Baptist Health South Florida

Clinical Staff
Student Handbook

Our Guiding Philosophy

"Through our compassionate healthcare services, we seek to reveal the healing presence of God"
SECTION 1 WHO WE ARE

PURPOSE OF THE PINEAPPLE ................................................................. 1
NOT-FOR-PROFIT .................................................................................. 1
BAPTIST HEALTH SOUTH FLORIDA .................................................. 2
  Mission Statement ............................................................................. 2
  Guiding Principle ............................................................................. 2
  Vision Statement ............................................................................. 2
  Service Goal .................................................................................... 2

SERVICE EXCELLENCE STANDARDS AND EXPECTATIONS ............. 2
  STANDARD 1: Caring and Compassion ........................................ 2
  STANDARD 2: Teamwork ............................................................... 3
  STANDARD 3: Privacy and Confidentiality .................................... 4
  STANDARD 4: Effective Communication ...................................... 4
  STANDARD 5: Safety ..................................................................... 5
  STANDARD 6: Quality and Service Recovery ................................ 6
  STANDARD 7: Cost Effectiveness .................................................. 7

FIRST IMPRESSIONS ........................................................................... 7
SCRIPTING COMMUNICATIONS ......................................................... 8
GREAT EXPLANATIONS ...................................................................... 8
ABOUT OUR HOSPITAL ...................................................................... 8

SECTION 2 GENERAL GUIDELINES .................................................... 9

APPEARANCE AND UNIFORM REQUIREMENTS .................................. 9
  Sign-In Procedure .......................................................................... 10
  Cell Phone Usage ......................................................................... 10
  Relationship with the Staff ......................................................... 11
  Student Benefits .......................................................................... 11
  Parking ......................................................................................... 11
  Computers .................................................................................... 11

SECTION 3 POPULATION SPECIFIC ................................................... 12

CULTURAL DIVERSITY ...................................................................... 13
  What is it? ..................................................................................... 13
  Why Learn About Cultural Diversity? ........................................ 13
  Cultural Factors to Be Aware Of: ............................................. 13
  Culturally Sensitive Tips: ............................................................ 14
  How Can We Avoid Stereotyping? ............................................. 14
  Communicating With a Patient of a Different Culture. .......... 15
  Cultural Awareness Tool ............................................................. 16

AGE SPECIFIC .................................................................................. 20
  Infants: 0 to 12 months .............................................................. 20
  Toddler: 1 to 3 years ................................................................. 21
  Preschool: 3 to 6 years ............................................................. 22
  School Age: 6 to 12 years ......................................................... 23
  Adolescent: 12 to 21 years ....................................................... 24
  Adult: 21 to 65 years ................................................................. 25
  Geriatric: 65 and older ............................................................... 26
  Patients with a Reduced Ability to Speak, Understand, and/or Read English ........................................... 27

SECTION 4 ORGANIZATIONAL ETHICS ............................................. 28

GENERAL GUIDELINES: ................................................................. 28
HIPAA AND CONFIDENTIALITY ....................................................... 29
  What is HIPAA? ................................................................. 30
Purpose of the Pineapple

The pineapple became a symbol of hospitality in Europe during the Italian Renaissance period. American innkeepers later adopted the European custom of putting pineapples at their doors, and visitors to these inns found themselves in friendly and comfortable surroundings. Baptist Health South Florida has adopted the pineapple as its logo, a symbol of the hospitality and care we strive to provide to our patients and guests.

When Arthur Vining Davis donated the land and funds to build Baptist Hospital, the magnate specified that a pineapple fountain greet guests at the front door.

Not-For-Profit

Baptist Health South Florida’s not-for-profit status allows the organization to be tax exempt. The answers to commonly asked questions about the differences between for-profit and not-for-profit organizations are as follows:

What is the primary difference between a not-for-profit and a for-profit healthcare organization?
The primary difference is one of mission. While the mission of the for-profit hospital corporations is to create value (profit) for their shareholders or owners, Baptist Health’s mission is to provide the highest quality healthcare and create value for the communities we serve. No one really owns Baptist Health. There are no shareholders. Baptist Health (which includes all of our hospitals and facilities) is, in a very real sense, “owned” by the community. Which isn’t to say Baptist Health isn’t concerned about the bottom line.

What happens to the profits of the for-profit and not-for-profit healthcare organizations?
When for-profit healthcare companies earn a profit, they channel the earnings to their owners and shareholders in the form of dividends and increased value of their stock shares. The “profit” of Baptist Health (in accounting jargon, this is called “excess revenue over expense”) is the amount of money that is left over after all our expenses and financial commitments are met.

Since Baptist Health is a not-for-profit organization, what does it do with money that is left over after paying its expenses?
The excess funds of Baptist Health are channeled directly back into our hospitals and facilities. This money is used to provide care for those who cannot afford it, to provide community outreach and educational services worth approximately $2 million annually, and to build our reserves (savings) so that we can avoid the expense of borrowing money to fund special projects.
Baptist Health South Florida

Mission Statement

The mission of Baptist Health is to improve the health and well-being of individuals, and to promote the sanctity and preservation of life, in the communities we serve. Baptist Health is a faith-based organization guided by the spirit of Jesus Christ and the Judeo-Christian ethic. We are committed to maintaining the highest standards of clinical and service excellence, rooted in the utmost integrity and moral practice. Consistent with its spiritual foundation, Baptist Health is dedicated to providing high-quality, cost-effective, compassionate healthcare services to all, regardless of religion, creed, race or national origin, including, as permitted by its resources, charity care to those in need.

Guiding Principle

Through our compassionate healthcare services, we seek to reveal the healing presence of God.

Vision Statement

Baptist Health will be the preeminent healthcare provider in the communities we serve, the organization that people instinctively turn to for their healthcare needs. Baptist Health will offer a broad range of clinical services that are evidence-based and compassionately provided to ensure patient safety, superior clinical outcomes and the highest levels of satisfaction with a patient and family-centered focus. Baptist Health will be a national and international leader in healthcare innovation.

Service Goal

To provide consistently excellent care and services to patients, guests, co-workers, physicians and others.

Service Excellence Standards and Expectations

STANDARD 1: Caring and Compassion

Provides healthcare services with caring and compassion.

Guiding Philosophy:

We are committed to providing the highest-quality healthcare services with sensitivity and compassion. We actively seek new ways of exceeding the expectations of patients, guests, co-
workers, physicians and others. People are never interruptions in our work — they are the reason for our work.

**Expectations:**

- Greets people by making eye contact, introducing himself/herself, smiling and speaking in a warm, friendly tone of voice.
- Consistently shows caring by listening, offering assistance, and giving information and explanations.
- Identifies an individual's needs and provides help by using available resources and services.
- Responds to requests by acting quickly, communicating status and following through until the request is completed.
- Is friendly and approachable through all means of communication (for example, body language, verbal and written communication).
- Notices a person's special needs and takes steps to meet them (for example, age-specific needs, disabilities, etc.).

**STANDARD 2: Teamwork**

Works as an organization-wide team member providing services with care and compassion.

**Guiding Philosophy:**

We recognize that each team member is skilled in his or her field. Only by combining our talents can we best serve our patients, guests, co-workers, physicians and others. We respect individuality, celebrate diversity and encourage teamwork.

**Expectations:**

- Comes to work on time and ready to work; avoids unplanned absences from work and gives as much notification as possible.
- Takes responsibility for the "common work" of the department (for example, answering phones, maintaining department supplies, and responding to requests).
- Is flexible in work schedule, assists other co-workers and willingly volunteers for additional assignments.
- Works with other departments to ensure the efficient delivery of care and services in a timely manner.
- Works to solve problems by discussing them with co-workers.
- Has a positive attitude, is open-minded and receptive to change.
- Maintains a professional appearance in clothing and personal grooming.
- Assists in creating a work environment where employees are treated with dignity and respect.
**STANDARD 3: Privacy and Confidentiality**

Maintains and protects privacy in every aspect of care and service.

**Guiding Philosophy:**

We establish and maintain a secure, respectful and trusting environment for patients, guests, co-workers, physicians and others. Information regarding individuals and the organization is kept confidential and treated as privileged.

**Expectations:**

- Follows the HIPAA privacy regulations and state privacy laws to ensure the flaw of health information for quality patient care and facility operations.
- Maintains physical privacy and personal dignity while providing care and services (for example, closing doors and curtains, providing additional gowns or blankets).
- Requests permission to enter patient areas or offices and waits for acknowledgment.
- Disposes of and secures all documentation containing privileged information appropriately (for example, shredding, filing).
- Always discusses patient, employee, and organizational confidential information in private (for example: avoids talking in elevators, cafeteria, hallways and other public areas).
- Maintains and secures all computer information (for example, uses screen savers or logs off applications when computer is unattended, keeps passwords confidential).
- Verifies identity of person before releasing information via telephone, fax, or e-mail, (for example: requests medical record number, Social Security number, employee number, birth date).
- Maintains confidentiality when giving out privileged information on the telephone (for example: never leaves private information on answering machines or discusses on speaker phone).
- Always posts private information in non-public areas (for example: schedules, procedures, policies).

**STANDARD 4: Effective Communication**

Communicates effectively with patients, guests, co-workers, physicians and others.

**Guiding Philosophy:**
Effective communication is essential to our success. We communicate in a professional manner in person, on the telephone, electronically and in writing. We do this by providing timely, accurate, consistent information that satisfies the needs of patients, guests, co-workers, physicians and others.

Expectations:

- Writes legible, understandable and specific communications.
- Answers the telephone in an appropriate time, greets the caller, identifies him/herself and location, and offers assistance.
- Asks and waits for permission before putting the caller on hold, and revisits the caller to communicate the status of hold.
- Provides the caller with the correct extension before transferring a call. Offers the caller with the correct extension before transferring a call. Offers the caller the opportunity to be transferred to voice mail or another person if the intended party is not available.
- Listens by giving people their undivided attention and checks to make sure they fully understand the person's request.
- Selects the best way to communicate and deliver information to the right people at the right time (for example, phone, mail, fax, in person).
- Keeps conversations positive and professional by using positive language and a pleasant tone of voice and volume.
- Provides translating services and communications equipment when needed.
- Except for emergencies, conducts personal phone calls and private business on personal time (for example, breaks, lunch time).
- Respects others by placing Baptist Health communication devices on silent/vibrate and explaining their use (for example, using cell phones in private settings, limiting personal calls on Baptist Health-providing communication equipment, explaining the purpose of Spectra Links).

**STANDARD 5: Safety**

Consistently promotes and provides safe care and services.

**Guiding Philosophy:**

Patient safety is everyone’s responsibility. We all create a safe and clean environment for patients, guests, co-workers, physicians and ourselves. Baptist Health relies upon reporting of errors, near misses and safety hazards in order to improve our care and services.

**Expectations:**
Follows National Patient Safety Goals (for example, using patient identifiers, reading back telephone orders, not using abbreviations, washing hands, etc.).

Intervenes to prevent harm to patients, self and others.

Reports errors, near misses and safety hazards.

Uses correct body mechanics when lifting or using equipment.

Knows and follows emergency codes and procedures.

Wears identification badge in an easily visible place at all times (for example, above waist, with face and name visible).

Is alert to and approaches unauthorized people in their area (for example, those without an ID badge). Reports suspicious people, unsafe activities or hazards in areas surrounding the facility (for example, speeding or accidents, lights out in stairwell, vandalism).

Uses equipment appropriately.

Follows usage and maintenance guidelines, reports failures, broken equipment and hazards.

Maintains work area and properly disposes of trash in common areas. Promptly calls Environmental Services for a large cleanup.

Protects patient and employee belongings by making sure they are secured and reports problems.

Follows the smoking policy and enforces it with others.

Keeps all areas clear and safe by removing hazards and clutter. Reports, marks and follows up on all spills quickly (for example, hallways, patient rooms, walkways).

Avoids using "patient only" designated areas (for example, drop-offs, waiting rooms, parking lots).

**STANDARD 6: Quality and Service Recovery**

Provides consistently high-quality care and services and is active inservice recovery.

**Guiding Philosophy:**

Problem solving is an important part of everyone's job. We identify, correct and address problems quickly and efficiently in order to exceed the expectations of patients, guests, co-workers, physicians and others.

**Expectations:**

- Is knowledgeable about and follows all quality and service standards.
- Anticipates potential quality and service problems and takes steps to avoid them.
- Follows service recovery policy by acknowledging and apologizing when problems occur, listening attentively, correcting the problem by taking action or informing the appropriate person who can correct the problem.
Immediately reports potential and existing quality and service problems to the appropriate person (for example, direct supervisor, compliance officer).

Provides suggestions and new ideas to improve the quality of care and services.

Participates in process-improvement activities and takes part in creating solutions.

