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Essentials© Newsletter Instructions

The workforce of St. Luke's University Health Network is required to complete mandatory education on several regulatory topics at time of hire (Orientation) and at regular intervals thereafter (usually annually). The content of the Essentials© Newsletter reviews many need-to-know topics in an easy-to-read format.

Contact your manager/supervisor with any questions you have about the content of the newsletter.

The most current edition of Essentials© is also available on MyNET on an ongoing basis for reference:

MyNET > *Quick Links* tab > click *Newsletters* > under *Network*, click **Essentials**

Fire Safety

If there's a fire, RACE!

R – Rescue = remove anyone immediately threatened by fire or smoke

A – Alarm = activate the nearest fire alarm pull station; dial emergency operator

C – Contain = prevent the spread of fire or smoke by closing all windows and doors

E – Extinguish or Evacuate = use extinguisher to prevent the spread of fire; relocate patients, visitors, and staff to a safer location

Response to fire (away from the point of origin):

- Reassure patients and guests they are safe
- Return patients in hallway to their rooms
- Close all corridor doors, especially patient room doors
- Move equipment out of the hallway or at least to one side
- Avoid using elevators



Oxygen Main Shut-off Authority

The Hospital Supervisor or Clinical Unit Leadership (e.g. Charge Nurse, Radiology supervisor) has the authority to shut off oxygen mains when necessary during fires in patient care areas. Other professionals providing direct patient care may shut off oxygen at single sources such as an O₂ tank or wall mount if indicated by the situation.

- ✓ **Where are oxygen main valves located?** Employees are often asked this question during regulatory inspections.
- ✓ **REMEMBER:** Clinical staff are responsible for knowing the location and operation of their oxygen and medical gas main valves to help emergency responders.

Basic Safety Rules for Extinguisher Use

All employees are authorized to use extinguishers. Be sure the extinguisher is safe to use on the kind of fire you intend to extinguish. Most network extinguishers are “ABC” or “all types” of fire-rated but check the label to be sure before using. Remember to **P. A. S. S.**

P–Pull pin **A–Aim** nozzle at the base of fire **S–Squeeze** handle **S–Sweep** nozzle side-to-side

Loss of Electrical Utilities & Electric Systems Safety

If your hospital experiences a loss of utilities, immediately notify Engineering/Maintenance.

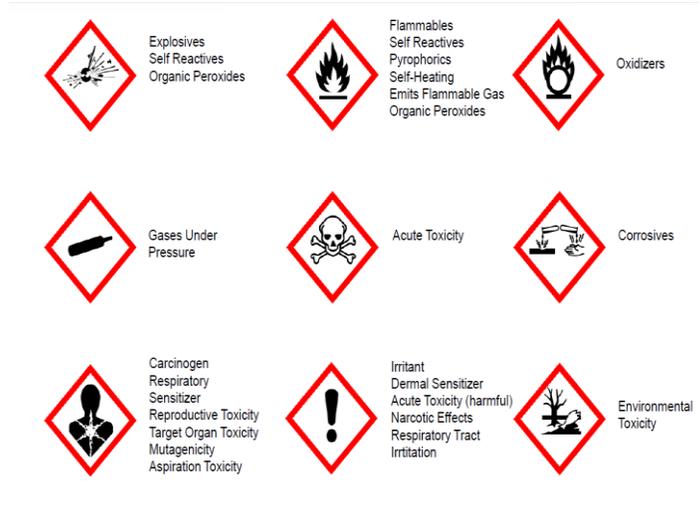
When a power interruption occurs, hospitals switch to generators for backup electric power.

- Always plug all critical patient care equipment into the RED Emergency receptacles
- Check your department to verify an adequate supply of flashlights and batteries
- Unplug non-essential electrical equipment (e.g., coffee makers)
- Only use extension cords approved by the Engineering/Maintenance Departments and use only for emergencies

Hazardous Chemicals/Globally Harmonized System (GHS)

Employees have always had the “right-to-understand” about chemicals in their workplace. The Occupational Health and Safety Administration (OSHA) Globally Harmonized System (GHS) is a hazard recognition program which makes it easier for people to identify chemical hazards.

1. GHS compliant container labels and Safety Data Sheets (SDS)
2. Use of only two **signal words**: **DANGER** (highest level) and **WARNING** (lower level)
3. Introduction of **pictograms**, easily recognizable hazard symbols pictured below:



4. Simply worded **hazard statements**, such as “Highly flammable liquid”
5. Chemical use **precautions** such as “wear gloves and protect eyes and face from splashes”
6. All Safety Data Sheets (SDS) are available on MyNET under “Quick Links”

Network Hazardous Drug List November 2023: Personal Protection Equipment (PPE) Required

OSHA established the National Institute for Occupational Safety and Health (NIOSH) for worker safety and health. NIOSH safety measures are implemented to protect workers who handle (preparation and administration) hazardous medications. Hazardous medications fall into three different categories: Antineoplastics, Reproductive Risk, and Non-Antineoplastic. Identification of these medications is done through Epic notifications and medication labeling. Staff who handle or administer medications identified as “hazardous” are expected to wear the appropriate PPE. Part of the *SLUHN Hazardous Medication PPE Table* appears below:

