



**Saint Thomas**  
HOSPITAL FOR SPECIALTY SURGERY

Saint Thomas Hospital for Specialty Surgery  
2011 Murphy Ave, Suite 400  
Nashville, Tennessee 37203

# **Mandatory In-Service Packet for Contract Staff**

**This packet of mandatory in-services has been developed to help orient you to important STHSS concepts and policies. Please take a few minutes to read them and sign the acknowledgement form before you begin your affiliation with our hospital.**

**The last page of this packet is a “Useful Information Sheet” that contains phone numbers and locations of important equipment. You may wish to keep this sheet with you as you familiarize yourself with our facility.**

## TABLE OF CONTENTS

<b>Topic</b>	<b>Page</b>
Welcome to our facility!.....	3
Mission .....	3
EDGE (Every Day Giving Excellence).....	3
Who’s Who at STHSS.....	4
HIPAA.....	5
Cultural Diversity.....	6
Culture of Safety.....	7
Infection Control and Prevention / Hand Washing.....	8
Bloodborne Pathogen Standard .....	9
Reporting Bloodborne Exposure.....	9
Food Consumption Policy.....	10
Prevention of Injuries.....	10
Reporting Injuries.....	10
Smoking Policy.....	10
Harassment / Sexual Harassment in the Workplace.....	10
Security Management .....	11
Medical Equipment Management.....	11
Hazardous Communication.....	11
Emergency Event Response.....	12
Evacuation.....	12
Loss of Electrical Power.....	12
Tornado (Phase GREY).....	13
Fire (Phase Red).....	13
Locations of Fire Extinguishers and Pull Stations.....	14
Cardiac Arrest (Code Blue).....	15
Sentinel Event / Disclosure Policy.....	15
National Patient Safety Goals.....	16
Abbreviations “Do Not Use List”.....	17
Pre-Admission Requirements — Department of Anesthesia.....	18
Medication Management.....	19
Pain Relief.....	19
Useful Information Take Away Sheet (Phone Numbers/Equipment Locations).....	20
 <b>Acknowledgement &gt;&gt;&gt;&gt;&gt;&gt;&gt; please sign and return.....</b>	 <b>21</b>



# Saint Thomas

## HOSPITAL FOR SPECIALTY SURGERY

# Thank you for joining us!

Welcome to Saint Thomas Hospital for Specialty Surgery (STHSS)! STHSS is a joint venture with United Surgical Partners (USPI) and Ascension Healthcare (which includes *Saint Thomas West* and *Saint Thomas Midtown Hospital* in Nashville, *Saint Thomas Rutherford Hospital* in Murfreesboro and *Saint Thomas Hickman Hospital* in Centerville). With full support of USPI and Saint Thomas Health, Saint Thomas Hospital for Specialty Surgery will commit ourselves to serving all persons in a caring, compassionate, and ethical manner.

Please review this orientation packet closely. This packet will provide you with general information about our hospital and its policies. Obviously, we cannot anticipate every situation or answer every question in this handout. If you have any questions or concerns please make sure that you get them addressed.

Please remember to sign your acknowledgement form for receiving this orientation packet. We must have your acknowledgement form on file before you perform your contracted duties at Saint Thomas Hospital for Specialty Surgery.

### **Our Mission:**

*Our mission is to provide first-class surgical services for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.*

### **United Surgical Partners International's EDGE**

United Surgical Partners International is committed to continuously learning and sharing improvements in processes so that **Every Day Giving Excellence** in caring for our patients is our top priority.

# Who's Who at Saint Thomas Hospital for Specialty Surgery

<b>Administrator/ Chief Nursing Officer</b>	<b>Kathy Watson, RN</b>
<b>Medical Director</b>	<b>Carl Hampf, MD</b>
<b>OR Director</b>	<b>Cynthia Lund, RN</b>
<b>Peri-operative/PACU Manager</b>	<b>Judy Statham, RN</b>
<b>Business Office Manager</b>	<b>Angie Crow</b>
<b>Materials Management</b>	<b>Monica Springer</b>
<b>Quality / HIM / Compliance Director</b>	<b>Stephanie Purtee, RN</b>
<b>Infection Preventionist</b>	<b>Mary Kay Wood, RN</b>
<b>Clinical Educator</b>	<b>Summer Bowen, RN</b>
<b>Employee Health</b>	<b>Sandra Carleson, RN</b>
<b>Safety Officer</b>	<b>Cathy Nicholas, RN</b>
<b>Finance Director</b>	<b>Angie Crow</b>
<b>Finance Coordinator</b>	<b>Josh Landis</b>
<b>IT Support</b>	<b>Robert Brito Travis Tibbs</b>
<b>EHR Analyst</b>	<b>Judy Statham, RN</b>

**Patient Privacy and Confidentiality**  
**Health Information Portability and Accountability Act (HIPAA)**

STHSS is committed to ensuring the privacy and security of each patient's Protected Health Information (PHI). To ensure confidentiality, be aware of your surroundings when discussing sensitive information and do not discuss sensitive information outside the workplace.