**STANDARD 7: Cost Effectiveness**

Performs work in a cost-effective manner while consistently providing high-quality care and services.

**Guiding Philosophy:**

Providing consistently high-quality care and services to patients, guests, co-workers, physicians and others is our number one priority. Each of us also has the opportunity to help the organization succeed by performing our everyday duties in cost-effective ways.

**Expectations:**

- Clocks in and out on time in order to avoid unauthorized overtime.
- Uses supplies efficiently and avoids waste.
- Takes proper care of and maintains equipment in order to avoid extra repair and replacement costs.
- Protects organizational property by safeguarding against abuse and theft (for example: secures equipment, locks office/desk).
- Recycles materials, where appropriate.
- Provides cost-saving suggestions and ideas.
- Helps the organization meet its philanthropic goals by participating in community or Baptist Health Foundation events.

**First Impressions**

First impressions make a difference.

To sustain a strong service culture, it is important for us all to remember certain key behaviors that drive patient's perception of care.

We only get one chance to make a positive first impression with our patients and guests.

These are a few simple ways to keep your verbal and non-verbal behaviors in check:

- Maintain a clean and neat appearance
- Smile
- Use culturally-appropriate gestures
- Speak clearly
- Greet everyone that you encounter during the day
Scripting Communications
Utilizing key words at key moments improves satisfaction.

Remembering to say the right words at the right moment is very powerful. The goal for scripting is to consistently use key words at key moments that foster overall behaviors that build trust and patient satisfaction.
It is not just what staff say that is important, but the ultimate message communicated through the words that are spoken and the body language displayed that makes scripted responses meaningful.
Utilizing key words, or scripting, can be an important patient satisfaction tool that helps achieve positive results.

Great Explanations

Great Explanations are G.R.E.A.T.

A very important part of the workday requires that we give information and explanations to patients, guests and co-workers.
The way we communicate this information can be a powerful tool to satisfy patients, guests and each other. G.R.E.A.T explanations are an opportunity to impact patient perceptions. A G.R.E.A.T. explanation includes a beginning, middle and an end:

Greet and introduce.
Review previous treatments, encounters or information.
Explain what’s going to happen next.
Ask if they have any questions.
Tell when they can expect you back.

About Our Hospital

Doctors Hospital opened as a not-for-profit hospital in Coral Gables in 1949, with 98 beds and 24 bassinets. Just four years later, it became clear that the hospital needed to grow, and an extensive expansion project began. Soon after the expansion, the Dr. John T. Macdonald Foundation (a not-for-profit corporation founded by local physicians), bought the hospital and further increased its capacity with a major three-story addition to 225 beds and 48 bassinets.

Throughout the next 30 years, the foundation continued to expand Doctors Hospital to meet the community’s needs adding a renovated emergency department, a laboratory, cafeteria, medical records department and radiology. In 1992, HEALTHSOUTH Corporation bought Doctors Hospital and ran it as an acute care medical center, adding Florida’s first gamma knife in 1993.

Today, the Doctors Hospital’s nationally recognized Sports Medicine program serves the Miami Dolphins, the Florida Marlins, and the Miami Heat, as well as collegiate teams from the University of Miami and Florida International University. In October 2003, Baptist Health South Florida acquired the now 281-bed facility. Now part of the Baptist Health family of healthcare providers, Doctors Hospital remains a full-service, state-of-the-art facility offering a wide variety of medical specialties.
Appearance and Uniform Requirements

The general guidelines of dress code for institution are listed below; however, it is required for each student to review the specific dress codes policy for the department where they are doing their rotation.

Requirements for appearance:

1. Shoes and Hosiery:
   - Professional duty shoes appropriate for the uniform are to be worn (walking shoes, i.e. Reebok, Nike are acceptable).
   - All staff must wear socks/hosiery. Hosiery must be business like (i.e. no fishnet stockings).
   - Clinical staff is prohibited from wearing the following footwear: open toed shoes, shoes with holes on the top or sides; flip flops, and shoes which could be exposed to blood/body fluids.

2. Hair:
   - No extreme hair styles.
   - Beards, mustaches, and sideburns are to be neat and well trimmed.
   - The hair must be pulled away from the face and secured.

3. Fingernails:
   - Nails should be clean and short
   - Nail polish, if worn, may not be chipped, cracked, or peeling.
   - Nail ornaments are considered enhancements and may not be worn.

4. Jewelry:
   - Jewelry should remain conservative and understated (i.e. no extreme dangling jewelry).
   - Finger rings should be discreet and limited to two on each hand (wedding band and engagement rings count as one).
   - Earrings will not exceed 1” in length and ½” in diameter.

5. ID (identification) Badges:
   - Hospital identification badges must be worn at all times while on duty.
Badges are to be worn above the waist, picture side facing out.
Identification badges must be returned at the end of the rotation to Volunteer Services.

6. Doctors Hospital recognizes Friday as casual dress day:
- No jeans, shorts, Bermuda type shorts, or culottes (women’s trousers, usually knee-length or calf-length, cut full to resemble a skirt).
- No collarless shirts, T-shirts (including Baptist Health T-shirts), shirts that show the midriff or sheer fabric shirts. Baptist Health embroidered polo shirts may be worn on Fridays only.
- No baseball caps. No slipper type sandals or flip-flops.

7. Special Notes:
- Shirts/blouses must have sleeves that totally cover the shoulder. Casual tops, i.e. T-shirts, tank tops, top with lettering/pictures or sheer fabric shirts are not permitted.
- T-shirts may be visible when worn as undergarments.
- Denim scrubs or pants are not permitted.
- Culottes (split skirts) are not permitted.
- No scrub tops/jackets/pants with cartoon characters.
- Appropriate undergarments must be worn. Color of undergarments should be appropriate so as not to be visible through clothing.
- All students will follow this dress code policy while on hospital grounds for work related activities or when representing Doctors Hospital at any location or event.

**Sign-In Procedure**

**All Interns must sign in!**

- Students are required to sign in at the arrival and sign out at the end of the shift by inputting their student ID number, name, department, and time. **Time should be entered in 15 minutes increments.**
- Sign- In book is located at the Front Desk.

**Cell Phone Usage**

Personal cell phones are not to be carried when on duty. If cell phones are brought to the Hospital, they should be left in the lockers. If a student needs to be reached for emergencies during their shift, the Volunteer Services phone number and/or the phone number of the department they are in may be used for contact.
**Relationship with the Staff**

Each student works under the general supervision of the Department's Manager and staff. The staff member of the department will be responsible for orienting the students to the department, assigning their duties, pointing out any special restrictions or precautions, and for providing on-site supervision. Each student should report to their supervisor each time they arrive at the department or leave for the day. Department supervisor should be informed of any absences.

The department supervisor and the Department of Volunteer Services should be notified at once if a student becomes ill or is injured while on duty. If medical evaluation or treatment is necessary, it will be provided by the Employee Health Service or the Emergency Department, as appropriate.

**Student Benefits**

All students receive a 50% discount on cafeteria items by using their ID badge during their shift.

**Cafeteria Hours:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30am - 10:30am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>10:30am - 11:00am</td>
<td>Closed</td>
</tr>
<tr>
<td>11:00am - 2:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:00pm - 4:00pm</td>
<td>Snack</td>
</tr>
<tr>
<td>4:00pm - 4:30pm</td>
<td>Closed</td>
</tr>
<tr>
<td>4:30pm - 6:30pm</td>
<td>Dinner (on weekends from 5:00pm to 6:00pm)</td>
</tr>
<tr>
<td>6:00pm - Midnight</td>
<td>Hot Soup, Snack, Cold Sandwich</td>
</tr>
</tbody>
</table>

- Complimentary coffee/tea are available in the cafeteria are available between the hours of 7–10 a.m. and 2–4 p.m.
- Flu Shot and PPD Testing annually

**Parking**

First and second floor of the parking garage is off limits to all employees and students. Preferred parking for students is on the 5th and 6th floors of the parking garage. Free valet parking is available if you cannot park in the garage.

**Computers**

When given an assignment on a hospital computer:

- Restrict your activities to the job assigned. **DO NOT** use the computer for any other purpose.
- **DO NOT** access the Internet on a hospital computer and “explore” things on your own. If you need help, **ASK** for it.
“South Florida contains people with many different cultures, each with its own cultural traits and health profiles, which presents a challenge to our hospitals. Both our patient care staff and the patient bring their individual learned patterns of language and beyond our own limited set of values to achieve quality”.
Brian Keeley CEO Baptist Health South Florida

The Joint Commission standards require that healthcare organizations include cultural diversity and sensitivity training as part of employee/student orientation. Population-specific education must be completed annually.

Population specific care is care that is given in the most appropriate manner and at the most appropriate time. This means that it is appropriate to the culture of that individual patient. Our patients are often part of specific populations such as the young, elderly, and patients with a reduced ability to speak, understand, and/or read English. This is beyond the scope of what we traditionally think of as culture, (which is usually race, country of origin, native language, social class, religion, heritage, and acculturation). Culture actually includes the not so obvious, such as age, gender, sexual orientation, and mental or physical abilities.

**Cultural variations include the following:**

- Race
- Country of Origin
- Native Language
- Social Class
- Religion
- Mental or Physical Abilities
- Heritage
- Acculturation
- Age
- Gender

By learning how to provide care in a manner that is sensitive to our diverse cultural needs, we can minimize the care discrepancies between specific groups and ensure that every patient receives the care, treatment, and services they deserve.
Cultural Diversity

*What is it?*
- Different characteristics that make one individual different from other another.
- Unique physical characteristics that are noticeable immediately when meeting someone new.
- Determine how each individual thinks, believes, and behaves.
- All the influences that shape the way we approach work and daily living.

*Why Learn About Cultural Diversity?*

Caring for patients and working with individuals from many different cultures is an important part of the healthcare system today. Learning about different cultures benefits everyone. You can:

- Help patients receive effective care. Taking patient’s cultural views into account helps maintain their right to be treated with respect. They also respond to better care.
- Produce a better working relationship with staff.
- Improve job performance.

*Cultural Factors to Be Aware Of:*

**Country of Origin**

Most people who live in the US have roots in other countries. How long a person has lived here may affect his or her views in many areas of his/her life.

**Preferred Language**

People who are encouraged to talk or read in their own language may feel more at ease and understand better.

**Communication Style**

Nonverbal and verbal styles may differ. Tone of voice, touch, etc. will vary in cultures.

**Views of Health**

Some people may see illness as:

- Having a supernatural cause, such as punishment.
- Needing a certain traditional cure, such as an herbal remedy or a specific diet.
Family and community relationships

A patient may expect certain people to be involved in his or her care and be allowed to visit.

Religion

A patient’s religion may affect his/her consent to treatment, schedule of care, birth and death practices.

Food References

Religious, healing, and cultural practices can affect what food a person may eat or avoid.

Culturally Sensitive Tips:

Think before you speak:
Be sensitive to others. If you do accidentally offend someone, apologize immediately. To avoid embarrassing you, some people may deny that they felt offended. Even so, your apology will have been heard and silently appreciated.

Listen more:
Being heard increases a person’s self-esteem and confidence. Listening encourages people to be less defensive and to talk through concerns or problems.

Avoid generalized language:
Refrain from using words, images, and situations that suggest that all or most members of a particular group are the same. We aren’t.

A word about humor:
Be careful. Sometimes people are so relaxed in their conversations that they forget to consider how off-the-wall comments or jokes might hurt others.

Even if you don’t intend to hurt others:
Be aware of the role perception plays. If you think something you said or did may have been taken the wrong way, do some “perception checking.” Ask if your behavior was interpreted in a way you didn’t intend, and then clear up any misunderstanding.

At the same time recognize other people’s intentions when they speak:
Don’t be hypersensitive to a thoughtless remark and don’t take things too seriously.

How Can We Avoid Stereotyping?

While recognizing that there are many similarities among people from the same culture, it is important for health care providers to remember that each individual has a unique personal history, belief system, communication style, and health status. What may be true about some or
most individuals from a particular region or country may not be true of all individuals from that region or country. 

Some differences to look for include:

- People from rural areas may have been living a more traditional lifestyle than people who have emigrated to the U.S. from urban areas.
- Economic status and education can vary greatly among people from the same country.
- People from the same country may have migrated to the U.S. for very different reasons, including: seeking economic opportunity, escaping religious or ethnic persecution, fleeing civil strife, or joining relatives in America.
- There are important intra-region and intra-group variations among people from the same country, and cultural variations may be marked among generations.

**Communicating With a Patient of a Different Culture**

The key to adherence is effective communication between provider and patient.