Minimum (Green) – Handling using normal precautions. (Single Glove—when handling intact tablet or capsules)	Moderate (Yellow) – Handle at all times with double gloves, protective gown. Eye and/or Inhalation protection (if splash or inhalation potential) and appropriate engineering controls.
Low (Blue) – Handle at all times with double gloves, protective gown, and appropriate engineering controls. Face shield required if patient may resist (infant, unruly patient) or if administered by feeding tube.	High (Red) – Double gloves, gown, and N-95/PAPR in addition to any necessary engineering controls. ***Agents that are volatile can evaporate at room or body temperatures. Use respiratory precautions if Inhalation Risks.
Low only if Reproductive Risk, minimum if not - Handle as Low (Blue) above if you are male or female trying to conceive, pregnant, or lactating. If none of these apply than handle as minimum (green) above.	Moderate only if Reproductive Risk, minimum if not - Handle as Moderate (Yellow) above if you are male or female trying to conceive, pregnant, or lactating. If none of these apply than handle as minimum (green) above.

Emergency Preparedness

If employees know where to find reference material when an emergency or disaster situation occurs, they will not need to remember information they seldom use. The most important thing to know is that there is a Network-wide **Emergency Response Matrix** posted on MyNET under the **Quick Links** tab.

The following emergency situations are listed on the Emergency Response Matrix:

- Mass Casualty Event – a large number of victims coming to the hospital from an incident in the community
- Facility Alert – an event that causes major disruption to the hospital (e.g. evacuation or power failure)
- Active Shooter (and location) – stay away from area and evaluate surroundings to flee or secure in place
- Code Adam – Missing Infant or Child
- Medical Emergency – non-patient in need of medical assistance
- Control Team – assistance needed for violent patient

Workplace Violence Prevention & Managing Aggressive Behavior

Healthcare is a highly stressful environment and aggressive behavior by patients and guests is becoming a more common. Listed below are a few things you can do to respond to aggressive behavior when it occurs.

- Check yourself: Are you upset, able to think straight, using the right words and phrases? What is your body language saying? What is your tone of voice? Are you being respectful?
- Take the H.E.A.T.:
 - **H**ear the person out without interrupting
 - **E**mpathize with their situation
 - **A**pologize for the bad experience they are having
 - **T**ake action - do something even it is just getting someone else to help
 - Get assistance from another employee
 - Refer the person to a supervisor
- **If a violent patient or visitor in the hospital needs to be physically controlled, call extension 5-5-5-5 for a STAT Security response.**

Training: there are also verbal de-escalation and workplace violence prevention training programs available in MEL:

- *Management of Aggressive Behavior (MOAB) Verbal De-Escalation Certification Training* – a 65-minute online education program which provides strategies for preventing and diffusing aggressive behavior, methods of communication, stages of conflict and mental conditioning.

Participants are required to complete and pass a 10-question exam in order to receive a certification that is valid for 1 year. Internet access and headphones/speakers are required. The course is intended for all staff that routinely work with high-risk individuals who have the potential to act out physically.

- **Manage Aggressive Behavior & Maintain Personal Safety** - a 3-part series first launched in 2022 that reinforces the basics in how to identify and respond to verbal and physical violence.

As workplace violence is a recognized occupational hazard in the healthcare industry, St. Luke's University Health Network (SLUHN) leadership supports a comprehensive workplace management program to prevent and respond to scenarios that are likely to occur on our premises. SLUHN has a zero-tolerance policy for violence and threats of violence. There will be no reprisals against anyone for reporting threats or acts of violence. All threats made against any individual or the organization will be taken seriously, and thoroughly vetted.

Refer to: *Workplace Violence Prevention* policy #53: Safety & Emergency Management Manual

Substance Abuse Awareness

Addiction is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences. The initial decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs.

These brain changes can be persistent, which is why drug addiction is considered a "relapsing" disease – people in recovery from drug use disorders are at increased risk for returning to drug use even after years of not taking the drug.

It is common for a person to relapse, but relapse doesn't mean that treatment does not work. As with other chronic health conditions, treatment should be ongoing and should be adjusted based on how the patient responds. Treatment plans need to be reviewed often and modified to fit the person's changing needs (National Institute on Drug Abuse).

What types of substances may be abused or misused by employees? Nicotine, alcohol, cannabis, medical cannabis, illegal narcotics, steroids, prescription medications, etc.

What are the signs and symptoms of drug abuse / misuse?

- Taking medication after it is no longer needed
- Increased need for money
- Increased tolerance – need more of a substance to get same effect

- Physical symptoms when drug wears off: shaky, depressed, sick to stomach, sweating, headaches
- Continue taking the substance even when there are negative impacts to relationships, work, school, and finances
- Changes in friends and places frequented
- Significant increase or decrease in sleep
- Lack of motivation to complete daily routines
- Loss of interest in things you used to like to do
- Changes in physical appearance/ personal grooming

Keep in mind that if a person has any of these symptoms, it does not necessarily mean that he or she is using drugs. They could be due to other health problems. Whatever the cause, the person may need medical attention, especially if they persist.