Information, whether verbal, written or electronic, that is considered protected health information (PHI) includes:

- ❖ General information – patient's name, medical record number, social security number, address, telephone number, email address, date of birth.
- ❖ Health information – diagnosis, medical history, medications
- ❖ Payment information for provision of healthcare to the individual

Patient information should only be provided on a need-to-know basis and only to individuals or organizations that use the information to provide treatment, obtain payment or perform other related healthcare operations. To release patient information, the hospital must receive a properly signed and valid authorization form from the patient or from his/her legal representative.

We will comply with all applicable laws and rules regarding patient privacy and security to ensure the confidentiality and safety of our patients' medical records.

We will share our privacy policies with our patients and respect our patients' rights as they relate to control and use of their protected health information.

We will train all of our employees to safeguard our patients' privacy.

**Stephanie Purtee** is our Privacy Officer /Privacy Contact.

The Privacy Officer is responsible for development and implementation of the privacy policies and procedures of the Provider, including revision and posting of the Privacy Notice and documentation of compliance. If you have any concerns related to HIPAA and privacy issues you may contact the Privacy Officer at **ext. 7548** or the Administrator.

The Privacy Contact is responsible for receiving complaints related to the privacy rules of HIPAA and for providing additional information on matters covered by the Privacy Notice.

As a member of contracted staff of Saint Thomas Hospital for Specialty Surgery you agree:

- To recognize and protect the Right to Confidentiality of our patients
- To comply with all HIPAA regulations
- To keep your passwords confidential and only use your assigned sign-on
- To not leave secure applications unattended (log off or lock your computer)

## Cultural Diversity

**Culture** consists of patterns of behavior and beliefs characterizing a group of people that are learned, shared, and guide thinking, decisions, and actions. The behavior and beliefs may relate to religious practices, rituals, food choices, dress, etc.

**Cultural values** are the individual's desirable or preferred way of acting or knowing something that is sustained over a period of time and which governs actions or decisions.

**Cultural diversity** is the mix of similarities and differences.

### Primary

Age

Gender

Ethnicity

Physical Ability

Physical Characteristics

### Secondary

Income

Education

Marital Status

Religious Beliefs

Geographic Location

### **Cultural Diversity in Patient Care**

Culturally diverse healthcare is an optimal mode of health care delivery which refers to the variability of healthcare personnel's approaches needed to provide culturally appropriate care that incorporates an individual's cultural values, beliefs, and practices including sensitivity to the environment from which the individual comes and to which the individual may ultimately return.

Within the health system, cultural awareness is an understanding of the likely impact of these behaviors and beliefs on health, illness, care and hospitalization. Adapting to different cultural beliefs and practices requires flexibility and a respect for others' viewpoints. Cultural competence means to really listen to the patient, to find out and learn about the patient's beliefs of health and illness. To provide culturally appropriate care we need to know and to understand culturally influenced health behaviors and adjust our care and interaction with patients appropriately. It is important to understand that the patient's culture may affect their willingness:

- To seek healthcare,
- Report pain and accept pain medication
- Follow thru with the appropriate aftercare

### **Cultural Diversity in the Workplace**

Understanding Cultural Diversity in the Workplace helps us in the following ways:

- Improves understanding of those you work for, with, and around
- Cohesive Atmosphere / Enhanced Teamwork / Higher Morale
- Increases Efficiency / Quality / Productivity within your work group
- Removes barriers keeping you from achieving your goals

## **Culture of Safety**

All of us at Saint Thomas Hospital for Specialty Surgery are committed to creating a Culture of Safety. We invite you to join us in creating the Culture which will provide optimal safety and satisfaction for our patients.