There are four activities that can contribute greatly to this communication:

1. Asking nonjudgmental questions that help us understand the patient's perspective on the illness, its causes, and its possible treatments.
2. Listening carefully to the patient's replies, trying to pick up clues to the patient's understanding as well as his or her ability to adhere to a recommended treatment.
3. Involving the patient in active problem-solving.

**Here Are Some Examples of What To Ask:**

- Tell me about your family.
- Tell me about your traditions & rituals
- When a person is sick do you think that person can make themselves well?
- What do you think makes a person sick?
- Do you know anyone who has been to a folk healer or used folk medicine?
- What does being healthy mean to you?
- How do you keep yourself healthy?
- What do you do differently from your ancestors to stay healthy?
- What do you do when you are sick?
- Where do you get your health information?
### Cultural Awareness Tool

<table>
<thead>
<tr>
<th>Culture Group And Language</th>
<th>Belief Practices</th>
<th>Nutritional Preferences</th>
<th>Communication Awareness</th>
<th>Patient Care/ Handling of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>American English</td>
<td>Christian and Jewish beliefs are prominent. Many others exist in smaller numbers. Family oriented.</td>
<td>Beef, chicken, potatoes, vegetables, fast foods, ethnic foods.</td>
<td>Talkative, shake hands, not much touching during conversation. Prefer to gather information for decision-making. Some hugging and kissing.</td>
<td>Family members and friends visit in small groups. Expect high-quality care.</td>
</tr>
<tr>
<td>Canadian English, French and Inuit (Eskimo)</td>
<td>Protestant, Catholic and Jewish. 80% of the population lives within 1,000 miles of the United States border.</td>
<td>Comparable to American diet. French influence in Montreal and Quebec.</td>
<td>Prefer no touching or kissing. Take things at face value.</td>
<td>Follow nurses’ instructions. Take physicians at their word. Willing to wait for treatment.</td>
</tr>
<tr>
<td>Culture Group And Language</td>
<td>Belief Practices</td>
<td>Nutritional Preferences</td>
<td>Communication Awareness</td>
<td>Patient Care/Handling of Death</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Cuban Spanish</td>
<td>Catholic with Protestant minority. Santeria, which can include animal sacrifice.</td>
<td>Cuban bread, “café con leche”, Cuban coffee; roast pork, black beans and rice; plantains, “yuca”, chicken and rice.</td>
<td>Some may have a tendency to be loud when having a discussion. Use their hands for emphasis and credibility and prefer strong eye contact.</td>
<td>Culture requires visiting the sick; the extended family supports the immediate family. It is an insult to the patient if there is not a large family/friend presence.</td>
</tr>
<tr>
<td>Cayman English, with some changes in accents and verbs.</td>
<td>People are very religious. Majority of the island is Baptist or “Church of God”. Voodoo and psychics are outlawed.</td>
<td>Fish, turtle, beef, goat and conch; rice, beans and plantains; fried food very rich in fat; cooked or fried in coconut oil or milk.</td>
<td>Like to be acknowledged. Good eye contact. Prefer no touching or kissing. Very talkative and known for their friendliness.</td>
<td>Like to be told what is going on by doctor. Would rather talk to doctors than nurses. Prefer one-on-one care.</td>
</tr>
<tr>
<td>Culture Group And Language</td>
<td>Belief Practices</td>
<td>Nutritional Preferences</td>
<td>Communication Awareness</td>
<td>Patient Care/ Handling of Death</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td><strong>Argentinean Spanish</strong></td>
<td>90% Catholic, some Protestant and Jewish. Strong belief in saints, purgatory and heaven. People from rural areas may be more superstitious.</td>
<td>Emphasis on meat, especially beef. Homemade pastas, pastries, and local wines.</td>
<td>Talkative, very expressive, direct and to the point. Extroverted. Good eye contact. Like personal and physical contact such as holding hands, hugging and kissing.</td>
<td>Educated, yet reluctant to get medical attention or accept new medical advancements. Believe in natural and holistic remedies, herbal teas, pure aloe, natural oils, and politics. Family gets involved with caring for the ill family member.</td>
</tr>
<tr>
<td>Culture Group And Language</td>
<td>Belief Practices</td>
<td>Nutritional Preferences</td>
<td>Communication Awareness</td>
<td>Patient Care/Handling of Death</td>
</tr>
<tr>
<td>----------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chinese</td>
<td>Religions: Taoism, Buddhism, Islam, and Christianity. Harmonious relationship with nature and others; loyalty to family, friends and government. Accommodating, not confrontational. Modesty, self-control, self-reliance, and self-restraint. Hierarchical structure for interpersonal and family relationships.</td>
<td>Belief of “yin” (cold) and “yang” (hot) when they are sick. No food with “yin” after surgery (e.g. cold desserts, salad) Often lactose intolerant. Diet consisting of vegetables and rice.</td>
<td>Quiet, polite and unassertive. Suppress feelings of anxiety, fear, depression and pain. Eye contact and touching sometimes seen as offensive or impolite. Emphasize loyalty and tradition. Self expression and individualism are discouraged.</td>
<td>Women uncomfortable with exams by male physicians. May not adhere to fixed schedule. May fear medical institutions. Use a combination of herbal and Western medicine at the same time.</td>
</tr>
</tbody>
</table>
# Age Specific

## Infants: 0 to 12 months

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Source of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops trust when needs are met consistently and effectively</td>
<td>Crying</td>
<td>Separation from parents and primary caregivers</td>
<td>Presence of primary caregiver or parent</td>
</tr>
<tr>
<td>Develops mistrust when they are not</td>
<td>Whimpering</td>
<td>Fear of strangers</td>
<td>Holding</td>
</tr>
<tr>
<td>Is totally dependent on others for all needs</td>
<td>Facial expressions</td>
<td></td>
<td>Rocking</td>
</tr>
<tr>
<td>Gratification and stimulation are achieved through the mouth</td>
<td>Lack of responsiveness to caregivers, feelings</td>
<td></td>
<td>Favorite toy or object</td>
</tr>
<tr>
<td>Forms a meaningful relationship with the primary caregivers</td>
<td>Changes in level of alertness</td>
<td></td>
<td>Sucking</td>
</tr>
<tr>
<td>Develops stranger anxiety around 8 months</td>
<td>Sleep disturbance</td>
<td></td>
<td>Self-comforting</td>
</tr>
<tr>
<td></td>
<td>Clinging to primary caregiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Withdrawal, unusual stillness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Toddler: 1 to 3 years**

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Source of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Crying (whimpering to screaming)</td>
<td>Fear of separation from parents, primary caregiver</td>
<td>Presence of parent or primary caregiver</td>
</tr>
<tr>
<td></td>
<td>Withdrawal</td>
<td>Fear of immobility, restraint</td>
<td>Holding</td>
</tr>
<tr>
<td></td>
<td>Refusal of everything</td>
<td>Fears of intrusion</td>
<td>Rocking</td>
</tr>
<tr>
<td></td>
<td>Hides face</td>
<td>Has a literal interpretation of concepts</td>
<td>Favorite toy or object</td>
</tr>
<tr>
<td></td>
<td>Anxious facial expressions</td>
<td></td>
<td>Sucking</td>
</tr>
<tr>
<td></td>
<td>Flailing arms and legs; holds body rigid if in pain</td>
<td></td>
<td>Self comforting</td>
</tr>
<tr>
<td></td>
<td>Touches hurt body part</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rejection of everyone except parents and primary caregivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of responsiveness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Autonomy versus shame and doubt
- Develops autonomy through exploring
- Develops shame and doubt if consistently criticized for expressing autonomy or lack of control
- Is egocentric
- Says NO to everything
- Separation anxiety develops around 8 to 24 months
- Tolerates minimal separation from parents and primary caregivers
- Displays increasing curiosity
- Language skills improve
- Begins stage of “original thinking”
## Preschool: 3 to 6 years

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Source of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Crying, screaming, shrieking</td>
<td>Fears separation from family, home environment</td>
<td>Presence of family, consistent caregivers</td>
</tr>
<tr>
<td></td>
<td>Withdrawal</td>
<td>Associates pain with punishment</td>
<td>Familiar books and toys</td>
</tr>
<tr>
<td></td>
<td>Concerned with how pain affects him/her</td>
<td>Fears body mutilation</td>
<td>Play activities, games, distractions</td>
</tr>
<tr>
<td></td>
<td>Regression (loss of bladder/bowel control)</td>
<td>Fears darkness and the unknown</td>
<td>Consistent caregivers (staff) for painful or frightening procedures</td>
</tr>
<tr>
<td></td>
<td>Anxiousness. Asks what you are doing and why?</td>
<td>Fantasizes</td>
<td>Fantasy</td>
</tr>
<tr>
<td></td>
<td>Fearful of intervention</td>
<td>Remembers and fears pain</td>
<td>Mobility—going to the playroom</td>
</tr>
<tr>
<td></td>
<td>Able to describe location of pain and intensity</td>
<td></td>
<td>Simple explanations</td>
</tr>
</tbody>
</table>

- Is in a continuous stage of magical thinking; has difficulty distinguishing fantasy from reality
- Demonstrates animism—the belief that unreal objects are real
- Begins to master play and movement and control of bowel and bladder
- Develops a conscience
- Learns to share
- Becomes more of an individual
- Develops longer separation from parent, primary care giver
- Becomes more verbal, but limited in thought processes
- Child feels responsible for causing an illness
## School Age: 6 to 12 years

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Source of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td> Seeks acceptance and approval from peers</td>
<td> Withdrawal</td>
<td> Fear of feeling</td>
<td> Relationships with peers</td>
</tr>
<tr>
<td> Responds to positive interaction</td>
<td> Anger, aggressiveness</td>
<td> Separation from peers</td>
<td> Ability to engage in tasks</td>
</tr>
<tr>
<td> Vacillates between dependence and independence</td>
<td> Dependence</td>
<td> Fear of rejection of peer group</td>
<td> Presence of supportive, understanding adult</td>
</tr>
<tr>
<td> Logical thought and deductive reasoning</td>
<td> Regression</td>
<td> Fear of mutilation</td>
<td> Explanations at a child’s level of understanding</td>
</tr>
<tr>
<td> Self-control, and body image changes, sexuality and role development very important.</td>
<td> Rejection</td>
<td> Fear of loss of self-control</td>
<td> Participation in own care</td>
</tr>
<tr>
<td></td>
<td> Able to describe pain</td>
<td> Fear of visible disabilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td> Depression</td>
<td> Has a poor understanding of body functions</td>
<td></td>
</tr>
</tbody>
</table>

-Fear of feeling

-Separation from peers

-Fear of rejection of peer group

-Fear of mutilation

-Fear of loss of self-control

-Fear of visible disabilities

-Has a poor understanding of body functions

-Relationships with peers

-Ability to engage in tasks

-Presence of supportive, understanding adult

-Explanations at a child’s level of understanding

-Participation in own care
### Adolescent: 12 to 21 years

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Source of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Seeks acceptance and approval from peers</td>
<td>❖ Withdrawal</td>
<td>❖ Rejection</td>
<td>❖ Presence of primary care givers or parent</td>
</tr>
<tr>
<td>❖ Responds to positive interaction</td>
<td>❖ Anger, aggressiveness</td>
<td>❖ Inferiority</td>
<td>❖ Relationships with peers and friends</td>
</tr>
<tr>
<td>❖ Vacillates between dependence and independence</td>
<td>❖ Dependence</td>
<td>❖ Loss of control</td>
<td>❖ Consistent care givers</td>
</tr>
<tr>
<td>❖ Logical thought and deductive reasoning</td>
<td>❖ Regression</td>
<td>❖ Pain</td>
<td>❖ Consistent roommates</td>
</tr>
<tr>
<td>❖ Self-control, and body image changes, sexuality and role development very important.</td>
<td>❖ Rejection</td>
<td>❖ Separation from peers</td>
<td>❖ Interest, hobbies incorporated in daily schedule</td>
</tr>
<tr>
<td></td>
<td>❖ Able to describe pain</td>
<td>❖ Concerns are: Future (e.g. relationships, sexual competency, fertility)</td>
<td>❖ May prefer siblings to parents at times</td>
</tr>
<tr>
<td></td>
<td>❖ Depression</td>
<td></td>
<td>❖ Need to have control over situation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❖ Requires solitude</td>
</tr>
</tbody>
</table>
**Adult: 21 to 65 years**

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Source of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieving independence</td>
<td>Full-time employment</td>
<td>Loss of Independence</td>
<td>Explaining procedures</td>
</tr>
<tr>
<td>Developing long-term relationships</td>
<td>Desire to complete tasks without assistance</td>
<td>Loss of Control</td>
<td>Involving patient/significant other in care decisions</td>
</tr>
<tr>
<td>Self-actualization</td>
<td>Presence of significant other instead of parents</td>
<td>Loss of Privacy</td>
<td>Provide privacy</td>
</tr>
</tbody>
</table>
### Geriatric: 65 and older

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Source of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Accepting life with serenity</td>
<td>▶ May take multiple prescriptions and over-the-counter medications</td>
<td>▶ Change</td>
<td>▶ Presence of family or other support</td>
</tr>
<tr>
<td>▶ Adjusting to new limitations, decreased physical strength and overall health</td>
<td>▶ May forget to take medicine</td>
<td>▶ Loss of support</td>
<td>▶ Involvement in decisions</td>
</tr>
<tr>
<td>▶ Adjustment to retirement and financial changes</td>
<td>▶ Changes in gastro-intestinal functions may alter effects of prescription resulting in toxicity or adverse reaction</td>
<td>▶ Loss of control</td>
<td></td>
</tr>
<tr>
<td>▶ Adjusting to new pattern of social and civic responsibilities</td>
<td>▶ May have difficulty concentrating</td>
<td>▶ Loss of independence</td>
<td></td>
</tr>
<tr>
<td>▶ Adjusting to reorganized family patterns</td>
<td>▶ Short-term memory span may decrease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ Adjusting to death of a spouse or other loved one</td>
<td>▶ Sleep disturbances may occur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ Establishing affiliates with one’s age group</td>
<td>▶ There may be a loss of interest in life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ Maintaining satisfactory living arrangements</td>
<td>▶ Potential decreased response to exertion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ Accepting death with serenity and assisting others to accept death</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Patients with a Reduced Ability to Speak, Understand, and/or Read English

If your patient is illiterate or speaks a foreign language, giving them written materials will only increase their confusion.

