competent care to our patients.

The primary areas to consider for age-specific care include safety, privacy, confidentiality, comfort, pain management, choices and control and the involvement of family/significant others.

Population-specific considerations are multifaceted and include the individual patient's cultural and psychosocial history, such as language, education, race, gender, personality style, sexual orientation, values, religious and spiritual beliefs and physical limitations or disability.

(See Partners Intranet, PCC In Site for Age-Specific Care)

### **Patients with Dementia**

Dementia is a term that describes a wide range of symptoms associated with a decline in mental ability severe enough to interfere with daily life.

Alzheimer's disease accounts for 60-80 percent of cases. Vascular dementia is the second most common. Signs and symptoms can vary, but some of the more common impairments include: memory, communication and language, ability to focus and pay attention, reasoning and judgement, visual perception and behavioral changes.

### Understanding Needs

- 4-6 million persons in the US have dementia. This includes 8-10% of persons 65 years or older and 30% of persons 85 years or older
- Social environment impacts the well-being of the person and an enabling environment promotes independence, maintains existing skills and prevents decline.
- Care should be individualized, so that it meets the needs of the patient and their families
- Maintain dignity: avoid terms of endearment often used with children such as honey, sweetie, and dear
- Approach patients from the front and say the patient's name before you give instructions or ask a question to make sure they are focused on what you are going to say
- Eliminate distractions and use appropriate lighting
- Communication during later stages should include limiting choices and giving multiple-step instructions one step at a time
- Provide activities with structure and establish a routine
- Proactively engage patients, promote independence, and provide opportunities for family participation
- As persons with dementia deteriorate in their abilities to interact and manage the environment, their roles within the families change toward increasing dependence
- Family may need assistance increased home care assistance and help in transitioning from a direct caregiver to a more indirect, supportive interpersonal role
- The person with dementia receives the best care when there is a partnership between the family and the hospital staff, translating into improved experience for patient, families, and staff

### End of Life Care Considerations

There will be time when patients in our care will face end-of-life circumstances. This may be the realization that a disease is progressing to terminal status or that end of life is imminent. This can be a difficult time for caregivers and patients, depending on how prepared or comfortable either party is with discussing end of life issues. Numerous cultural, ethnic, religious and interpersonal differences influence a patient's choice to discuss end of life concerns. These differences need to be understood and respected before entering into end of life discussions. Each of us may not operate on the same emotional timetable and will reach a decision to talk, or not to talk, when we are ready. No one should feel obligated to do so.

As a guide to discussion, most people need to resolve end of life issues in five areas:

- Questions surrounding family and relationships
- What to do about financial and personal concerns
- Grapple with the specifics of declining health
- Spiritual questions
- The kind of care they want or don't want (e.g. palliative care or aggressive care)

As caregivers, we have the opportunity to help patients discuss end-of- life concerns. We need to be sensitive to the right time for discussion and to respect a patient's decision to talk, or not to talk about these issues. If you need assistance with these discussions, be sure to seek guidance from your supervisor and our psychosocial services.

### \*Pain Management (clinical staff)



The goal of pain management is for patients to have little or no pain or to reduce pain to a level that is acceptable to the patient. It can help ensure a more satisfying treatment experience for patients and healthcare workers, speed patients' recoveries and control healthcare costs. Keep in mind that preventing pain is easier than treating it once it takes hold. It is important that each patient's pain medication is managed to meet the various demands of their daily schedule, i.e. pre-medicating prior to therapy.

Educate patients as to the importance of maintaining a pain medication schedule. Never assume a patient is not in pain just because they don't tell you. Elderly patients commonly under report pain and cognitively impaired patients may not be able to verbalize their pain. It is

critical to pay attention to non-verbal cues like facial expression, body language and behaviors such as increased agitation. It is important to ask patients about pain and observe their responses.

### Facts about pain management:

- The patient knows better than anyone what his / her pain feels like. It's important to treat pain based on what the patient says, **not on your personal opinion.**
- Keeping the patient as comfortable as possible is the true goal of pain management.
- It is important to take steps to relieve pain *while* finding the cause of pain.
- Age can influence the level/intensity of pain a person feels.

### Assess each patient's pain:

- Where does it hurt?
- What does the pain feel like (sharp, burning)?
- Pain severity? (Document using pain scale 1-10)
- How long the pain lasts (on and off, constant)?
- What makes the pain better or worse?
- If the patient is nonverbal, use the Visual Pain Scale to assess the patient's pain
- Pain is assessed and reassessed frequently during Patient Rounds.

### Try pain relief methods, alone or in combination:

- Medication.
- Cognitive and behavioral techniques (i.e., guided imagery).
- Exercise.
- Physical agents (massage, heat and cold, etc.).
- Guided meditation, relaxing music
  - Reassess pain afterwards

### Educate patients and their families to help them understand:

- The different types of pain and pain relief options.
- The importance of reporting their pain.
- Why pain relief is important for recovery.
- The effectiveness of pain control measures.