### **What is a Culture of Safety?**

- Expressed in the beliefs, attitudes and values of all employees in the pursuit of safety
- Acknowledges the certainty of error and proactively seek potential threats
- Encourages employees to report errors or good catches without fear of retribution
- Collaboration across all positions at the facility to identify solutions to potential vulnerabilities
- Focuses on Good Catches – blame processes not employees

### **We believe:**

- Safety and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the organization.
- Creating a Culture of Safety begins at with the leaders (including medical staff) being engaged and willing to invest resources.
- Creating an atmosphere where all may speak freely without fear of retribution is essential to a Culture of Safety and Quality.
- Errors are almost always a breakdown in processes not people.
- Everyone is responsible for patient safety.
- Disruptive behavior that intimidates others and affects morale or staff turnover can be harmful to patient care.
- It is important to learn from errors and share lessons to prevent future errors.

## **Infection Control and Prevention**

Recognizing the responsibility of STHSS to provide a safe environment for patient and employees and minimize infections and communicable diseases, the hospital will develop, maintain and annually review an Infection Control Plan to address the identification, prevention, control and reporting of infections. The goals of the plan include:

- Address prioritized risks
- Limiting unprotected exposure to pathogens throughout the organization,
- Enhancing hand hygiene,
- Limiting the transmission of infections associated with procedures
- Minimizing the risk of transmitting infections associated with the use of equipment, devices and supplies.
- Improving influenza vaccination rates among staff

Our policies and procedures are based on National Standards including CDC, APIC, AORN, and AAMI.

**Hand hygiene is the most important factor in preventing the spread of disease!!** Hand hygiene is a basic but very important practice that will decrease risk of infection for you and our patients. A waterless alcohol sanitizer is available throughout our facility and is the preferred mean for routine hand hygiene when hands are not visibly soiled. It is faster, more effective, and better tolerated by your hands than washing with soap and water. Hand hygiene should occur before/after patient contact, before/after clean or aseptic procedure, after body fluid exposure risk, and after touching patient surroundings. Remember that wearing gloves does not replace the need for hand hygiene – hand hygiene should be performed after gloves are removed. It is also important to remember to *discard gloves after each task* and clean your hands because gloves may carry germs. Hand washing with soap and water should be done anytime your hands are visibly soiled, after contact with *Clostridium difficile (C. diff)*, before meals and after using the restroom.

The Infection Preventionist for our hospital is **Mary Kay Wood**. If at any time you have any questions or concerns you may reach her at **341-7500 ext. 7464**.

## **The Bloodborne Pathogen Standard: An Overview**

In 1990, the U.S. Occupational Safety and Health Administration (OSHA) estimated that occupational exposures to bloodborne pathogens caused more than 200 deaths and 9,000 bloodborne infections every year. To help protect workers from this serious workplace hazard, OSHA published the Occupational Exposure to Bloodborne Pathogens Standard on December 6, 1991. The purpose of this standard is to protect workers by limiting occupational exposure to blood and other potentially infectious materials.

In 2000, the Needlestick Safety and Prevention Act (Public Law 106-430) mandated that OSHA clarify and revise the Bloodborne Pathogens Standard to address the implementation of safer needle devices. OSHA published the revised standard, which included such new requirements as the use of safer needle devices and maintaining a log of contaminated needlestick injuries, in the Federal Register in January 2001. The revised standard became effective in April 2001.

The Bloodborne Pathogen standard is located in Title 29 of the Code of Federal Regulations (29 CFR), Part 1910.1030.

An Exposure Control Plan is an OSHA requirement for employers to have a plan of action against an exposure incident. It identifies tasks/procedures and job classifications where blood exposure may occur and also describes procedure for evaluating circumstances surrounding exposure incidents and measures for prevention. Our Exposure Control Plan can be found in several locations: Nurses' Station on 5<sup>th</sup> floor; on tall file cabinet by copy machine in PAT; at OR board in 4<sup>th</sup> floor operating room; and in cabinet by admissions desk in Business Office.

### **Handling of needles and sharps to prevent exposure or injury:**

- Wear appropriate personal protective equipment.
- Use the safety features on sharps correctly to eliminate exposures to blood/body fluids.
- Do not recap needles.
- Dispose of needles & sharps immediately after use in proper sharps container.
- Use caution when placing sharps into sharps container.
- OSHA requires we continually evaluate and replace non-safe products to safety products.

**Reporting Bloodborne Exposures:** TOSHA (Tennessee Occupational Safety and Health Administration) requires that we maintain a log for all bloodborne exposures in our hospital. Please notify the Manager if you have an exposure. Advise the Manager or the Circulator in the operating room of source patient's name so they can order laboratory testing immediately on the patient. If indicated by patient history, you can be counseled and started on prophylactic treatment.