What should I do if I suspect a co-worker is abusing drugs or alcohol? Immediately notify a supervisor/ manager and follow the Fitness for Duty policy (APPM #82). St. Luke's University Health Network partners with SilverCloud and ComPsych Employee Assistance Program (EAP). MyNET > Quick Links > Caring Starts with You

MRI Safety



**Every Minute/Every Day:
MRI Safety**

The MAGNET IS ALWAYS ON!

Access is RESTRICTED!

**Remember: everyday work items on your uniform or
in your pockets which contain metals are dangerous
around the magnet!**

Hyperbaric Oxygen Chamber Safety

Hyperbaric Oxygen Chambers are located in the Bethlehem, Lehighton, Sacred Heart & Warren Wound Care Centers

CAUTION

No ignitable products may go in the chamber (e.g. deodorant, moisturizer, petroleum, hair products, nail polish, etc.).

No electronic devices may go in the chamber (e.g. Negative Pressure Wound Therapy/VAC units, telemetry, pulse ox, etc.).

implanted devices must be HBO compatible.



Reporting Work Related Injuries

St. Luke's values the safety and wellbeing of all employees. Timely reporting of a work-related employee injury is an important step in making sure our staff receive the proper treatment.

Utilizing **Workday** to electronically submit a workplace injury streamlines this process.

- Immediately report the incident to your manager/supervisor before seeking treatment unless it is an emergency where immediate medical attention is required.
- Following a workplace injury, it is the responsibility of the employee or their manager/supervisor to submit a safety incident report in Workday as soon as possible.
Workday > Search > Report Safety Incident
- Contact your manager/supervisor with any questions about the employee injury reporting process.

MyNET > Quick Links > Employee Health Services > Important Links > Workday Work Injury Reporting Guide

Protect Your Back

Several factors can contribute to back pain at work and back injuries can result from improper lifting techniques, poor posture, repetitive strain or repetitive motion. Certain medical conditions and lifestyle factors, such as obesity, sleeping position, poor physical condition, smoking and stress, also can contribute to back pain.

You can take steps to prevent back pain and injuries at work. For example:

- **Include physical activity in your daily routine.** Maintaining a healthy weight minimizes stress on your back. Perform exercises that strengthen and stretch back muscles and abdomen.
- **Pay attention to posture.** When standing, keep your weight balanced on your feet. Do not slouch! Sit in a chair that allows you to rest both feet flat on the floor while keeping your knees level with your hips.
- **Modify repetitive tasks.** Use lifting devices to help you lift loads. If you work at a computer, make sure that your monitor, keyboard, mouse and chair are positioned properly. If you're on the phone most of the day, use a headset.
- **Listen to your body.** If you must sit for a prolonged period, change your position occasionally, stand up or stretch whenever you feel tired. Avoid unnecessary bending, twisting and reaching.
- **Lift properly.**



Lift properly!

Avoid heavy lifting.

If you do lift something heavy, bend your knees, tighten your core muscles, and keep your back straight. This way, your leg muscles will do most of the work.

Hold the object close to your body.

If an object is too heavy to lift safely, find someone to help you.

Patient handling:

- Think through the transfer before starting to transfer the patient. The patient must understand their role and the goal of the move. Ask the patient if they can help. **Get help.**
- Use draw sheets, underpads (if appropriate), trapezes, slide boards, transfer belts, gait belts, mechanical lifts, etc.
- The safest way to lift an immobile patient is to use a mechanical lifting device. Lift devices include: Hovermatt™, Hoyer/Viking lifts, sit-to-stand devices, quick-moves and Hoverjack™ equipment.
- When repositioning a patient to the head of bed, get help, and, if the patient can tolerate it, use gravity by placing the bed in the Trendelenburg position (tilting bed down at head).

Infection Control & Prevention/Employee Health Services

If you have questions or concerns, please contact your Infection Control and Prevention Department or Employee Health Services.

Reminder:
If someone provides you with a professional reminder to wash your hands, be accountable and do it!



Universal Influenza Vaccination Program – Get Your Flu Shot!

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. Getting a flu vaccine every year is the single most effective preventative measure against the flu and can prevent illness, lost work time, and even death. Influenza is spread by respiratory droplets while talking, coughing, or sneezing. Adults can shed the influenza virus at least one day before any symptoms of the illness begin – this means they can spread infection to patients, coworkers, and family members before they even realize they are ill – and up to 5 to 7 days after becoming sick. Symptoms of the flu include fever, cough, sore throat, runny or stuffy nose, headache, generalized muscle and body aches, and fatigue.

Universal influenza vaccination means that all personnel working at St. Luke's University Health Network (SLUHN) must be immunized against influenza on a seasonal basis. Personnel are defined as all SLUHN employees, residents, students, members of the medical staff, volunteers, observers, contracted personnel, and outside vendors who provide or have the potential to provide on-site support at any Network facility. This also includes those workers that are remote and work from home (WFH). Influenza vaccination is a condition of employment and continued association with SLUHN.