### Barriers to effective pain management:

- **Misinformation about addiction** – Worries about psychological dependence are common among patients and healthcare staff, but pain experts have shown that very few patients become addicted.
- **Fear of legal problems** – While state and federal narcotics laws are aimed at the illegal use of drugs, many healthcare providers are overly cautious about writing legal prescriptions for managing pain.
- **Worries about side effects** – Certain side effects (i.e., shallow breathing) can occur with certain

analgesics, but complications are rare if healthcare staff closely monitor patients and respond quickly to any problems.



### Restraints

A **restraint** is defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition (see SCC Policy: Chemical Restraints). Excluded from this definition are orthopedically prescribed devices, surgical dressings or bandages, and protective helmets.

Restraints are used only if a person is at risk of causing harm to himself/herself or others, and only after alternative, less-restrictive methods have been proven ineffective. While in restraints, a patient's movement and ability to take care of his/her basic needs are much more restricted. Because of this, restraints carry the potential for patient neglect, abuse and injury.

There are 3 specific situations for restraint use:

- Restraint to support Medical Healing.
- Restraint used for Violent or Self-Destructive Behaviors.
- Chemical Restraints

All 3 areas are addressed in the Policy – “Restraint-Reduction and Management”, which can be found in the “Clinical Services” on Partners Intranet, PCC In Site.

The hospital must use the **least restrictive** restraint for the **shortest duration** possible. There must be continual evaluation of the patient for the need and appropriateness of using the restraint. Documentation must reflect the decision-making process related to the use of restraint and demonstrate appropriate monitoring.

The use of four (4) side rails is considered a restraint, except when the physician's order states the reason is for seizure precautions or when the patient does not have the ability to get out of bed with or without the side rails. If four (4) side rails are ordered for any other reason, it is considered a restraint and all applicable documentation is required.

Remember:

- PRN (as needed) orders are not acceptable to authorize the use of restraints.

- According to SCC policy, a patient in restraint, to support medical healing, must be checked a minimum of **one time every hour**. The patient must be released, have their position changed and personal care needs attended to a minimum of every two hours.
- All disciplines interacting with a patient under restraint are responsible for documenting on the Restraint/Observation checklist.  
Restraint orders are written for a specific episode and for a period of time no greater than 24 hours.
- Medications used specifically to control behavior or to restrict the patient's movement and **are not a standard treatment for the patient's medical or psychiatric condition**, must be treated as a restraint.
- At SCC, the uses of medications to manage behavioral issues are most often part of the patient's medical treatment and, therefore, not considered a chemical restraint. Medications used in an emergency situation to control behavior would be considered a restraint and need to be documented accordingly.

## Service Standards – Demonstrating our Strength through Service



The Spaulding Rehabilitation Service Standards provide the framework for quality healthcare and customer service excellence.

**Service:** Patients, their families, visitors, and staff are our main focus. Give them your full attention and respond promptly to their needs.

**Teamwork:** Give and request assistance freely with a positive attitude. The strength of the team is in all members doing their part.

**Respect:** Treat everyone as you would want to be treated. Embrace Diversity.

**Excellence:** Ensure that our customers have an exceptional experience. Strive for excellence in your work.

**Notice:** Notice the people, places, and things that need your attention. See the opportunity in every obstacle.

**Greet:** Create a welcoming environment in every encounter. Every impression can be a lasting impression.

**Talk:** Be thoughtful in your communication by being mindful of words, tone, and body language. Ensure timely and accurate flow of information.

**Help:** Demonstrate initiative and be accountable for your own actions. Your actions demonstrate the strength of the network.

## Cultural Sensitivity, Diversity and Competency



SCC serves a diverse work force and patient population. To provide optimal, culturally appropriate care, it is essential to be sensitive to the many cultural values that influence beliefs regarding health and illness, or behavior and treatment preferences when faced with challenging life events.

Spaulding Cape Cod's definition of cultural competence is "recognizing, appreciating, supporting and utilizing cultural differences".

Here are a few reminders to help maintain cultural sensitivity and competency at SCC:

- Avoid stereotyping based on various cultural attributes. There is uniqueness in every group.
- Attitudes about sharing personal information are influenced by culture. Be sensitive when discussing health issues.
- Nonverbal communication varies greatly between cultures.
- "Normal" is not universal among cultures
- Respect different behaviors related to illness, pain and pain management
- Develop a tolerant, accepting attitude about diversity and practices that differ from your own.
- A critical part of patient centered care involves creating and promoting a welcoming and supportive healthcare environment for all LGBTQ patients and staff.
- Recognize the "things in common" that we share within the diversity of our patients and coworkers.

## **PERFORMANCE IMPROVEMENT**

### **Corporate Compliance**

Employees share the responsibility to identify any internal problems and to report them to the right people so that they may be corrected. The consequences to the hospital, or to you as an individual, for non-compliance with Federal health care program requirements can be severe. Penalties range from major monetary fines to the possibility of being prohibited from providing services to Medicare and Medicaid beneficiaries.