If your injury is a small puncture or laceration, milk the wound so it bleeds freely then wash with copious amounts of soap and water; if contact with mucous membranes, rinse with copious amounts of water; if eye splash, irrigate with copious amounts of water. **Eye wash stations are located on the 4<sup>th</sup> floor in the operating room near the autoclave sterilizers and in the decontamination room and on the 5<sup>th</sup> floor in the Pharmacy and in the dirty utility room. Showers are located on 4<sup>th</sup> floor in the locker rooms. Spill Kits are located on 4<sup>th</sup> floor in decontamination room in OR and on 5<sup>th</sup> floor in Dirty Utility Room just inside surgery door.**

**OSHA Requirements for Food Consumption:** Food is not to be consumed by staff in public areas, visitor lounges, patient care rooms, at patient's bedside, nurse's stations, or in areas prohibited under Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standards. (CFR 1910.1030).

## **Prevention and Reporting of Other Injuries**

### **LIFTING**

- Keep the load close to your body
- Keep your head, shoulders and hips in a straight line
- Lift with your legs, not your back
- Avoid twisting as you lift
- Get assistance with lifting when needed
- Always use lifting equipment

### **SLIPS, TRIPS, FALLS**

- Wipe spills promptly
- Be observant of wet floors and icy parking lot
- Wear proper footwear
- Watch where you walk
- Report unsafe conditions immediately, i.e. spills, icy sidewalks, etc.

### **REPORTING AN INJURY**

- If you are injured while at our facility, report the injury immediately to the Manager.
- All injuries should be reported no matter how insignificant they may seem to you.
- Document the injury by completing the Variance Report as soon as possible.
- Variance Reports are available from the Manager.

## **Smoking Policy**

Saint Thomas Hospital for Specialty Surgery is a tobacco-free facility. Smoking or the use of tobacco-related products is prohibited in every area of our facility, indoors and outdoors.

## **Harassment in the Workplace**

STHSS expects that our work environment is free from sexual harassment or harassment based on race, color, religion, sexual orientation, national origin, age or disability.

Harassment is verbal or physical conduct that demeans or shows hostility or hatred toward an individual. Some examples would include:

- ❖ Nicknames, labels, slurs
- ❖ Threatening, intimidating or hostile acts
- ❖ Written or graphic material that demeans or shows hostility or hatred to an individual or group

Sexual harassment is any unwelcome sexual advance, request for a sexual favor and other verbal or physical conduct of a sexual nature. This would also include sexist jokes and/or remarks.

## Security Management

Contract staff are required to wear the facility issued ID badge while on the premises. Vendors must register and sign in through RepTrax in the Business Office. If you have been assigned a sign-on/password to any secure application (network, EHR, Pyxis, etc) please do not share your sign-on/password or use anyone else's sign-on/password. Do not leave secure applications unattended and log off secure applications when finished.

It is the responsibility of each person to report any suspicious activities and or security incidents to a Manager or the Administrator. Saint Thomas Midtown Hospital provides security support when needed and can be contacted at 284-5475.

## Medical Equipment Management

In the event you have equipment problems or failures, your first responsibility is to your patient. Provide appropriate care through the use of backup or portable equipment. Report to Materials Management, OR/Pre-op Manager or Administrator. Malfunctioning equipment will be taken to Materials Management and tagged as needing repair.

## Hazardous Communication

Hazardous materials are those materials that by their nature pose a potential threat to the health and safety of persons coming into contact with them. The **Hazard Communication Plan's** purpose is to ensure that the hazards of the chemicals used in our facility are evaluated and that employees receive information and training regarding hazardous chemicals including prevention and protective measures for tasks. It is located in the Exposure Control Plan book which can be found in several locations in our hospital including in Pre-Admission Testing (PAT), at the OR board on 4<sup>th</sup> floor, in the Admissions Office, and at the Nurses' Station on 5<sup>th</sup> floor.

**Safety Data Sheets (SDS)** give you all the critical information you need about how to use, transport, and store chemicals in order to protect yourself. They also contain information about what to do in case of emergencies and overexposure. **A current SDS manual is located in the Safety Officer's office.** You can also obtain SDS information online through MSDS Online at <https://msdsmanagement.msdonline.com/ViewerSite/MSDSSearch.aspx>.

The major *identification* used at STHSS for hazardous waste is the color-coded bag and/or puncture resistant bins system and labeling as specified in the Waste Management Program. **Red bags and/or bins are for biohazard wastes.** *Transportation* of hazardous chemicals and waste should be in approved safety containers or in their original shipping packages.