Protect yourself. Protect your patients. Protect your family. Protect your coworkers – get your flu shot!

Employee Work Restrictions

Guidelines for employees exposed to and/or develop infectious/contagious illness that may require work restrictions go to [MyNET>Tools> Policies & Procedures > Policytech > Infection Control & Employee Health Services](#) and review the *Employee Health Program - Conditions Requiring Work Restrictions Network* policy.

MDRO

Multi-drug resistant organism (MDRO) means that an organism has become resistant to the drugs (antibiotics) normally used to treat it. Preventing MDROs can be achieved by using a variety of interventions including the following:

Hand Hygiene ***PPE*** ***Contact Precautions***
Cleaning & disinfecting patient care items and room surfaces

Patient and family education related to preventing infections, isolation precautions, and MDRO should be provided and documented to help reduce the risk of transmission.

Materials can be printed from **MyNET > Learning tab > Patient Education > IBM Micromedex® CareNotes® > Search** (enter a "Keyword" to search). Suggested keywords:

~Preventing Infection

~Patient Safety in the Hospital

~Antibiotic Resistant Bacteria

~Isolation Precautions

Tuberculosis: Be Prepared!

Everyone should **know their risk** for TB exposure and *be prepared!* This includes occupational risk, risk unrelated to work in the U.S., and risk for TB progression. When risks are not recognized, healthcare personnel (HCP) may experience TB disease and transmit TB to others. The CDC mandates that health care facilities educate all personnel annually about TB, risk factors, signs & symptoms; in addition to discussing any potential work or personal TB exposure. Some groups and settings may have a higher occupational risk for TB exposure such as pulmonary doctors and respiratory therapists, emergency departments and bronchoscopy units. Risk of exposure is based on the number of patients with infectious pulmonary TB who are examined in these areas and if delays occur in starting airborne isolation precautions.

- ✓ **New hires** are screened for TB at the time of their pre-employment physical including a risk assessment, symptom evaluation, and blood test (for those without prior TB disease or infection). It is important to disclose history of positive TB test or latent TB infection, current or planned immunosuppression, temporary or permanent residence in a country with high TB rate, and close contact with someone who had TB disease.
- ✓ **All employees** are required to complete annual TB education, provided through the Essentials Newsletter (this article).
- ✓ **Healthcare workers (HCW) with Latent TB infection (LTBI)** and no prior treatment are required to complete annual education and an annual tuberculosis symptoms questionnaire. Employee Health will provide these HCWs with the annual education via My E-Learning (MEL) on the signs and symptoms of TB disease. The annual tuberculosis symptoms questionnaire will be available in the MEL training.

- ✓ **Employees exposed** to infectious TB disease need a baseline and follow up symptom evaluation and blood test. Those with documented prior TB infection or disease are not retested but should have further evaluation if a concern for TB disease exists.

TB FACTS

- TB is a disease which usually affects the lungs. Typically, bacteria spread person to person through the airborne route when the person with active pulmonary TB disease coughs, sneezes, or speaks and people close-by inhale these bacteria and may become infected. The bacterium is Mycobacterium Tuberculosis (MTB).
- **TB symptoms** include feeling of weakness, fatigue, malaise, extreme tiredness, unexplained weight loss, loss of appetite, fever, night sweats, productive cough lasting over 2 weeks, spitting/coughing blood, and chest pain.
- **PPE:** Health Care Personnel (HCP) caring for patients with TB need to use appropriate respiratory protection* (N95 particulate respirator or PAPR); including when caring for patients placed on airborne precautions and during a cough-inducing procedure.
 - ***FIT TESTING: OSHA requires health care workers to be fit-tested ANNUALLY before wearing approved respiratory protection (N95 particulate respirator).**
- **ISOLATION:** Patients with suspected or confirmed pulmonary TB are placed on Airborne Precautions in designated rooms with approved ventilation system (negative airflow or HEPA unit) and the door closed. During transport, the patient must wear a surgical mask. No one enters without wearing the appropriate mask.

Not everyone infected with TB becomes sick; there are 2 different TB related conditions; Latent TB infection (LTBI) and active TB disease...

- **LTBI:** Latent TB infection is when the TB germs are in the body, but the person is not sick or exhibiting TB symptoms because the germs are not active and cannot spread to others; however, there is a risk they can develop active TB disease in the future. Treatment is encouraged for all HCP with untreated latent TB infection (LTBI) unless medically contraindicated.
- **TB DISEASE:** Active pulmonary TB disease is when TB germs are actively multiplying and the person is sick with some or all symptoms of TB, they can spread the germs to others. Those with active MTB disease need to be treated with medication, isolated until proven non-contagious, and take medication exactly as instructed to prevent becoming sick again or developing resistance.
- **RISK GROUPS:** People who are most likely to get sick from TB are those with HIV, people who inject illegal drugs, babies and young children, elderly, people who were not treated correctly for MTB in the past, and people with chronic medical conditions.

QUESTIONS: Contact your Infection Control & Prevention Department or Network Employee Health Services with questions.

Bloodborne Pathogens: Protect Yourself!