*Asking someone who has reduced literacy whether they understand what you just gave them to read may make them too embarrassed to admit their difficulty.*

Another issue is the problem experienced by clinicians for whom English is a second language. Another staff member in the unit should help them communicate more clearly.

Patients should be encouraged to say:
"I don't understand what you're saying, Doctor. Can you explain?"

- Providing an adequate understanding of a patient's illness can often be invaluable in reducing a patient's fear and anxiety. The patient’s understanding of his/her plan of care is instrumental in bringing about a more positive outcome for the patient. As healthcare workers it is important to consider the patient’s individual needs, including her/his specific population when communicating with our patients

Using an Interpreter

It is an inappropriate responsibility for families to take on the role of interpreter and may actually place the provider in violation of the Civil Rights Act of 1964 and the August 30, 2000 Office for Civil Rights (OCR) Policy Guidance.

The rationale for using professional interpreters is clear. Professional interpreters have been trained to provide accurate, sensitive two-way communication and uncover areas of uncertainty or discomfort. Family members are often too emotionally involved to tell the patient's story fully and objectively, or lack the technical knowledge to convey the provider's message accurately.

Although it may seem natural to look at the interpreter when you are speaking, you want the patient to feel that you are speaking to her/him, so you should look directly at her/him, just as you would if you were able to speak her/his language.

It is best to speak in a normal tone of voice, and at a normal pace, rather than pausing between words.

Because of differences in grammar and syntax, the interpreter may have to wait until the end of your sentence before beginning to interpret. Remember to pause after one or two sentences to allow the interpreter to speak.

When you need further information, or need to clarify what the patient has said, clearly tell the interpreter what you want asked of the patient. Although you may ask the interpreter to add his or her opinion of what the patient really meant, try to get as close as possible to the patient's actual words and intent.
We establish and maintain a secure, respectful and trusting environment for patients, guests, coworkers and others. Patient and organizational information is kept confidential and respected as privileged information.

**Doctors Hospital abides by a code of ethical conduct, which addresses ethical behavior in patient care, education, public health, social service, and business functions.**

The code takes into account the needs and values of our hospital, its physicians and employees, those of individual patients, their families, and the community as a whole.

Doctors Hospital provides a mechanism to address ethical concerns of issues pertaining to patient care.

**General Guidelines:**

- Know the laws and regulatory requirements that apply to your job.
- Follow the compliance standards and procedures that apply to your job.
- When in doubt, ask your supervisor or the Compliance Office.
- Report suspected wrongful conduct in good faith and as soon as possible.
- Keep accurate records.
- Be loyal to the system and avoid conflicts of interest.
- Use the hospital facilities and equipment only for hospital business.
- Do not accept gifts of more than nominal value.
- Do not accept cash or cash equivalents from patients, families, and visitors.
- Maintain the confidentiality of patient and business information and records.

**Ethical and Legal Compliance Program**

The Corporate Compliance should be completed annually.

**How Do I Report Concerns?**

You are encouraged and expected to report your patient safety concerns through the chain of command, all the way to the CEO if necessary. You may report concerns without fear of
discipline or retaliatory action. A confidential Baptist Health Compliance Hotline (888-492-9329) is available to foster resolution of concerns. If you observe a situation that is a concern which you believe is not being adequately addressed, you may report this to The Joint Commission Organization at 800-994-6610. No disciplinary action will be taken if an employee reports safety or quality of care concerns to the Joint Commission.

**What Do I Do if I Suspect a Physician to be Impaired?**
All individuals working in the entity who have a reasonable suspicion that a physician may be impaired are required to report the physician's behavior immediately to their supervisor or manager.
An incident report must be filed and will include a factual description of the incident(s) that led to the belief that the physician may be impaired. If deemed appropriate, the entity will refer all impaired physicians to the Physician Resource Network (PRN) at 800-888-8776.

**Safe Patient Handling**
The mission of the Safe Patient Handling Program is to provide a safe environment for our patients as well as our staff when performing patient handling and movement tasks. Safe patient handling reduces patient falls, assists in the prevention of skin breakdown, and reduces staff injuries. Patient Mobility Equipment is available and should be used per BHSF policy 682.01 in all patient care areas which require manual handling of patients. Patient mobility assessment is the foundation for selecting the appropriate device when moving patients. Equipment includes total lifts, standing aids and friction reducing devices for bed mobility. Transfer Mobility Coaches act as resources on each unit. Safe Patient Handling resources are also available on the BHSF intranet.

**HIPAA and Confidentiality**

*Safeguarding this information and the patient’s right to privacy, is an ethical and legal obligation (HIPAA) for those who work in a hospital.*

In the provision of quality care, discussions regarding patient care and treatment are necessary; however, discretion is very important. It is the responsibility of all employees, staff, students and volunteers to refrain from discussing patients in inappropriate places (i.e. elevators, hallways and cafeteria).
Patient information should not be discussed with anyone in the hospital unless it pertains directly to his or her job, and then the discussion should take place away from public areas. Maintaining patient confidentiality requires a conscious effort by every employee and student. Confidential information may include information regarding the patient’s identity, medical and emotional condition, and financial situation. To protect confidentiality, medical information should be accessible only to those who “need to know” in order to deliver effective care.
What is HIPAA?

The Standards for privacy of Individually Identifiable Health Information (“Privacy Rule”) establishes, for the first time, a set of national standards for the protection of certain health information. HIPAA is the common name for the “Health Insurance Portability and Accountability Act” a federal law that has improved many things within health care and health insurance.

HIPAA protects your health insurance coverage when you change jobs –the “Insurance Portability” part. HIPAA protects our patients’ personal Medical records –the “Accountability” part as well.

What Are Patients’ New HIPAA Rights?

- The right to get a copy of Baptist Health’s Notice of Privacy Practices.
- The right to request to see and copy their medical records.
- The right to request restrictions on the use and disclosure of medical information.
- The right to request to receive confidential information at an alternative address or phone number.
- The right to request an amendment of their health information.
- The right to request an accounting of disclosures of their medical records for non-routine purposes (other than treatment, payment, and healthcare operations.)
- The right to file a privacy complaint.
- The right for an opportunity to be included or excluded from the facility telephone switchboard directory. (Name, location within the facility, and religious affiliation, or all three.)

What is Protected Health Information (PHI)?

PHI refers patients’ personal and confidential health information past, present or future. This is what HIPAA protects.

How Do I Protect the Privacy of Those I Know?

- Take special care to protect the privacy of acquaintances who are patients.
- Do NOT discuss their health care services with anyone who is not directly involved in their care.
- Do NOT ask why they are a patient, or their reasons for accessing (seeking) health services.
- Ask if there is anything you can do for them.
 Do NOT ask about their private health information unless it is for patient care purposes.
 Never leave sensitive or confidential information in a trash bin. Destroy all papers that contain PHI. ALWAYS follow the proper paper disposal procedure. For example: use secure bags, shredders, and locked ‘shred-it’ bins. Locked, shredder disposal bins are located throughout BHSF.

**Visiting People You Know….**

 It is not permitted to visit acquaintances or relatives who are in the hospital if you learned that they are a patient as a result of your position at BHSF.
 If a patient has opted out of the directory, and has not invited you to visit, you may not.
 You may visit friends/relatives who notify you of their hospitalization and invite you to visit.

**Directory Script**

We always list our patient’s name and location in our telephone switchboard directory to allow for family and friends to call, visit, or send flowers. Under the federal privacy law, a patient may choose not to be listed. This means that we will not be able to direct patient telephone calls, inquiries or flower deliveries, nor let their family or friends know that they are here. The following categories describe ways that we may use and disclose health information that identifies the patient. (“Health Information”):

a) For Treatment
b) For Payment
c) For Healthcare Operations

**Who Can Assist Me with Privacy or Security Issues?**

When it comes to patient privacy, you are never alone! If you are located at one of the hospitals or a BOS site, please contact the Patient & Guest Services Department at each location for assistance with any privacy concerns. The Privacy Office can also be contacted directly at the HIPAA Hotline at 786.596.8850.
This section will prepare you to safely respond to emergency situations at work and in your personal life as well. Environment of care refers to the situation in which you work and in which you care for patients. You need to know how to respond, and what procedures to follow, when facing unexpected events/emergencies in order to ensure safety for all.

What is the Joint Commission?

The Joint Commission, formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), is a private sector -based not-for-profit organization. The Joint Commission operates voluntary accreditation programs for hospitals and other organizations. The mission of The Joint Commission is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

The unannounced full survey is a key component of The Joint Commission accreditation process. "Unannounced" means the organization does not receive an advance notice of its survey date. The Joint Commission began conducting unannounced surveys on January 1, 2006. Surveys will occur 18 to 39 months after the organization's previous unannounced survey.

Preparing for a Joint Commission survey can be a challenging process for any healthcare provider. At a minimum, a hospital must be completely familiar with the current standards, examine current processes, policies and procedures relative to the standards, and prepare to improve any areas that are not currently in compliance. The hospital must be in compliance with the standards for at least four months prior to the initial survey. The hospital should also be in compliance with applicable standards during the entire period of accreditation, which means that surveyors will look for a full three years of implementation for several standards-related issues.

If you as a student have concerns about the safety or quality of care provided in our organization, you may report these concerns to the Joint Commission at www.jointcommission.org.

There are things you can do now to help prepare for the next survey.

- Be informed. Know what your duties are within your department. Watch for information regarding the upcoming visits in the form of signs and mailings.
- If asked questions, don’t panic. Just talk about what you know.
- Review your handbook.
Emergency Codes

For any type of emergencies

PRESS # AND THEN DIAL 7777

CODE BLACK: Signals that the hospital has received a bomb threat. Report with location.

CODE RED: Signals a fire has been discovered and to immediately follow hospital fire safety procedures. Report with location.

CODE BLUE: Signals an actual or potential cardiopulmonary arrest. Report with location.


CODE STORK: Missing infant under 28 days old. Report with description (age, sex, and hair color).
**CODE ADAM:** Missing person over 28 days old. Report with description (age, sex, and hair color).

![Code Adam Image]

**CODE GREEN:** Signals a staff member needs assistance with a combative person. Report with location.

![Code Green Image]

**CODE ORANGE:** Signals impending childbirth without an obstetrician present. Report with location.

![Code Orange Image]

**CODE WHITE:** Signals a hazardous material has been spilled or leaked. Report with location.

![Code White Image]

**CODE RESCUE:** Signals serious patient clinical deterioration. Report with location.

![Code Rescue Image]

**CODE 9:** Signals illness or injury to a visitor or employee has occurred within the hospital. Report with location.

![Code 9 Image]
**CODE 250:** Signals illness or injury to a visitor or employee has occurred outside on hospital grounds. Report with location.

**CODE DELTA: INTERNAL:** Signals the hospital is putting its internal disaster plan in effect to meet its responsibilities for the care of emergency casualties.

**CODE DELTA: EXTERNAL:** Signals the hospital is putting its external disaster plan in effect to meet its responsibilities for the care of emergency casualties.

**CODE HELP:** It is an emergency response system a patient and/or family can use to bring a team of medical professionals to the patient’s room for immediate medical assistance.