**Eye wash stations are located on the 4<sup>th</sup> floor in the operating room near the autoclave sterilizers and in the decontamination room and on the 5<sup>th</sup> floor in the Pharmacy and in the dirty utility room. Showers are located on 4<sup>th</sup> and 5<sup>th</sup> floors in the locker rooms. Spill Kits are located on 4<sup>th</sup> floor in decontamination room in OR and on 5<sup>th</sup> floor in Dirty Utility Room just inside surgery door.**

## Emergency Event Response

### Emergency Response Phases:

Phase Red	Fire
Phase Black	Internal Disaster
Phase Yellow	External Emergency that ER can manage
Phase Green	External Emergency requiring hospital-wide help
Phase Purple	Bomb Threat
Phase Orange	Security Emergency
Phase Pink	Infant Abduction
Phase Grey	Severe Weather
Phase Brown	Evacuation
Phase Blue	Cardiac Arrest
Phase White	Terrorist Event

In the event of an emergency event of any kind (tornado, fire, etc), the **Admissions Desk area will be the Command Center. The extension is 7500.** If the phone system is non-functional, the radios will be used.

The Administrator will be the Incident Commander (IC). In the absence of the Administrator, the OR Director will be the IC. The IC will direct the event response in conjunction with emergency response personnel.

Any staff not involved in immediate patient care should go to their designated assignment area so their manager can give a report of all staff/patients/visitors to the Incident Commander. Designated response areas are as follows:

Operating Room/Central Sterile/Materials Mgmt Dept: **OR Board**

5<sup>th</sup> Floor/PACU: **Nurses Station**

Business Office: **Registration Lobby**

Pre-Admission Testing: **Registration Lobby**

You are to remain at the response area until given instructions by your manager. The manager or charge nurse will give information on their department to the IC.

**Evacuation:** Evacuation of the area will be directed by the Incident Commander and emergency response personnel. A horizontal evacuation (staying on same floor) is always the preferred method whenever possible. If full building evacuation becomes necessary the **EVACUATION ZONE** is the parking lot between the North Tower and Saint Thomas Midtown Hospital (Doctors' Parking Lot). **Everyone must report to the appointed area unless assigned by the IC to transport a patient. It is important for the IC and First Responders to know that everyone is safely out of the building. No one is to leave the area unless permission is given by the IC personally or through their manager.**

**Loss of Electrical Power:** The facility has an "Emergency Response Plan" that includes necessary information in the event of a failure of any of the utility systems. The facility generator will provide emergency power if the electrical power fails. **RED PLUGS are utilized for generator power. We will not start cases using generator power.** For all utility failures such as loss of electricity, water, or medical gas (oxygen, medical air, vacuum) contact Administrator.

## Phase GREY: Severe Weather

If a tornado warning or watch is issued for the Davidson County area the following procedures will be implemented:

1. **PHASE GREY** will be announced on the overhead intercom.
2. All visitors, staff and patients will be instructed to stay away from windows.
3. Close all drapes on outside windows.
4. Stay clear of all windows, corridors with windows and large free-standing expanses, such as crosswalks.
5. All surgeries in progress will be completed as soon as possible and transferred to PACU.
6. Cases will not begin if the generator kicks on or if Tornado WARNING (tornado spotted in area) has been issued.

## Phase RED: Fire

The following actions should be initiated immediately when a fire or smoke is discovered:

1. Announcement of **PHASE RED** is made using the overhead intercom. Indicate location, if known.
2. Pull station should be activated. **Know where the pull stations, fire extinguishers, and gas shut-off valves are located in your area.**
3. Obtain fire extinguisher from the nearest firebox.
4. Shut down oxygen source if instructed by an Anesthesiologist.
5. Evacuation orders are given by the Fire Department

The fire response plan is a simple four-step procedure. (RACE)

- |                     |  |
|---------------------|--|
| <b>R = RESCUE</b>   | Anyone in immediate danger is the first priority and should be removed from danger.  |
| <b>A = ALERT</b>    | Notify others in the area of a <b>PHASE RED</b> by paging overhead or activating a fire alarm pull station if the alarm is not already sounding. |
| <b>C=CONFINE</b>    | Confine the fire and smoke by closing openings like doors and windows.   |
| <b>E=EXTINGUISH</b> | Attempt to put small fires out with the proper fire extinguisher. Be ready to Evacuate.  |

Fire extinguishers are rated by the class of fire they are designed to fight. Extinguishers are marked as to the type of fire they are designed to fight. Most of the fire extinguishers found in the hospital are the red multi-purpose type (ABC) that will extinguish all three classes of fire.