OSHA's Bloodborne Pathogen Standards seek to reduce your risk of exposure to bloodborne pathogens such as Hepatitis B, Hepatitis C and HIV that may be present in blood and other body fluids. The *Healthcare Worker Exposure Bloodborne Pathogens* policy is located on MyNET.

How do you protect yourself?

- **Do not** eat, drink, apply cosmetics or handle contact lenses in patient care areas.
- Needles and sharps must always be handled safely in a manner that prevents injury.
 - **Do not recap, bend or manipulate.**
 - **Always activate safety devices immediately after use and discard promptly in a puncture-resistant container at point of use.**
- Wear appropriate personal protective equipment (PPE), including eye protection whenever you may be at risk of exposure.
 - Know where PPE is stocked and how to use it correctly.
 - Dispose of PPE at the point of use and perform hand hygiene.



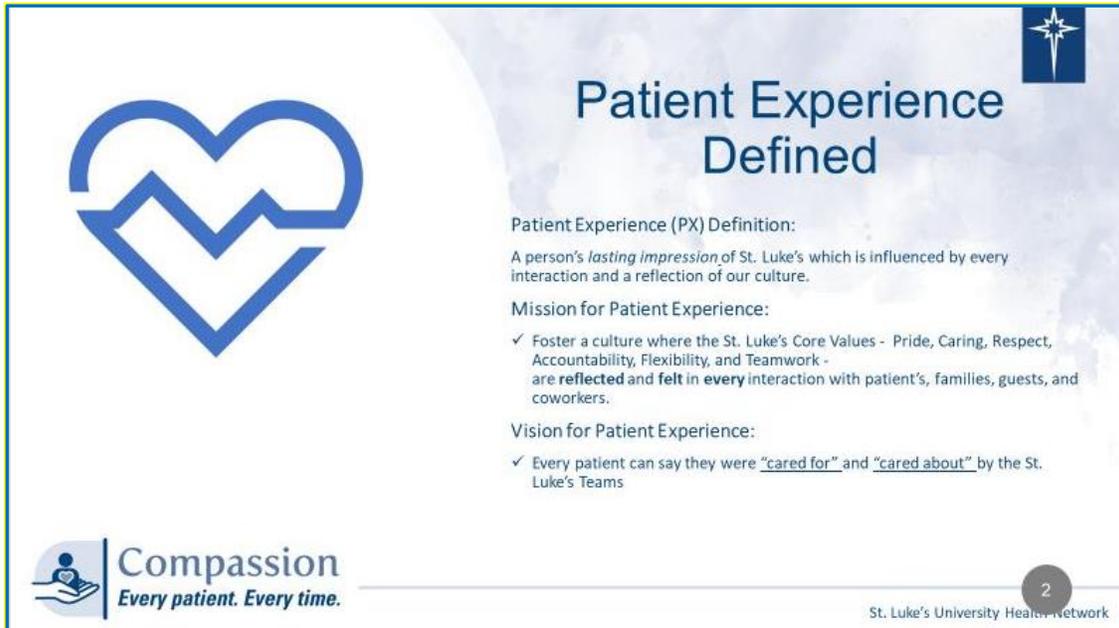
What is an exposure?

An exposure is eye, mucous membrane, non-intact skin, or parenteral contact with blood or body fluids that occurs while you are doing your job.

What should I do if an exposure occurs?

- Wash the area with soap and water
- Report the exposure to your supervisor
- Report incident via WorkDay > Search > *Report Safety Incident*
- Go to the nearest Emergency Department or Occupational Medicine location as soon as possible for a confidential medical evaluation
- Refer to the HCW policy for guidance related to source patient testing
- Notify Employee Health to monitor baseline testing results and need for follow up plan
- For work-related employee injury/illness guidance, go to MyNET > Quick Links > Important Links > *Workday Work Injury Reporting Guide*

Patient/Human Experience



Patient Experience Defined

Patient Experience (PX) Definition:
A person's *lasting impression* of St. Luke's which is influenced by every interaction and a reflection of our culture.

Mission for Patient Experience:

- ✓ Foster a culture where the St. Luke's Core Values - Pride, Caring, Respect, Accountability, Flexibility, and Teamwork - are **reflected** and **felt** in **every** interaction with patient's, families, guests, and coworkers.

Vision for Patient Experience:

- ✓ Every patient can say they were "cared for" and "cared about" by the St. Luke's Teams

Compassion
Every patient. Every time.

St. Luke's University Health Network

Fundamentals of AIDET Plus the Promise

Using *AIDET Plus the Promise* improves patient and customer perception of their care and services they receive. The practice helps build customer loyalty, improves communication, and improves patient outcomes and care delivery. The *Keys to Effective Patient and Internal Customer Communication* include:

- Acknowledge** **Acknowledge** the patient by name. Make eye contact, smile, and acknowledge everyone in the room (patient and families).
- Introduce** **Introduce** yourself, your skill set, your professional certification, and experience. Include key words for managing up.
- Duration** Give an accurate and specific **time expectation** for tests, physician arrival, and identify/communicate next steps. When this is not possible, give a time in which you will update patient on progress.
- Explanation** **Explain** step by step what will happen, narrate your care or service, answer questions, and leave a way to contact you, such as a nurse call button or phone number. Use language a patient can understand.
- Thank You** **Thank** the patient. Some examples of things you may thank them for include the following: choosing your hospital, their communication and cooperation, sharing information with you, their patience, allowing you to care for them or use your own words. Thank the family for assistance and being there to support the patient.