**CODE SILVER:** Signals active threat or active shooter on premises. Report with location.

**CODE GREY:** Utility failure. Report with location.
Fire Safety

Fire safety is everyone’s responsibility. Every employee/student/volunteer needs to know how to prevent fires, move patients from danger, sound the alarm, and extinguish small fires effectively. All employees/student/volunteers can help to prevent fires by following some basic rules of safety, such as:

- obey and enforce smoking rules
- never smoke around oxygen or flammable liquids
- don’t use equipment that has frayed or cracked wires
- don’t overload electrical outlets
- be aware of the locations of fire exits and fire extinguishers

What Do You Need To Do In Case Of A Fire?

Remember the word “RACE”

R.A.C.E. is an acronym to help you remember what to do in the event of a fire.

Rescue anyone in immediate danger from the fire. Move patients horizontally first. If a whole floor is in danger, move to the next lower floor. Never use elevators to evacuate. Evacuate ambulatory patients first to reduce confusion and congestion.

Alarm your co-workers by dialing #7777 or activating the fire alarm box. Report a “Code Red” and give the exact location.

Contain the fire by closing all doors and windows. Shut off air-conditioning and fans, if possible.

Extinguish a small fire, if possible, with an ABC fire extinguisher or smother it with a blanket.

Only fight small fires contained in a small area. A multipurpose fire extinguisher (Type ABC) can be used on all three types of fires: solid material, electrical, and flammable liquids.

In case of fire, remain calm – it is important to prevent panic. This will be easier if you know the fire emergency plan, know the location of fire equipment, alarms and exits, and participate fully in fire drills. Fire alarm boxes are located at each fire exit and all nurse stations. Take the time to look around your work area for the location of fire pulls and extinguishers. If you are discharging a patient at the time of a fire and have not left the floor, please bring the patient back to the nurse.
**Horizontal/Lateral Evacuation of Patients**

During a Code Red it may be necessary to evacuate patients due to smoke or the possible spread of the fire. In most cases, patients should be left in their rooms with the doors closed. Evacuation is only used in extreme cases. When it becomes necessary to evacuate patients, we will use the horizontal/lateral evacuation which means patients are first moved from the area they are in to a different area on the same floor. For example, we can move the patients from 3-South to 3-West. By doing this, the patients are moved to a different smoke isolation compartment without using stairwells. The elevators will not work during a Code Red. When Code Red alarm is activated, doors that separate smoke isolation compartments close automatically.

**Remember the Word “PASS”**

if you need to use a fire extinguisher

- **P** – Pull the pin from the handle
- **A** – Aim the nozzle to the base of the fire
- **S** – Squeeze the handle to operate
- **S** – Sweep along the base of the fire

**How Can I Tell if It's A Real Fire?**

When there is a fire alarm, the chimes and bells will activate, and the lights will continue to flash. The flashing lets us know that the possibility of a real fire still exists. An "all clear-Code Red" announcement over the P.A. system tells us there is no further danger of a fire.

**Oxygen Shut-off Valves**

Only respiratory therapy, in cooperation with the Engineering department may turn off the oxygen.

**Florida Right to Know Law**

**Hazardous Materials**

The Florida Right to Know Law protects workers who handle chemicals. If you work with hazardous materials, your employer is required to provide a four-part hazard program which includes employee training, a written program, Material Safety Data Sheets, and a warning about your level of risk for exposures to hazardous substances. If you have questions about safe work practices, talk to your manager or educator.
**Material Safety Data Sheets (MSDS)**

All manufacturers and vendors supplying the hospital with substances deemed toxic by state and regulatory agencies must provide the hospital with an MSDS for each substance. The MSDS is a document containing standardized information about the properties and hazards of listed toxic substances. A substance’s chemical name, trade name, manufacturer, physical properties, health hazards, and storing requirements are some of the information listed on the MSDS. The MSDS also advises you on the health effects in case of exposure, first aid treatment for injury or exposure, emergency procedures, and safe clean-up procedures for spills. All containers with hazardous chemicals must be properly labeled.

If you discover a spill, report it immediately. The supervisor in your assigned area will obtain the Material Safety Data Sheet for hazardous substances. You may also access to MSDS calling 1-800-451-8346. When you call, state the name of the product and provide the fax number 786-308-3596 for documents to be faxed.

**Hazardous Materials Safety (HAZ-MAT)**

Hazardous materials can be found everywhere; whether they are in the chemicals you use at home or work or the hazardous substances that can be used in acts of terrorism. The effects can range from mild discomfort to disability and death.

**RECOGNIZE** - Be aware of your surroundings and recognize when a hazard might be present. Unusual odors, vapors, spilled liquids or powders in the area or on a person can be clues that a hazard exists.

**AVOID** - Avoid contact with the substance or exposed person. Don't become a victim yourself. If you are contaminated, you become part of the problem instead of becoming part of the response.

**ISOLATE** - If a possible hazard exists evacuate the area and keep others from entering the area. If faced with a contaminated person, attempt to keep others from being exposed. If possible keep the victim outside.

**NOTIFY** - Call the operator and advise them of the situation. The operator will announce the appropriate emergency code and dispatch trained response personnel. Every BHSF hospital has trained personnel and protective equipment for internal response, and Baptist Hospital is a designated HAZ-MAT receiving facility.

**MRI Safety**

The MRI magnet is ALWAYS ON, even when the scanner is not in use. The magnetic field cannot be seen, makes no sound and offers no warning sign that it is present. Whether you are transporting a patient to MRI, cleaning the MRI room or having an MRI yourself, NEVER ENTER THE MRI SCAN ROOM unless the MRI technologist tells you that it is safe to do so. Be aware of safety procedures and observe all warning signs.
All metal objects must be kept away from the MRI scan room. Items such as stretchers, oxygen tanks, IV poles, life support equipment, crash carts, fire extinguishers, floor polishers, buckets, patients’ charts, clipboards, ID badges, credit cards, cell phones, beepers, pens, scissors, jewelry, hair clips, etc., cannot be taken into the MRI scan room. Any metal object can become a dangerous projectile in the vicinity of the MRI magnet and can injure patients and/or employees.

**Radiation Safety**

Follow these simple guidelines to avoid or minimize radiation exposure from X-ray machines or other radioactive material:

1. Yellow “Caution, Radiation Materials” signs indicate that the room/area is a place where radioactive materials are used or stored. Do not go into these areas without authorization.
2. If your duties require that you enter these areas, follow these three principles: TIME, DISTANCE, and SHIELDING. Minimize the amount of TIME you spend in the area to reduce or avoid significant radiation exposure. Maintain a DISTANCE of about 3 – 6 feet from radiation sources. Wear appropriate protection or stand behind an appropriate barrier to ensure SHIELDING.
3. Do not smoke, eat, or drink in areas labeled with the yellow “Caution, Radiation Material” signs.

**Smoke Free Environment**

All Baptist Health facilities are smoke free, which means that no smoking is permitted inside the buildings. Employees/patients wishing to smoke should do so in designated outside smoking areas.

**Violence in the Workplace**

Employees and students may implement the violent person code procedure when a visitor, patient, or employee demonstrates aggressive behavior which causes one to reasonably believe that he/she or another person is in immediate danger of serious bodily harm.

**What to Do in Case of a Confrontation**

- Dial the emergency line to initiate a code and notify the Operator, giving the exact location. Emergency line is #7777.
- The operator will call Security via radio and alert them of the situation.
- The Security Supervisor and/or designee will physically respond to all violent situations.
- The Security Officer will attempt to use reasonable verbal efforts to resolve the situation.
The Security officer will attempt to use an appropriate amount of force against an aggressor when it appears they may be seriously injured and all reasonable verbal efforts have been exhausted.

If the use of force and/or restraints is required to control the aggressor, the Police Department will be called and a report filed. Pressing charges is the option of the victim.

An Incident Report Form will be completed by the Security Officer in all cases and forwarded to Risk Management.

**Verbal Warning Signs of Violence:**

- Talking about weapons.
- An angry or threatening tone of voice. Shouting, screaming, cursing.
- Making threats or sexual comments.
- Challenging rules or authority.
- Making unreasonable demands.
- Expressing irrational thinking.

**Physical Signs Include:**

- Having a weapon.
- Nervous pacing, restlessness.
- Clenching fists or jaw, tightly gripping. Angry looks or staring.
- Violent gestures, pounding on or breaking objects.
- Acting drunk or under the influence of other drugs, staggering, slurred speech, etc.

**What Are the Basic Rules for Violence Prevention?**

- Be aware of your surroundings: spot trouble before it starts.
- Report every incident.
- Trust your feelings.
- Always follow proper security procedures.
- Do not try to be a “hero”.

**If Someone Shows Signs of Losing Control**

- Alert security and other staff.
- Stay calm. Stay alert. Talk slowly and softly.
- Keep a safe distance from the person.
- Leave yourself an escape path.
- Listen to the person, be supportive.
Infection Control

It’s everyone’s business

All members of the Hospital Staff, including students, must cooperate in controlling the spread of infection. Procedures for the control of infection are designed to minimize the spread of infection from patient to patient, patient to personnel (including students and volunteers), and personnel to patients.

The Purpose of Infection Control is to identify:

- How infections are spread
- How to protect patients and visitors
- How to protect yourself as a health care worker

What Is An Infection?

An infection is a condition resulting from the presence and invasion of the body by microorganisms (bacteria, virus, and fungus).

Infections are transmitted or spread by these types of contact:

- Direct Contact
- Indirect
- Droplet
- Vehicle (e.g. instruments)
- Airborne
- Vector (e.g. insect)

Hand washing

Hand hygiene is the single most important procedure for preventing nosocomial infections. Good hand hygiene practices shall be followed by all personnel.
Indications for Hand washing and Hand Antisepsis

- When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with soap and water followed by an alcohol based product.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations.
- Decontaminate hands before having direct contact with patients
- Decontaminate hands after contact with a patient’s intact skin.
- Decontaminate hands after contact with body fluids or excretions.
- Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- Decontaminate hands after removing gloves.
- Before eating and after using a restroom, wash hands with non-antimicrobial soap and water or with antimicrobial soap and water.

Hand-hygiene Technique

A. When decontaminating hands with an alcohol-based hand rub:

- Apply product to palm of one hand
- Rub hands together, covering all surfaces of hands and fingers until hands are dry.
- Follow the manufacturer’s recommendations regarding the volume of product to use.

B. When washing hands with soap and water:

- Wet hands first with water.
- Apply product to palm of one hand
- Rub hands together vigorously for at least 15 seconds. (A good technique to use is if you sing "Happy Birthday" to yourself while you are soaping your hands, you will be washing your hands for at least 15 seconds)
- Cover all surfaces of the hands and fingers.
- Rinse hands with water and dry thoroughly with a disposable towel.
- Use towel to turn off the faucet if no knee or elbow control is available.
- Avoid hot water; repeated exposure to hot water may increase risk of dermatitis.

Fingernail Policy:

Fingernails should be short, clean, and healthy, with natural nail tips less than ¼ inch long. Nail polish, if worn, may not be chipped, cracked, or peeling.
**Health Requirements**

- Any student with draining lesions (including fever blisters) should refrain from duty until the condition has cleared.
- Students are to excuse themselves from the hospital for symptoms of respiratory or gastrointestinal infection, or other infectious disease until the condition resolves.
- We require that all students be in good physical health. Problems must be disclosed during the interview or as they develop.

**Blood and/or body fluid exposure**

**a.** Exposure is defined as:

- A needle stick or cut from a contaminated needle or other instrument.
- Blood or body fluid splashed into eyes or mouth.
- Prolonged skin exposure to large amounts of blood especially when the exposed skin is chapped, abraded, or afflicted with dermatitis.

**b.** Any student sustaining exposure as defined above is to receive first-aid immediately, report the incident to his/her supervisor and to the director of Volunteer Services or designee, complete an incident report, and be evaluated by Employee Health Services.

**c.** PPD (tuberculin) skin tests are done initially and annually thereafter. Individuals with a positive response will be appropriately counseled.

**Specimen Handling Guidelines**

The handling of human specimens, including blood and body fluids, requires that certain precautions be used to minimize the potential for exposure. The following information provides guidelines for those precautions needed to protect you and others from exposure to blood and/or body fluids.

It is the policy of Doctors Hospital to consider ALL body fluids as potentially infectious in accordance to Standard Precautions. Standard Precautions require the use of barriers whenever there is a potential for contact with blood and/or body fluids. All body fluids/tissue are handled as potentially infectious.