To operate a fire extinguisher:

- |                    |  |                          |
|--------------------|--|--------------------------|
| <b>P = PULL</b>    | Pull the safety pin out of the handle          | (Only fight small fires) |
| <b>A = AIM</b>     | Aim the nozzle or hose at the base of the fire | (Stand back 6-8 feet)    |
| <b>S = SQUEEZE</b> | Squeeze the two handles together               | (Maintain a firm grip)   |
| <b>S = SWEEP</b>   | Sweep the stream across the base of the fire   | (Always leave a way out) |

**Fire Extinguisher / Alarm Pull Station Locations** Locations in ( ) are Outside STHSS Space in the Building

<b>4<sup>th</sup> Floor</b>	
<p style="text-align: center;"><b><u>Fire Extinguishers</u></b> <b><u>OR</u></b></p> <p><b><u>ABC Extinguishers</u></b> 9-Hallway outside OR 1 &amp; 2 11-Hallway outside OR 3 &amp; 4 12-OR Elevator Hallway 13-Hall by Boardrunner’s Office 14-Across from Dictation Area</p> <p><b><u>CO<sub>2</sub> Extinguisher</u></b> 10-In Autoclave Alcove</p> <p style="text-align: center;"><b><u>Business/Admitting Office</u></b></p> <p><b><u>ABC Extinguishers</u></b> 15-By Main Door to Admissions Waiting Room 16-Hallway By Risk Management Office (Building Hallway Outside Admitting Office)</p> <p>19-<b><u>Electrical Room</u></b></p> <p style="text-align: center;"><b><u>PAT</u></b></p> <p><b><u>ABC Extinguisher</u></b> 17-End of Main Hallway by Door Into Conference Room (401) 21-Building Hallway by Door to Crosswalk (Hallway near Dr Hampf’s Office) (Hallway near Dr. Lanford’s Office)</p>	<p style="text-align: center;"><b><u>Fire Alarm Pull Stations</u></b> <b><u>OR</u></b></p> <p>By OR Elevator Across from Dictation Area By Exit Door on Hall to O.R. Manager’s Office</p> <p style="text-align: center;"><b><u>Business /Admitting Offices</u></b></p> <p>Inside Main Door to Admission Waiting Room Hallway Near Employee Health Office Hallway Near Time Clock</p> <p style="text-align: center;"><b><u>PAT</u></b></p> <p>Building Hallway by Exit Stairs/Crosswalk</p>
<b>5<sup>th</sup> Floor</b>	
<p><b><u>ABC Extinguishers</u></b> 1-Hallway By Room 2 2-Hallway Between Room 7-8 3-OR Elevator Hallway 4-Hallway beside Room 12 5-Hallway By Room 20 6-Back Hallway by Pharmacy Office 7-Hall Between Nurses Station &amp; Pt Elevators</p> <p>18-<b><u>Electrical Room</u></b></p> <p><b><u>CO<sub>2</sub> Extinguisher</u></b> 8-OR Hallway</p>	<p><b><u>Fire Alarm Pull Stations</u></b> Hallway By Stairs Across From Nurses Station In Nurses Station on Column by Copier Hallway By Pharmacy Office Hallway By Anesthesia Office OR Elevator Hallway</p>

## **Code BLUE: Cardiac Arrest**

If you discover someone who has suffered cardiac or respiratory arrest, you should:

- Summon help while remaining at the person's side. Shout or yell, if necessary.
- Send someone to call **CODE BLUE** and location of the code on the overhead intercom.
- Begin CPR and continue until assistance arrives and takes over.

**Location of the Crash Cart is in 4<sup>th</sup> floor PACU area and 5<sup>th</sup> floor Med Room.**

**Location of the Malignant Hyperthermia cart is in 4<sup>th</sup> floor PACU.**

**AED's are located in Admissions/Registration Waiting Room and in Pre-Admission Testing.**

## **Sentinel Event / Disclosure Policy**

**Sentinel event** – unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function.

**ALL SENTINEL EVENTS** require reporting.

- This includes a thorough and credible root cause analysis, implementations of improvements to reduce risk, and monitoring of the effectiveness of those improvements.
- Always inform the Administrator, Pre-op / OR Director, or QA Coordinator.
- Examples of **sentinel events include**:
  - Unanticipated death
  - Major permanent loss of function
  - Procedure on the wrong patient or body part
  - Anaphylactic shock
  - Malignant Hyperthermia
  - Cardiac Arrest / Respiratory Arrest
- Other events such as medication errors, retained foreign bodies, patient elopements and patient falls may be designated as a Sentinel Event depending on the seriousness of the patient outcome.