+The Promise: Make a statement of your personal commitment to the patient's/internal customer's care and experience.

No Pass Zone

FRIENDLY AT
10 AND 5



LET'S CURB
CLUTTER



GO THE
CLEAN ROUTE



ALWAYS STOP
FOR CALL LIGHTS



The No Pass Zone applies to every St. Luke's employee. No matter your role, you are required to respond to patients or visitors in need. Do not shy away from helping someone if you don't have the answer. Instead, find someone who can assist. Creating an environment of caring and responsiveness using a *NO PASS ZONE* applies to every person, everywhere, every time. St. Luke's employees are expected to perform the following actions as part of the No Pass Zone.

- ✓ **Friendly at 10 and 5:** Being friendly at 10 and 5 is expected of all staff when addressing patients, visitors, and colleagues. Acknowledge someone at 10 feet with a smile or eye contact, and a verbal greeting at 5 feet.
- ✓ **Curb Clutter:** Do your part in keeping our facilities clean and tidy. If you see it, pick it up and throw it away. Be aware of equipment in hallways and move to the proper places. Avoid clutter from overstocked supplies.
- ✓ **Go the Clean Route:** There are no exceptions to going the clean route! It is required that you sanitize or wash hands when entering a patient room *and* exiting the room.
- ✓ **Always Stop for Call Lights:** Every call light represents a patient need (and sometimes a critical one). Any St. Luke's employee can answer a call light. Observe the patient need, provide what they are asking for or, if you are not in a clinical role, let the patient know you will find someone to help them. Remember to use AIDET and smile!

When staff demonstrate empathy, patients and families feel well cared for and cared about. An emotional connection between a caregiver and a patient can reduce anxiety and improve healing. The **ETC Framework** is a tool to help communicate with **Empathy**, provide clear explanations (**Think**) and end every encounter with a positive **Connection**.



Interpretation/Language Services

The staff person who identifies a patient entering St. Luke's as having limited or no understanding of English will initiate the process to obtain interpretation services. In-person, blue phone, or virtually via the CyraCom Interpreter app are the available resources used to obtain interpretation services. The network discourages the use of family and friends as interpreters when discussing medical information with patients and their families. Issues may not be appropriately communicated and discussed using family and friends as interpreters. The hospital also discourages the use of ancillary hospital staff as interpreters for several reasons including: confidentiality, ability to interpret medical terms, etc.



Key Points

- Medical interpretation - use the “blue” CyraCom phones or conduct a virtual session via the CyraCom Interpreter app on a St. Luke's issued iPad or tablet where available.
 - Unlimited number of languages available for services
 - Operators are validated and competent in their languages and “medical” language interpretation
- Phones are usually available on the patient units, in some departments, at the reception desks – when all else fails, contact a supervisor for direction
- For future scheduled visits, a request for an in-person translator can be made by emailing clientservicesf2fscheduling@cyra.com
- In most circumstances, it is inappropriate to use family/friends and/or hospital personnel who are not recognized medical interpreters (i.e. issues of confidentiality, reliability, etc.)

APPM #73 Interpretation Services

Hearing/Speech/Vision Impairments

In accordance with the Americans with Disabilities Act 1990 (ADA) St. Luke's will provide effective communication to meet the needs of patients and their companions who have sensory impairments including deafness, hardness of hearing, low vision, or blindness. Appropriate services and devices will be made available as requested to those identified individuals. SLUHN shall provide to patients and companions who have sensory impairments, whichever auxiliary aids and services (singly or in combination) may be necessary, for effective communication, as soon as practical after making such a determination.

Employees are required to:

- Assess communication needs including speech/hearing impairments and document at first contact
- Document services and/or devices provided or declined during the visit
- Provide effective communication for our patients and their companions
- Make efforts to provide communication aids and interpreter services to meet patients' needs
- If you are unsure what to do, contact a supervisor for direction

APPM # 4 Communication with Patients with Sensory (Speech, Hearing or Visual) Impairments

Health Literacy

Health literacy refers to how well a person can get the health information and services that they need and how well they understand them. It is also about using information to make good health decisions. We can help to teach skills to find information, talk with healthcare providers, live healthy or manage a disease, etc.

- Use simple language, short sentences, and define technical terms
- Supplement instruction with appropriate materials (videos, models, pictures, etc.)
- Regardless of your profession, always ask patients to explain your instructions in their own words (Teach-back method) to verify their understanding and/or demonstrate the procedure
- Ask questions that begin with “how” and “what,” rather than closed-ended yes/no questions

Cultural Diversity & Sensitivity

Whether you are working with a new co-worker or caring for a new patient, cultural differences can play a big role in your relationships with people. Culture is defined as “the customary beliefs, social norms, and material traits of a racial, religious, or social group.” Culture influences how people look at life and guides their interactions with each other. Cultural sensitivity, respect for individuals and their cultural differences, helps us as healthcare workers to do what we can to help our patients cope with their illness and hospitalization without judging them.