Use of barrier (protective apparel) precautions is intended to prevent skin and mucous membrane exposure to blood and/or other body fluids. When contact with blood or other body substances (of any source/patient) is anticipated, potential personal protective apparel must be worn. Examples of protective barriers are gloves, masks, gowns, face shields, etc...
Standard/Universal Precautions

CONSIDER ALL PATIENTS TO BE POTENTIALLY INFECTIOUS.

Use appropriate barrier precautions/personal protective equipment (PPE), such as: gloves, gown, mask and goggles, as indicated below:

- When touching blood, body fluids, mucous membranes, or non-intact skin of all patients.
- When handling items or touching surfaces contaminated with blood or body fluids.
- During procedures that are likely to cause splashes of blood or other body fluids (to protect the mucous membranes of the eyes, nose, and mouth).

<table>
<thead>
<tr>
<th>Do’s to Prevent Spreading Infection</th>
<th>Don’ts to Prevent Spreading Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Wash hands</td>
<td>- Do not report for your shift if you are sick, especially if you have a fever, diarrhea, or a skin infection.</td>
</tr>
<tr>
<td>- Complete/update immunization record</td>
<td>- Do not eat or drink in a patient’s room.</td>
</tr>
<tr>
<td>- Discard instruments in the right container</td>
<td>- Do not drink or eat anything from a patient’s tray.</td>
</tr>
<tr>
<td>- Be tested for Tuberculosis annually</td>
<td>- Do not enter an isolation room.</td>
</tr>
<tr>
<td>- Use Personal Protection Equipment (PPE)</td>
<td>- Do not attempt to clean up spilled specimens.</td>
</tr>
<tr>
<td>- Practice good personal hygiene</td>
<td></td>
</tr>
</tbody>
</table>

Students should not routinely engage in tasks that require contact with items or surfaces visibly soiled with blood or other body fluids. Should a situation arise in which contact could occur, gloves are available in all patient care areas. When gloves are worn for contact with blood or other body fluids, they are to be removed after contact and discarded, and the hands are to be washed.
**Isolation**

Baptist Health has adopted the Centers for Disease Control (CDC) Guidelines for Isolation Precautions. It is broken into **two tiers**, as follows:

**Tier One**, known as **Standard Precautions**, applies to all patients. Gloves are to be worn when having direct contact with any patient's body substance (for example, blood, urine, feces, drainage, sputum) and hands are to be washed before and after patient contact and after removal of gloves.

**Tier Two**, known as **Transmission-Based Precautions**, applies to patients infected with a communicable disease. Refer to interdepartmental policy for assistance in completing the **STOP sign** that is placed on the front of the patient's chart. It instructs those entering about what is needed to protect them from potential exposure.

![STOP Sign](image)

To indicate that the room is under isolation, the stop sign is placed on the patient’s door. Students should never enter a patient’s room that bears an isolation sign.

**Tuberculosis**

Tuberculosis or TB is an airborne disease transmitted through sneezing, coughing and sharing contaminated air space. Miami-Dade County has a high but decreasing rate of tuberculosis. Confirmation of exposure to TB is made through a tuberculin skin test (P.P.D.).

Assessment of tuberculin status is required for each student at Baptist Health and can be obtained for free at the Employee Health Office. A positive P.P.D. means that you have been exposed to TB. It cannot detect whether or not the disease is active. People can carry inactive TB, have no symptoms, and not be infectious to others. That’s why if your P.P.D. is positive or you have symptoms, a chest X-ray is performed. The chest X-ray will determine whether or not active TB is present.

Many people have a positive skin test indicating that they have been infected with TB. Five to 10 percent of these people will develop the illness sometime in their life.

**Hepatitis B**

Hepatitis B is a blood borne disease transmitted in the work setting by being stuck or cut with infected needles or sharp objects, or by exposure to blood and other potentially infected body fluids through splashes or spills on non-intact skin or mucous membranes (mouth, nose, eyes, etc.). Hepatitis B is also transmitted in personal settings through unprotected sex with an infected person and/or sharing infected needles. Some individuals infected with HBV will have flu-like symptoms approximately 6 months after being exposed. These symptoms include loss of appetite, tiredness, nausea, vomiting, abdominal pain, and jaundice (skin/eyes turn yellow). Skin rashes and joint pain can also occur.
The urine is frequently dark and the stool light. Some people may have no symptoms at all. This infection can result in damage to the liver, cancer, and death.

**H.I.V. = Human Immunodeficiency Virus**

**A.I.D.S. = Acquired Immune Deficiency Syndrome**

- H.I.V. causes the disease called A.I.D.S.
- Primarily transmitted/spread by sexual contact:
  - Parenteral exposure to blood (needle-stick/IV drug abuse)
  - Other exposure to blood
  - Infected pregnant women to the infant

- Body Fluids with highest concentration of HIV:
  - Blood
  - Semen & vaginal secretions
  - Breast milk
  - Body cavity fluids

- Prevention of spread of H.I.V./A.I.D.S.:
  - Safe-sex practices or abstinence
  - Practice strict Standard/Universal Precautions

**OSHA Standard Precautions for Blood Borne Pathogens**

**From Love To Know Safety**

The Occupational Safety & Health Administration has basic OSHA standard precautions that are meant to keep the work environment safe. You may know the standard precautions by another name -- universal precautions or bloodborne pathogen precautions. OSHA recently changed the name, but the standards put forth are the same.

OSHA requires all health care institutions to have a plan to prevent transmission of blood borne pathogens such as HIV, HBV, and HCV. This plan is called the “Exposure Control Plan (ECP).” It describes job-specific procedures and policies to prevent exposure to these illnesses. All employees and students with patient contact are required to review it annually and pay attention to any changes that may have occurred.

If any student gets in contact with any type of bodily fluid, it must be cleaned and reported immediately.
What Does Risk Management Do?

Risk Management Is Responsible For:

- The identification of practices, systems, or processes which have the potential for putting patients and/or visitors at risk of injury
- The elimination and/or reduction of risks that have the potential for causing injury
- The implementation of the Risk Management Program to accomplish the above

Who Is the Risk Manager at Doctors Hospital?

Lauranne Quinn, LHRM
Phone: 786-308-1182

What Is An Incident?

An “incident” is any occurrence that is unexpected and which results in or could have resulted in, an injury to a patient, visitor or employee.

PATIENT INCIDENTS

- Falls
- Medication errors or variances
- Unusual outcomes as a result of a procedures/treatments
- Equipment-related injuries or serious malfunctions

VISITOR INCIDENTS

A Visitor is any person on the premises of the hospital who is not a patient or employee.
Should a Visitor Incident occur:

Dial #7777 to activate Code 9 (if the incident has occurred within the hospital) or Code 250 (if the incident has occurred outside on hospital grounds). Encourage the visitor to go to the Emergency Department. Any refusal should be documented.

If An Attorney Contacts You Or If You Receive Legal Papers:

Immediately contact the Risk Management Department (ext. 83180). Never speak with an attorney regarding a patient or hospital matters.

Patient Safety

Effective July 1, 2001 the Joint Commission on Accreditation of Healthcare Organizations, the evaluator of nearly 5,000 hospitals, created Patient Safety Standards. These standards require hospitals to make specific efforts to prevent medical errors, and to tell patients when they have been harmed during their treatment. The standards are being implemented, and the objectives are being met by Doctors Hospital.

For more information, visit www.thejointcommission.org

7 Guiding Principles for Patient Safety

1. Safety First – Our first obligation is to protect the patients who have entrusted their lives to our care. Safety is the foundation of quality.

2. Teamwork – Together we can create a barrier to errors and system failures. Every person’s voice needs to be heard if they become aware of a potential safety risk, regardless of their role in the organization. (This includes patients, families, employees, and physicians.) Remember, you may be the only one who sees a risk.

3. Standardization – Standardizing patient safety practices at our various facilities is a benefit to the communities we serve. When we accomplish this, physicians and clinical staff don’t have to remember a different way of doing things when they work at different locations. Consistency reduces the risk of error.

4. Fail Safe Approaches – We know that to error is human. We strive to incorporate double checks, redundant systems and error prevention practices, and technology into our procedures.

5. National Patient Safety Goals – Certain patient safety best practices have been identified which, if implemented effectively, will prevent errors and injury to patients. We have adopted these best practices and rely upon our entire staff to implement them faithfully.

6. Reporting Errors, and Equipment or System Failures – Reporting errors is expected whether a patient is harmed or not. We recognize that errors usually occur due to breakdowns in systems and processes. In order to learn from each error and prevent another event, employees are required to submit incident reports. They may submit
incident reports without fear of disciplinary action for making errors, except for intentionally unsafe behavior. (See Baptist Health Patient Safety Policy 250.01 for details).

7. **Patient Safety is Everyone’s Job** – From CEO to volunteer, ensuring safe care for our patients is part of everyone’s responsibilities.

**What Can You Do To Promote Patient Safety?**

- Wear your name tag in a clearly visible place at all times.
- Introduce yourself to the patient and the patient’s family, giving your name and department, in a clear and courteous voice.
- Wash your hands frequently when dealing with patients or their environment.
- Report anything you see that appears unusual or unsafe as quickly as possible.
- When you hear an alarm coming from a patient’s room or piece of patient care equipment, find the patient’s nurse and report the sounding alarm.
- Know what your responsibilities are in the event of a fire or disaster.
- Take responsibility for protecting confidential patient information.
- Work within your scope of practice and job description.
- Know your responsibility and be accountable.
- Follow your chain of command.
- Report anything that appears unusual or unsafe.
- If you don’t know – Ask! Ask! Ask! Ask!
- Speak Up for Patient Safety.
- Verify the identification of the patient.
- Use preferred terms rather than abbreviations.
- Use Universal Protocol

**How to Verify Patient Identification?**
Follow the procedure for verifying patient identification:

1. **Ask** Your patients to tell you their **name and date of birth**.
2. **Match** Patient’s verbal information with the patient name and date of birth on ID band.
3. **Verify** Patient name and date of birth with the order, requisition or screen.

**Preferred terms rather than abbreviations**

The following are just a few of the many preferred terms that need to be used rather than abbreviations to keep communication clear and to prevent mistakes. Please review and remember these preferred terms:

<table>
<thead>
<tr>
<th>Do Not Use Abbreviation</th>
<th>Use Preferred Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.D. Q.O.D.</td>
<td>Write “daily”</td>
</tr>
<tr>
<td></td>
<td>Write “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)</td>
<td>Never write a zero by itself after a decimal point. Write “X mg”</td>
</tr>
<tr>
<td>U</td>
<td>Write “units”</td>
</tr>
<tr>
<td>IU</td>
<td>Write “international unit”</td>
</tr>
<tr>
<td>Lack of leading zero (.X mg)</td>
<td>Always write a zero before a decimal point Write “0.X mg”</td>
</tr>
<tr>
<td>MS or MSO₄ MgSO₄</td>
<td>Write “morphine sulfate” or “morphine” Must be written as “magnesium sulfate or Mag sulfate”</td>
</tr>
</tbody>
</table>
**Universal Protocol**

Universal Protocol is intended to prevent any wrong site/side procedure being done on patients. This should be used prior to all invasive procedures, both in the operating room and nursing unit whenever an invasive procedure is performed. Conduct and document the "Time Out" process using these elements to verify accuracy.

- Correct patient?
- Correct site?
- Correct side as marked?
- Correct position of patient?
- Equipment available?
- Correct procedure - as read aloud from the consent form?
- Correct prosthesis or implant available?

**What Can You Do To Improve Patient Safety?**

Lots of things! You can Watch, Listen, Ask, Act, and absolutely Report!

**Watch:** Really look at all situations. Is there an incident waiting to happen? Be aware of your surroundings and who is around you.

**Listen:** When a patient or family member asks-Why? Stop and take note.

**Ask:** There are no stupid questions; but there are preventable mistakes. If you do not know or are unsure, ask. Whether it’s the nurse, physician or co-worker, be knowledgeable and informed.

**Act:** Don’t be afraid to point out your observation or ask questions. You could be preventing someone from getting hurt.

**Restraint Safety**

Restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his/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.

Our Baptist Health philosophy is to strive for a restraint free environment by continuously improving our practice to protect patients and respect their rights, privacy, and dignity. The patient has the right to be free from restraints of any form that are not medically necessary, or are used as a means of coercion, discipline, convenience, or retaliation by staff.

**Report Errors:** Only by reporting your errors, the problems you find, and even the close calls or things you’re afraid could happen, will problems be identified and changes be made in the organization.
**Fall Risk**

To promote patient safety, Doctors Hospital has a falling star sign (blue and/or red) placed on patients’ doors that are considered fall risk. Many patients fall when trying to get out of bed following surgery, a procedure, or certain medications. Patients may forget to ask for help or think they can ambulate safely by themselves. Sometimes, patients will not wait for help because of urinary urgency or diarrhea.