**What events ought to be disclosed?**

A. Incidents in which patients are harmed

For example:

1. Unexpected admission to intensive care
2. Unexpected patient death
3. Unnecessary treatment with burdensome impact on the patient and return to OR

B. An event occurred that resulted in the need for treatment and/or intervention and caused temporary patient harm

C. An event occurred that resulted in initial or prolonged hospitalization, and caused temporary patient harm

D. An event occurred that resulted in permanent patient harm or near death event, such as anaphylaxis

E. An event occurred that resulted in patient death

## National Patient Safety Goals

- The National Patient Safety Goals (NPSGs) were established in 2002 to help accredited organizations address specific areas of concern in regards to patient safety.
- The first set of NPSGs was effective January 1, 2003.
- The Patient Safety Advisory Group advises The Joint Commission on the development and updating of NPSGs.

### 2015 Goals applicable to Hospitals:

Goal 1: Improve the accuracy of patient identification.

- NPSG.01.01.01: Use at least two patient identifiers when providing care, treatment and services.  
**STHSS uses name and date of birth as our identifiers.**
- NPSG.01.03.01: Eliminate transfusion errors related to patient misidentification.

Goal 2: Improve the effectiveness of communication among caregivers.

- NPSG.02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.  
**Critical results should be reported to physician within 30 minutes of receipt and documentation of report and time of report must be done.**

Goal 3: Improve the safety of using medications.

- NPSG.03.04.01: Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
- NPSG.03.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
- NPSG.03.06.01: Maintain and communicate accurate patient medication information.

Goal 6: Use alarms safely.

- NPSG.06.01.01: Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Goal 7: Reduce the risk of health care-associated infections.

- NPSG.07.01.01: Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.
- NPSG.07.03.01: Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms in acute care hospitals.
- NPSG.07.04.01: Implement evidence-based practices to prevent central line-associated bloodstream infections.
- NPSG.07.05.01: Implement evidence-based practices for preventing surgical site infections.
- NPSG.07.06.01: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).

Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™

- UP.01.01.01: Conduct a pre-procedure verification process.
- UP.01.02.01: Mark the procedure site.
- UP.01.03.01: A time-out is performed before the procedure.

**Saint Thomas Hospital for Specialty Surgery has policies that follow each of these goals. Please see the department manager if you have questions about our processes relating to these goals.**

## Abbreviations “Do Not Use List”

The Joint Commission and the Institute for Safe Medication Practices (ISMP) developed and approved a “do not use list” for abbreviations, acronyms, symbols, and dose designations that are considered “dangerous” and can result in medication errors and misinterpreted among health care providers.

Healthcare professionals are not allowed to use any of the items listed on the DO NOT USE list anywhere in the medical record. All personnel are responsible for familiarizing themselves with and adhering to the unacceptable abbreviations.

Do Not Use	Potential Problem	Use Instead
U (unit)	Mistaken for "O" (Zero), the number "4" (Four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., (daily) Q.O.D., QOD, q.o.d, qod (every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0mg) Lack of leading zero (.Xmg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO4 and MgSO4	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

# Pre –Admission Requirements – Department of Anesthesiology

## General

- ◆ Patients with a history of cardiovascular disease or sleep apnea should be evaluated by Anesthesia during their pre-admission visit to make sure they meet the criteria for surgery at our facility.
- ◆ Patients who are active DNR will receive consultation with Anesthesiologist. DNR is suspended at STHSS from the time pre-op meds are given until the end of Phase I Recovery.
- ◆ Patients with a known difficult intubation, history of Malignant Hyperthermia, or Immediate Hypersensitivity Reaction type I (Severe) reaction to Latex should be scheduled at the main hospital.

## History and Physical

A current history and physical is required within the past 30 days. The surgeon may document no changes from previous H & P if the patient has had a previous visit with a History and Physical.

## Pre-Admissions Testing by the Anesthesia Department

**Please Note: If test results are abnormal, they may need to be repeated or the case may possibly be delayed or cancelled.** Laboratory reports within 1 month or less may be used. CXR or EKG results within 3 months may be used.