In healthcare, it is especially important to understand the importance of another person's beliefs and practices because they can influence the person's hospitalization. It is very easy to accidentally insult others when we act on our own values rather than learning more about and/or respecting their beliefs and customs. When meeting patients for the first time, take a few moments to consider who they are and what makes them unique; ask them some questions to learn more about how to care for them in the hospital.

Obesity Sensitivity

Obesity affects 1/3 of the US population. Another 1/3 of the US population is overweight, contributing to the increase in medical conditions associated with obesity like diabetes, high blood pressure, sleep apnea, cancers, and others.

- Obesity is now classified as a disease. Research has shown that obesity is caused by many factors and not just overeating. The factors that play a part in obesity are genes, environment, behavior, culture, socioeconomic factors, and metabolism.

- Physicians, nurses, and other health care workers contribute to obesity stigma and bias. Health care workers often blame the individual suffering with obesity and label them as lazy, non-compliant, sloppy or dirty, weak-willed, lacking in self-control, unsuccessful and dishonest. It is often said that obesity is the “last socially acceptable prejudice”.

-Individuals suffering from obesity often delay* getting preventative care due to:

- Disrespectful and negative treatment by staff
- Furniture, equipment, or gowns are too small
- Scales are not in a private space or do not hold the patient's weight.

**Because of delays in accessing preventative care, medical conditions of obese people are often put off until the person is much sicker which often leads to an emergency room visit and hospital stay.*

Remember, those suffering from obesity wear their diagnosis on the outside for everyone to see. What would it be like if everyone had to “wear” their diagnosis on the outside for all to know? Diseases like anxiety disorder, depression, high cholesterol, high blood pressure, incontinence, etc. are not visible like obesity is.

When interacting with people who have obesity, it is vitally important to consider their feelings as you would with all others. Choose your words carefully!

Instead of saying...	Consider this...	Explanation
“You are obese.” “chubby” “fat” “overweight”	“You have an unhealthy weight.” “You suffer from overweight.”	You don't say to someone “You are cancer.” or “You are COPD.” <i>These are diagnoses, not an identity.</i>
“Get a big chair for this registration desk.” “Get a big gown.” “Everybody to room x to help lift the patient.”	- Go get a larger chair yourself. - Request or delegate, do not yell or holler. “Please go get a bariatric gown.” - Send someone to the desk to get help with lifting.	Using the type of language in the first column causes shame and blame. Know your furniture and equipment and their weight limits. Make sure your area is accessible to all people.

Research shows patients are not afraid to talk about their need for help with their excess weight. Do not be afraid to ask if patients want help with their weight. They should talk to their primary care provider for guidance.

Culture of Safety

TeamSTEPPS

Team Strategies and Tools to Enhance Performance and Patient Safety

Ineffective communication is a leading cause of preventable patient harm. Teams that communicate effectively and demonstrate mutual support reduce the potential for error, enhance patient safety and improve clinical performance. Effective team communication also improves the quality of working relationships and job satisfaction.

TeamSTEPPS provides higher quality and safer patient care

by:

- Producing highly effective medical teams that optimize the use of information, people, and resources to achieve the best clinical outcomes for patients. (SBAR, closed-loop communication, handoffs)
- Increasing team awareness and clarifying team roles and responsibilities. (Brief, Huddle, Debrief)
- Resolving conflicts and improving information sharing. (CUS, DESC framework)
- Eliminating barriers to quality and safety. (Shared Mental Model)



TeamSTEPPS concepts provide a common terminology and a common platform for communication – it is expected we communicate with each other using these tools.

Please complete the required MEL education on this topic for additional details/information.

AHA website: <https://www.aha.org/center/team-training/getting-started-teamstepps>

Behaviors that Undermine a Culture of Safety

The Joint Commission has a leadership standard that addresses disruptive and inappropriate behaviors by members of the health care team that undermine the culture of safety. St. Luke's regards all disruptive behaviors as unprofessional.

St. Luke's University Health Network is committed to maintaining a workplace free of disruptive behavior; such behavior will not be tolerated. Employees who believe they are subject to any form of disruptive behavior, or feel that disruptive behavior is taking place, are encouraged to report the situation promptly to their supervisor, any manager, or Human Resources.

Confidentiality will be maintained to the fullest extent practical and retaliation for reporting will not be tolerated.

Disruptive behaviors include:

condescension (behavior of people who think they are better than others)	demeaning & inappropriate comments	failure to return phone calls or pages or texts
verbal outbursts	physical acts	passive behaviors
impatience with questions	reluctance/refusal to answer questions	sexual/other forms of harassment

Harassment

St. Luke's University Health Network is committed to a workplace free of discrimination and harassment and to a safe and respectful work environment. Offensive or harassing behavior will not be tolerated against any employee. Harassment is considered a form of employee misconduct.