**SCC considers your actions under these standards to be significant indications of judgment and competence. Accordingly, your actions will constitute an important element in your annual evaluation. Committing a violation or failing to report a potential violation may result in disciplinary action up to and including termination.**

If you have a legal or ethical question or believe that another member of the SCC community has violated a legal or ethical responsibility, you must raise the issue with your supervisor or The Corporate Compliance Officer at ext. 4003.

You may feel uncomfortable about raising a concern directly with your supervisor or the Corporate Compliance Officer. In these situations, you can call the Compliance Help Line at **1-800-856-1983**. This is a toll-free, confidential and untraceable telephone line. You can call this line 24 hours a day, seven days a week. Employees are protected from retaliation or retribution for reporting in good faith. You can also go online and log an issue at [www.partners.org/complianceline](http://www.partners.org/complianceline).

**Gifts & Gratuities:** Employees' receipt of payment, of any type, in return for referral of patients, or to induce the purchase of any goods or services, is **prohibited**. The Hospital's decision to use a particular vendor should never be conditioned on that vendor's donation of money or free products and/or services. If you are offered money or anything else of value that you believe may be intended or could be viewed as a bribe or kickback, please call the Compliance Officer.

A staff member may accept non-monetary gifts from grateful patients of a value not greater than \$200 if the purpose of the gift is to create or maintain goodwill rather than to influence a business decision. Under no circumstances should an employee accept money or gift cards.

**Gift certificates or gift cards are considered money by Federal guidelines.**

Should the patient and/or family wish to make a monetary donation to SCC, this is allowed and can even be given in recognition and appreciation to a team member or to the whole team via the Development Office.

### **Event/Unusual Occurrences/Near Miss**

**Event/Unusual Occurrence Reports and/or Safety Reports** are a vital part of our risk management and performance improvement programs. **The purpose of these reports is to keep our patients, staff and visitors safe by using the data collected to improve systems and processes.** The data can also be used to benchmark our progress, both internally and with other hospitals, so we can see how we are doing in comparison.

**Report anything that is not consistent with normal hospital operations or that has been identified as an event that might be reportable to a regulatory or accrediting body.**

Reportable events may or may not involve injury. Situations in which there was a potential risk of injury to someone in our institution should also be reported.

The employee most aware of the details of the event is responsible for initiating the report. A supervisor or member of the Quality team can help with the report and will then follow-up with the necessary individuals. The report goes to Quality Management for tracking and trending.

Always report direct observations and facts as quickly as possible. Completing a Safety Report should not be viewed as negative. Most times systems and processes are not effective in preventing adverse events and can only be remedied once identified. When reports are filed, these systems are assessed and improvements are implemented. This helps us to reach our goal of improving safety.

**All Safety Reports are made through our online Safety Reporting system, RL Solutions. Safety Reports are not part of the patient record and the report should never be mentioned in the patient documentation to retain protection under law.**

## Serious Reportable Events (SRE)



The Department of Public Health (DPH), the Board of Registration in Medicine (BORM) and The Joint Commission have regulations/standards regarding serious incidents. These incidents/events are often reportable to the state/agency.

### There are several types of Serious Reportable Events (SRE) such as:

- Fire.
- Suicide, attempted suicide, or self-harm.
- Serious criminal acts.
- Significant physical injury to a patient or staff.
- Death or major permanent impairments that are not expected based on the patient's condition upon admission.
- Hospital acquired conditions
- Potentially Preventable Conditions
- Hemolytic transfusion reactions
- IV Air Embolism
- Electric Shock, Burn or Fall
- Medication Errors
- Elopement or Abduction
- Impersonation of a Healthcare Provider

Not all serious incidents happen because of error. All such events/incidents are thoroughly investigated so that we can learn from what has happened. One of the tools used during an investigation is a Root Cause Analysis (RCA). The RCA is designed to identify the potential reasons/causes of the incident or event. Staff are required to report any serious incident their supervisor and enter the event into the Safety Reporting System.

### Reporting a Safety or Quality Concern to the Joint Commission

Any employee or member of the medical staff who have concerns about the safety or quality of care at the Rehabilitation Hospital of the Cape and Islands may report concerns to the Joint Commission. No disciplinary action will be taken against any employee or member of the medical staff for such reporting. Concerns should be directed as follows:

Division of Accreditation Operations  
Office of Quality Monitoring  
Joint Commission  
One Renaissance Boulevard  
Oakland Terrace, IL 60181  
Fax to (630)792-5636  
E-mail to [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Massachusetts Department of Public Health  
Division of Health Care Quality  
99 Chauncey Street  
Boston, MA 02111

The Joint Commission  
Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook, IL 60181

Board of Registration in Medicine  
200 Harvard Mill Square  
Suite 330  
Wakefield, MA 01880