<b>Urine Pregnancy Test</b>	All females of reproductive age, excluding post-hysterectomy, post menopausal, post bilateral oophorectomy
<b>Hemoglobin</b>	As requested by anesthesia or surgeon
<b>PT/INR</b>	All patients on Coumadin/Heparin Therapy
<b>EKG</b>	Patients with history of cardiac disease
<b>Accu check</b>	All diabetics, including patients with “pre-diabetes” and hypoglycemia

## **Other laboratory testing may be ordered by Anesthesia if patient has history of the following:**

- CV Disease (h/o MI, CABG, Angina, poorly Controlled HTN)
- Pulmonary Disease (Sleep Apnea Patients are to bring CPAP)
- Malignancy within past year
- Radiation therapy within the past year
- Liver Disease (including hepatitis)
- HIV /AIDS
- Diabetes
- Renal Disease
- Gastric Bypass
- Coumadin/Heparin Therapy
- BMI greater than 40

## NPO Requirements:

All patients should be NPO past midnight. A clear liquid breakfast *may* be allowed if the procedure is scheduled after 1:00 P.M. (The pre-admissions nurse will instruct patients if clear liquids are required.) Otherwise, the patient must be NPO.

## **Medication Management Guidelines**

### **Labeling Requirements:**

- When medications/solutions are removed from their original package/container and not administered immediately, they must be labeled.
- Label all medications, medication containers (i.e. syringes, basins), or other solutions on and off the sterile field, even if there is only one medication involved.
- All medications/solutions placed onto a sterile field within a procedural area must be labeled with the following information: (1) Drug name and (2) Drug Concentration
- Discard any medication / solution not labeled.
- Date vials that are multi-vial doses. Expiration is in 28 days.

**\*\*CRNA's – PLEASE REMEMBER TO LOCK YOUR CART AT THE END OF THE DAY.**

## **Pain Management Guidelines**

With regards to a right to pain relief, the healthcare provider will:

1. Inform patients at the time of their initial evaluation that adequate relief of pain is an important part of their care and respond quickly to reports of pain.
2. Ask patients on initial evaluation and as part of regular assessments about the presence, quality, and intensity of pain and use the patient's self report as the primary indicator of pain.
3. Work together with the patient and other healthcare providers to establish a goal for pain relief and develop and implement a plan to achieve that goal.
4. Review and modify the plan of care for patients who have inadequate pain relief.

## **USEFUL INFORMATION**

<b><u>Phone Numbers</u></b>	<b><u>Extension</u></b>
Front Office / Admissions	7500
Pre-Admission Testing	7530
OR Board Runner – Laura Bridgewater	519-1677
OR Director – Cynthia Lund	8303
Nurses Station (5 <sup>th</sup> Floor)	7537
Charge Nurse (5 <sup>th</sup> Floor)	7538
PACU 4 <sup>th</sup> floor	8246
PACU Nurse Manager – Judy Statham	7527
PACU Asst. Nurse Manager – Karen Chesser	8305
Pharmacy	8209, 7534, 8505
Patient Rooms 1-23	75 + room number
Compliance Officer / Privacy Officer – Stephanie Purtee	7548
Infection Preventionist – Mary Kay Wood	7464
Educator – Summer Bowen	7593
Employee Health – Sandra Carleson	7558
Safety Officer – Cathy Nicholas	7550
IT – Robert Brito	739-0943
IT – Travis Tibbs	426-5905
USPI IT Support Center	1-866-921-9211
Baptist Security	284-5475

### **Equipment Locations**

Crash Carts	4 <sup>th</sup> floor PACU and 5 <sup>th</sup> floor Med Room
Malignant Hyperthermia Cart	4 <sup>th</sup> floor PACU
Eye wash stations	4 <sup>th</sup> floor – OR near autoclaves and in decontamination room
Eye wash stations	5 <sup>th</sup> floor – Pharmacy and OR in dirty utility room
Spill Kit	4 <sup>th</sup> floor – OR decontamination room
Spill Kit	5 <sup>th</sup> floor – OR dirty utility room
MSDS	Online (link on all network logins) and copy with Safety Officer

### **Notes**

# SAINT THOMAS HOSPITAL FOR SPECIALTY SURGERY

## **ORIENTATION ACKNOWLEDGMENT FORM**

I acknowledge that I have read and understand the Orientation Information Packet provided by Saint Thomas Hospital for Specialty Surgery. In the event that I am uncertain about Policies, Procedures, and Practices at STHSS, I will seek clarification to ensure the safety and welfare of our patient, visitors and staff.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Job Title / Department

\_\_\_\_\_  
Contract Company / Employer