Studies have shown that the following conditions or situations place patients at the greatest risk for falling:

- Having more than one medical program
- Needing to use the furniture or other devices such as a cane to get around.
- Having an IV
- Being unsteady while standing

It is the responsibility of all hospital staff to help reduce falls by:

- Answering call lights promptly
- Reporting hazardous conditions (wet floor) promptly

**IMPORTANT REMINDER:** Students are not allowed to assist fall risk patients to get out of their bed or walk around.

Another safety net to help you protect our patients is **CODE HELP**

- Code HELP gives patients and families a means to speak up in the case of an emergency or when they cannot get the attention of a clinician in an emergency situation.
- Code HELP provides a clinician with the ability to better monitor and safeguard patients under their care.
- Code HELP is a Communication Partnership between Patient and Clinical staff.

**Why Is “Code HELP” Needed?**

- Empowers patients and families to speak up regarding their concerns.
- Improves patient safety by engaging the patient and family in care.
- Improves communication and creates care partnerships between patients, families, nurses, and physicians.
When Should Patients and Families Call Code HELP?

- Noticeable clinical change occurs when healthcare team is not present.
  - Bleeding, trouble breathing, allergic reaction, or sudden loss of consciousness.
- Patient or family member feels that something is just not right, and no one is responding to their concerns.
- Breakdown in how care is being managed and/or perceived miscommunication of plan of care and no one is responding to their concerns.

### 2010 National Patient Safety Goals

<table>
<thead>
<tr>
<th>GOAL</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
</table>
| Improve the accuracy of patient identification. | - Use at least two patient identifiers when providing care, treatment, or services.  
  - Engage the patient and/or family in the patient’s care  
    - Reliably identify the patient as the person for whom care, treatment, or service is intended.  
    - Use at least two patient identifiers (name and date of birth) to compare orders, requisitions, computer screens or other documentation before providing care, treatment, or services.  
    - Always label specimen containers (blood, urine, etc) and confirm the accuracy of the labeling with the patient’s involvement.  
    - Two individuals, using at least two identifiers, are needed to verify patient identification when blood or blood components are transfused. |
| Improve the effectiveness of communication among caregivers. | - Define, evaluate and if appropriate take action to improve the processes for managing critical result reporting of tests and procedures, including timeliness of reporting. |
| Improve the safety of using medications. | - Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.  
  - Follow BHSF anti-coagulation therapy protocols and procedures. |
| Reduce the risk of healthcare associated infections. | - Comply with the Center for Disease Control (CDC) hand hygiene guidelines.  
  - Implement evidence-based practices to prevent infections due to multiple drug-resistant organisms.  
  - Implement evidence-based practices to prevent central line-associated bloodstream infections.  
  - Implement evidence-based practices to prevent surgical site infections. |
<table>
<thead>
<tr>
<th>GOAL</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
</table>
| Accurately and completely reconcile medications across patient care settings. | - Compare patient’s current medications with those ordered for the patient to avoid contraindications, errors, or omissions.  
- Communicate a complete list of a patient’s medications to the next provider of service when a patient is referred to another provider, transferred to another unit, or discharged. |
| The organization identifies safety risks inherent to its patient populations. | - The organization identifies patients at risk for suicide (applicable to patients being treated for emotional or behavioral disorders in general hospitals). |
| Encourage patient’s active involvement in their own care as a patient safety strategy. | - Devise and communicate the means for patients and their families to report concerns about safety and encourage them to do so.  
- Educate patients about hand hygiene and respiratory precautions as well as patient involvement in preventing adverse events in surgery. |
| Universal Protocol | - Implement a process to identify the correct patient, procedure, and site.  
- Identify items which must be available for the procedures.  
- Procedure site is marked by a licensed independent practitioner who will be present during the procedure.  
- A time-out is performed before starting the procedures including all members of the procedure team. |

**Sentinel Event**

A sentinel event is an unexpected occurrence involving death, or serious physical or psychological injury, or the risk thereof. Serious injury includes loss of limb or function. Patient suicide, infant abduction or discharge to the wrong family, rape by another patient or staff, or surgery on the wrong patient or body part are considered sentinel events.

The Joint Commission calls certain types of serious incidents sentinel events. TJC requires that for sentinel events an in-depth investigation, or Root Cause Analysis, be conducted. In Florida, certain serious incidents require the completion of a Code 15 Report. These reports are completed by Risk Management and sent to the Agency for Healthcare Administration (AHCA).

If you feel that a Sentinel Even, or a “near miss”, has occurred, please notify Administration, the Risk Manager, or a supervisor IMMEDIATELY.

Some examples of sentinel events:

- Child abduction or discharge to wrong family
- Rape of a patient
- Suicide of a patient in a 24-hour care facility
- Wrong blood or blood product transfusion
- Surgery on a wrong body part or wrong patient
**Suicide is one of the most frequent sentinel events in hospitals.**

**Watch for warning signs:**

- Expressions of hopelessness and/or helplessness
- Daring and risk-taking behavior
- Personality changes, depression, lack of interest
- Giving away prized possessions
- Comments such as:
  - "You'd be better off without me"
  - "Maybe I won't be around anymore"
- Be especially watchful of the patient's behavior and immediately report anything suspicious

**The following actions are initiated for patients on Suicide Precautions:**

- The patient is restricted to the room/unit whenever possible - restricting access to windows, doors, and stairwells.
- All items that the patient could use to hurt himself/herself are removed from the patient's reach.
- The patient's room is checked and assessed for any harmful objects such as knives, manicure sets, box-cutters, drapery pull cords, razor blades, shoelaces, neckties, and suspenders/braces. Dietary is notified of the need for plastic utensils/paper tray items.
- The patient's family is educated on safety risks.
- Someone stays with the suicidal patient at all times.

**Abuse**

**Identifying Abuse**

All patients must be assessed for their physical, psychological, and social needs during the admission process and at regular intervals as needed. Included in this assessment is the identification of possible victims of abuse.

Abuse includes emotional and/or physical abuse in the following situations: child abuse, abuse of vulnerable adults, and domestic abuse. It may appear as physical assault, rape or other sexual molestation, neglect, exploitation, or emotional intimidation.
Reporting Requirements:

- The abuse hotline (1-899-96-ABUSE) must be notified of any abuse involving children or vulnerable adults.
- In the event of a rape of a competent adult, the police are only called if the victim gives permission.
- The police department is notified in the following circumstances: sexual abuse of a minor or disabled person, assault or injury due to gun, knife, or weapon, or other life threatening wounds indicating violence.
- Notify Social Work Services and Risk Management for all cases of actual or suspected abuse.

Signs of Child Abuse
Possible signs of abuse include repeated or unexplained injuries, neglected appearance, disruptive behavior, passive or withdrawn behavior, and extremely critical/isolated parents.

Signs of Vulnerable Adult Abuse
Possible signs of abuse include bruises, broken bones, burns, welts, head injuries, physical neglect, contractures, pressure ulcers, and conflicting accounts of how injury occurred.

Exploitation
Exploitation is when a person who stands of trust and confidence with a vulnerable adult knowingly (by deception or intimidation), obtains or uses, the adult’s funds, assets or property with the intent to temporarily or permanently deprive the adult of its use.

**Domestic Violence**

Domestic violence and emotional abuse are behaviors used by one person to control the other.

Examples of abuse include:

- name-calling or putdowns
- keeping a partner from contacting their family or friends
- withholding money
- stopping a partner from getting or keeping a job
- actual or threatened physical harm
- sexual assault
- stalking
- intimidation

Violence can be criminal and includes physical assault (hitting, pushing, shoving, etc.), sexual abuse (unwanted or forced sexual activity), and stalking. Although emotional, psychological and financial abuse are not criminal behaviors, they are forms of abuse and can lead to criminal violence.
The violence takes many forms and can happen all the time or once in a while. An important step to help yourself or someone you know in preventing or stopping violence is recognizing the warning signs of violence.

The five forms of domestic abuse are physical, sexual, psychological, emotional, and economic:

**Sexual Abuse/Molestation**
Obscene phone calls, exhibitionism, voyeurism, or inappropriate touching actions. It also includes the use of children for sexual gratification and/or financial benefit. Possible signs of abuse include trauma to genitals or rectum, sexually transmitted disease, difficulty walking or sitting, pregnancy, inappropriate sexual behavior, and emotional symptoms.

**Physical Assault**
Injuries resulting from violent behavior.

**Sexual Battery/Battery (Rape)**
Any forced sexual contact that is against the victim’s will. Rape is a medical, emotional, and legal crisis, which requires special care in the collection, maintenance, and reporting of evidence that may be used in cases that go to court.

Unfortunately, abuse may occur while the patient is under our care. Any employee or volunteer who has knowledge of, or witnesses an act that is the basis of an allegation of abuse or sexual misconduct must notify the CEO, Social Work, and Risk Management immediately.

Baptist Health has numerous policies relating to abuse and you are encouraged to review them. Also, self-studies, containing more in-depth information are available from Education Services.

**Your Role in Risk Management**
All employees and students have a basic responsibility to help keep the hospital safe for all. All hospital staff can at least report equipment sounding to the nurse on the floor for patient safety.

**LEARN** about hospital safety and security programs. Know safety rules that apply to your job. Memorize fire safety plans

**REPORT** any hazards you find to your supervisor or other responsible person. Reporting a hazard promptly is the first step to correcting it.

**BE ALERT** for anything that could harm a patient, visitor, or employee/volunteer. This includes physical hazards (such as slippery floor) and malfunctioning equipment.

**BE HONEST!** Don’t try to protect somebody or cover up for another employee/volunteer or yourself. Potentially dangerous situations will be corrected quicker if all the facts are reported right away.
Performance Improvement

What is performance improvement (PI)?

PI is a way to manage all the aspects of Baptist Health so that we have the highest quality outcomes. We do this by continuously improving our products and services to meet or exceed the needs of our “customers,” thereby ensuring our continued success as an organization.

Performance Improvement focuses on:

- Clinical and non-clinical outcomes.
- Customer (internal and external) satisfaction, physician satisfaction, and employee satisfaction.
- Our business operational goals.

We use the systematic improvement process of Plan, Do, Check, Act (PDCA) to do the following:

- **Plan** the process change through analysis.
- **Do** carry out the process change.
- **Check** to monitor the effects of the change.
- **Act** to assess what was learned and decide what to do next.

**Utilizing key words at key moments improves satisfaction.**

Remembering to say the **right words** at the **right moment** is very **powerful**. The goal for scripting is to consistently use key words at key moments that foster overall behaviors that build trust and patient satisfaction.

It is not just what staff says that is important, but the ultimate message communicated through the words that are spoken and the body language displayed that makes scripted responses meaningful.
Utilizing key words, or scripting, can be an important patient satisfaction tool that helps achieve positive results.

Your Role in Quality Assurance

Your Responsibility to PATIENTS

▪ Make them feel comfortable, cared for and protected, and treat them with respect.
▪ Maintain a professional attitude at all times.
▪ Go out of your way to be kind, courteous, and friendly.
▪ Explain the reasons behind the rules patients must follow, and how they benefit the patient and the hospital.
▪ Report any problems involving quality assurance to the appropriate person.

Your responsibility to VISITORS

▪ Show your understanding and concern. Offer to help by giving any information you can. Explain rules politely, but firmly.
▪ Understand how visitors may feel. They’re concerned about a friend or relative and may be fearful, impatient, or angry. They may not know about or understand hospital rules and procedures.

Your responsibility to EMPLOYEES

▪ Work as a team. After your duties are completed, take the initiative to ask others if you may assist them.
▪ Take time to encourage others; everyone needs praise.
▪ Understand and help each other. Set an example by being cooperative, pleasant, prompt, courteous, and helpful.

Your responsibility to YOURSELF

▪ Know your job assignments and work in the scope of your job description.
▪ Take responsibility for your assignments, follow through and exceed expectations. Doing a good job helps you feel better. You’ll be happier knowing that you’ve done your best to provide quality care for all patients.
▪ Take pride in all you do, people notice.
Ergonomics is adapting equipment, procedures, and surroundings to people. Regular exercise and stretching is a good way to prevent back injury because strong abdominal muscles help support your back.

**Back Injury Prevention**

There are three main reasons to educate people on protecting their backs and proper body mechanics:

1. Eighty percent of all Americans will have at least one backache during their lifetime.
2. Backaches are the second most common reason people visit a doctor (The #1 reason is a cold).
3. Back injuries are the leading cause of worker disability.

**Did You Know?**

Most back injuries are the result of repeated stress, i.e., sitting, lifting, and reaching, NOT A SINGLE INCIDENT!!! If proper body mechanics are not employed and practiced early on, then years and years of abuse slowly wear down the back until one day you experience pain. Again, it is important to realize that improper sitting can be more stressful than lifting a heavy box.

**How?**

1. More time and repetition is spent on daily activities other than heavy lifting. How many times a day do you sit and stand from a chair versus lifting a box?
2. While lifting something heavy, we instinctively prepare ourselves to lift, “bend knees, protect back, and hold in abdominals.” Do you go through this sequence when a paper clip falls on the floor? Usually not.
3. When something is obviously too heavy, people often do not risk injury. However, when the back begins to ache while lifting groceries, we rarely listen to the early warnings and then we may continue to stress the back until bedridden.
Safe Lifting Basics

Before you lift:

- Lift a corner of the load to decide if you can safely lift and carry it.
- If in doubt, use a dolly, hand truck, or forklift, or get help.
- Plan a straight, flat route; remove anything in your way.
- Loosen muscles with gentle bends and stretches.
- Wear gloves and sturdy shoes with non-skid soles.
- Avoid loose clothing you could trip over.
- Head rests on neck, neck on shoulders, shoulders on hips and so on. Remember to keep the shoulders on top of hips at all times.
- Place legs apart on a stable surface. Wider is better. By opening up the base of support when lifting, you are able to control the body as a whole.

When you lift:

- Stand close to the load.
- Squat, with knees bent and back straight.
- Grip firmly.
- Bring the load close to your body.

When you carry:

- Carry the load waist-high.
- Take small steps.
- Move your feet to change direction. Don’t twist.

When you unload:

- Lower the load slowly, knees bent.
- Place the load on the edge of the surface and slide it back.
- Push up slowly with your leg.
Techniques for Special Lifting Situations

With another person:

- Work with someone who’s your height.
- Decide who will direct the move.
- Lift and raise together, knees bent and back straight.
- Move smoothly together, with load level.
- Unload together, knees bent.

Awkwardly shaped object:

- Squat next to it, feet spread.
- Grip the top outside corner and bottom inside corner.
- Lift slowly, knees bent and back straight.

Hard-to-get-at location:

- Stand as close as possible to the object.
- Bend forward slightly at hips; push buttocks out behind.
- Bend knees, with back straight and stomach muscles tight.
- Grip object firmly. Let legs, stomach, and buttocks muscles lift, not your back.

From high places

- Stand on sturdy platform. Don't stretch.
- Push up on the load to judge weight and stability.
- Divide load into smaller segments.
- Grip firmly and get solid footing.
- Slide load down, letting arms and legs, not your back, do the work.
- Get help if necessary.

Proper Use of the Wheelchair

First check the wheelchair to insure it is in good working order. Fold the chair by lifting upward on the seat. Expand by pressing downward on the sides. All wheelchairs are equipped with footrests and hand brakes.
When approaching a patient for transporting:

- Introduce yourself and be friendly, cooperative, and cheerful.
- Check the arm bracelet for identification.
- Check the hand brakes to see that they are locked.
- Check the foot rests to see that they are raised.
- Assist the patient into the chair. Never try to transport a patient who is too heavy or otherwise too difficult for you to handle. Hospital personnel or transporters should be called upon, as they have proper training to manage such cases.
- Lower the foot rests and have the patient place their feet on the rest. Assist the patient if needed.
- Ask the patient if he/she is ready before moving the wheelchair and explain where you are taking him/her.
- Release the brakes and push.
- Walk slowly and avoid quick stops, being aware of any discomfort the patient might be experiencing.
- KEEP TO THE RIGHT AT ALL TIMES.
- When letting the patient out of the chair, put on the brakes, pull up the foot rests, and assist the patient out of the chair.

Use of the elevators when transporting a patient in a wheelchair

1. When awaiting the elevator, keep well back from the door in case someone comes out quickly.
2. Let doctors, hospital personnel, and visitors enter the elevator first. All emergency cases have priority.
3. Flip the emergency stop switch on the inside of the elevator PRIOR to entering the elevator with a wheelchair.
4. Turn off the emergency switch and push the desired floor button.
5. Upon arriving at the floor, allow others to exit and then switch on the emergency stop button.
6. Turn the wheelchair around in the elevator and back the chair out of the elevator. You will be exiting the elevator first so you can check if anyone is coming.
7. Wheel out and turn the elevator back on.
Please Do the Following

- Notify the Volunteer Department when your phone number or address changes.
- Remember to sign in before your shift and sign out after your shift.
- If you will be absent, please notify your department and the Volunteer Office.
- Park your car in designated hospital parking areas when volunteering. The parking garage is preferred over Valet parking.
- If you are injured or become ill while on duty, report to the person in charge of the area in which you work, Volunteer Services, or Nursing Administration.
- Read the bulletin board in the Volunteer Office regularly. Important notices pertinent to you are posted there.
- All announcements, articles, or pictures must receive prior approval of Human Resources before being used for publicity purposes.
- While on duty in the hospital, refrain from any profanity. Remember to speak in a normal tone of voice.
- Always wash your hands after coming in contact with patients, when using the restroom, before and after eating, and after handling a specimen.
- Always identify a patient by his/her identification bracelet.
- Dispose of items used during patient procedures.
- Report all patient complaints or suggestions to the patient’s nurse or the charge nurse.
Please don’t...

- Possession or use of narcotics or alcohol is not permitted on hospital property.
- Smoking is not permitted anywhere in the hospital.
- Solicitation of any kind is prohibited in the hospital.
- Commission of any act of violence or indecency is not permitted on hospital property.
- Never give advice or discuss a patient’s doctor with the patient.
- Never attempt to assist a patient without first getting permission from his/her nurse.
- Never discuss patient’s protected health information with anyone who is not in direct care of that patient.
- Don’t discuss hospital business with anyone outside of the hospital.
- Don’t witness permits or legal documents.
- Don’t empty bedpans and urinals.
- Don’t handle medications.
- Don’t carry any food or drinking items to patient care areas.
- Don’t park in an unauthorized parking area.
- Don’t leave hospital grounds during your shift without notifying your direct supervisor.
- Don’t use your personal cell phone for either to talk or to text.
- Don’t report to duty if you are ill, especially if you have a fever or diarrhea.
THANK YOU
FOR TAKING THE TIME
TO READ
THE CLINICAL STAFF STUDENT HANDBOOK

PLEASE REMEMBER TO TAKE THE ATTACHED TEST
1. What is Code Blue?
   a. Activated by dialing “#7777” on any hospital phone
   b. The emergency signal for cardiopulmonary arrest
   c. All of the above

2. What is Code Rescue?
   a. Serious patient clinical deterioration
   b. Pediatric clinical deterioration
   c. Neonatal clinical deterioration
   d. All of the above

3. What code gives patients and families the ability to speak up in the case of an emergency?
   a. Code Orange
   b. Code Rescue
   c. Code Help
   d. Code Silver

4. What is the code name for a fire in the hospital?
   a. Code Hot
   b. Code Red
   c. Code One
   d. Code 3

5. Explain the R.A.C.E plan on your answer sheet.

6. The acronym “P.A.S.S.” stands for:
   a. Pull, Aim, Squeeze, Sweep
   b. Pull, Alarm, Secure, Screen
   c. Pin, Arm, Squeeze, Shoot

7. What are the two ways you can “sound the alarm” in case of fire?
   a. Reporting to the Operator by dialing ‘#7777” – Pulling the Fire Box
   b. Reporting to Operator by dialing “911” – Pulling the Fire Box
8. Where are the fire pull boxes located?
   a. at all fire exits and nursing stations
   b. in each room
   c. at the switchboard
   d. there are none, you call “O”

9. If a fire begins in a patient’s room, what would be your first priority?
   a. Extinguish the fire
   b. Sound the alarm
   c. Remove patients from immediate danger
   d. Contain the fire

10. What method is used when it is necessary to evacuate patients in the case of fire?
    a. Vertical
    b. Horizontal
    c. Perpendicular

11. If there appears to be a confrontation with a patient/visitor/co-worker. Dial #7777 and report Code Green.
    a. True
    b. False

12. Name all the emergency codes.
    -VERBAL response necessary-

13. You may “call a code”:
    a. By dialing “#7777”
    b. By dialing “0”
    c. By dialing either “0” or “#7777” (Depends on the type of the code)
    d. By dialing 7777

14. What is the name of code for an internal/external disaster?
    a. Code Yellow
    b. Code Green
    c. Code D
    d. Code Delta

15. When an external/internal disaster is called, ALL staff on duty should:
    a. Panic and run around
    b. Do nothing; others will take care of it
    c. Report to their department and await further instructions
16. What do the letters MSDS stand for?
   a. Material Safety Data Sheets
   b. Major Suppliers Development Systems
   c. Micro Sensitive Dilithiup Systems
   d. Monday’s Safety Day Sheet

17. Information which can be found on an MSDS includes:
   a. A substance’s chemical name
   b. Its physical properties and health hazards
   c. Proper storage requirements
   d. All of the above

18. You may obtain the MSDS:
   a. On Baptist Health Sun Page
   b. By calling the 1-800-451-8346
   c. All of the above

19. Which of the following is not an example for an incident?
   a. Patient falls, medication errors or variances
   b. Equipment related injuries or serious malfunctions
   c. Lack of parking for visitors
   d. All of the above

20. The purpose of an incident reporting system is to:
   a. Identify the individual(s) to blame for the problem
   b. Use it for reprimanding employees
   c. Help identify problems in the hospital
   d. Get people in trouble

21. If an attorney calls you about an incident:
   a. Be as helpful as you can in answering his/her questions
   b. Offer to copy documents or records if needed
   c. Involve other staff members so the full story is known
   d. Do NOT talk to him/her. Refer to Risk Management department

22. A visitor has fallen in the Doctors Hospital Parking Lot and has a large laceration on their forehead. You should:
   a. Cleanse the wound and advise them to see their physician
   b. Take the visitor to the emergency department
   c. Fill out a white incident report
   d. Call for a “Code 250”, take the visitor to the emergency room, and fill out an incident report
23. For safety, we always check the patient’s name and birth date verbally and
   a. His name and name of attending physician on identification band
   b. His name and date of birth on identification band
   c. His name and medical record number on identification band

24. What does a “falling star magnet” mean on patient’s door frame?
   a. VIP patient
   b. Fall risk patient
   c. Patient for surgery

25. What can you do to reduce errors and promote safety?
   a. Perform within the limits of your job description.
   b. Follow your chain of command.
   c. Communicate and coordinate with nursing staff.
   d. All of the above

26. Baptist Health strongly encourages staff to report concerns related to patient safety and
    quality of care to the following:
   a. Department Managers
   b. The Hospital’s CEO
   c. The Health Compliance Hotline
   d. The Joint Commission
   e. All of the above

27. A Sentinel Event is an unexpected occurrence involving death or serious physical or
    psychological injury, or the risk thereof. Which of the following are considered sentinel
    events?
   a. Patient suicide
   b. Surgery on the wrong patient or wrong body part
   c. Infant abduction
   d. All of the above

28. Infection is spread by:
   a. Contact, airborne, vehicle and vector
   b. Airborne, contact, vehicle

29. Work practice controls for prevention of the spread of infection include:
   a. Biomedical hazardous waste disposal
   b. Transmission based isolation precautions
   c. Use of personal protective equipment (PPE)
   d. All of the above
30. Hand washing is the single most effective way to prevent spread of infection:
   a. True
   b. False

31. Which statement is the best definition of Standard/Universal Precautions?
   a. Barrier precautions taken with all patients because
   b. Precautions for care of a patient with a known infection

32. All exposures to body fluids should be reported to your supervisor immediately.
   a. True
   b. False

33. If gloves are worn it is still necessary to wash your hands after you remove them.
   a. True
   b. False

34. Washing hands with alcohol based antiseptic is an alternative for soap and running water when facilities are not available.
   a. True
   b. False

35. What does a “STOP” sign on a patient’s door signify?
   a. Stop, do not enter, VIP patient
   b. Stop, do not enter, the room is under isolation

36. After Baptist Health gives a patient its notice of privacy practices and obtains a patient’s acknowledgement and consent to use or disclose protected health information under HIPAA, Baptist Health may use and disclose protected health information for:
   a. Healthcare Operations
   b. Payment
   c. Treatment
   d. All of the above

37. If a patient opts-out-of the facility directory, what information can we disclose to visitors/relatives over the phone?
   a. Name
   b. Location
   c. Religion
   d. No information
38. Protected Health Information is any information about the patient’s past, present, or future mental or physical condition.
   a. True
   b. False

39. In supporting cultural diversity we should be:
   a. aware of differences
   b. respectful differences
   c. tolerant of differences
   d. all of the above

40. When communicating with an older adult
   a. Talk and stand within the patient’s field of vision
   b. Speak slowly and do not shout
   c. Lower your voice and avoid excess background noise
   d. All of the above