- Any employee who believes he/she is being harassed, or feels harassment is taking place in the workplace, is encouraged to report the harassment promptly to their immediate supervisor, any manager, or Human Resources. The Network will promptly investigate all allegations of harassment and if the allegations are substantiated, the Network will take necessary action to end the harassment.
- No employee of St. Luke's is exempt from this policy. Disciplinary Action, up to/including termination, will be taken against any employee engaging in harassment or retaliation. Any supervisor or manager who has knowledge of such behavior, yet takes no action to end it, is also subject to Disciplinary Action, up to/including termination.
- Reports of harassment will be kept confidential recognizing that some disclosure may be necessary for the purpose of investigation or Disciplinary Action.
- The Network prohibits retaliation against any employee who makes a report of harassment and will take appropriate Disciplinary Action against any individual engaging in retaliatory behavior.
- Any employee who believes he or she is being harassed, or feels harassment is taking place in the workplace, is encouraged to report the harassment promptly to his/her immediate supervisor, any manager, or Human Resources.
- Similarly, anyone who believes he or she is being discriminated against as a result of harassing behavior (for example, other employees being given special treatment in exchange for sexual favors), is encouraged to report it promptly to any of the above individuals.

Patient Safety and Event Reporting

St. Luke's University Health Network strives to promote a Culture of Safety by empowering staff to identify actual or potential patient safety concerns to prevent patient harm. Therefore, any employee who suspects, discovers, or witnesses a patient safety event is responsible for completing a Patient Safety Event Report.

The *Patient Safety Event Reporting System* is available to all employees within Epic or through the *Quick Links* tab of MyNET. This electronic reporting system is user-friendly and allows for timely notification and follow-up of patient safety events.

Examples of patient safety events that should be reported include, but are not limited to:

Falls	IV site complications	Medication errors	Elopement	Wrong site surgery	Skin compromise
Mislabeled specimen	Hospital Acquired Infections	Transfusion reactions	Delay in test/treatment	Adverse drug reactions	Unanticipated complications
Misdiagnosis	Unruly behavior	Retained foreign body	Unplanned returns	Equipment problems	Narcotics discrepancy

Patient Safety Hotline

Any healthcare worker who suspects, discovers, or witnesses a patient safety event is responsible for assuring it is reported. In addition to the on-line reporting system, the *Patient Safety Hotline* was implemented to help facilitate prompt reporting of patient harm events. **To access the *Patient Safety Hotline* you should refer to the orange card posted in your department or dial 484-526-4044.**

Important note: Pennsylvania law requires healthcare workers report serious events within 24 hours of their occurrence and/or discovery and to report incidents as soon as reasonably practical.

To further facilitate reporting, healthcare workers may also report quality-of-care or safety concerns directly to The Joint Commission. In these situations, the hospital will take no corrective action against employees who make a good faith report of these concerns to The Joint Commission.

Patient Complaints and Grievances

St. Luke's University Health Network respects the rights of patients and/or their representatives to express dissatisfaction regarding their experience. Prompt resolution of these concerns is an important part of good customer service and is required by state and federal regulations.

All employees must know what to do when presented with a complaint or grievance:

- Carefully listen to the concern and immediately apologize for the experience
- When possible, intervene immediately to resolve the concern

- If unable to resolve, report the concern to your supervisor
- Offer reassurance that you will report the concern to a supervisor, and someone will address them promptly

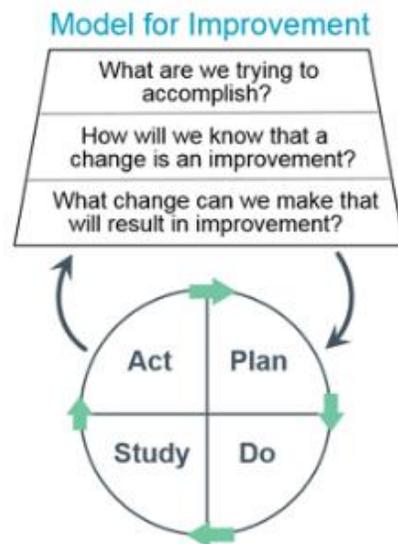
If a patient complaint or grievance involves a dangerous situation or patient safety issue, the concern must be handled immediately.

Performance Improvement Basics

The Board of Trustees is ultimately responsible for Quality Performance in our Network and support quality improvement efforts across the Network. Reports related to important quality measures and activities are provided at each regular meeting of the Board. However, participation of frontline staff (those doing the work!) is essential to achieving excellent quality outcomes and this includes involvement of our medical staff. You will notice that many of our PI teams are co-led by a physician or advanced practitioner.

At St Luke's we use **Plan-Do-Check-Act methodology** that involves small tests of change and rapid cycle improvement. It is also sometimes called Plan-Do-Study-Act. Guiding Principles:

- Focus on systems and processes.
- Simplify when possible.
- Manage change through knowledge – decisions should be made based on fact and data, not perceptions
- Multi-disciplinary collaboration and teamwork is essential



The Model for Improvement starts with three basic questions:

1. **What are we trying to accomplish?** Identify the opportunity. Set your AIM, define your SMART goal(s). SMART goals are specific, measurable, achievable, realistic, and timely.
2. **How will we know a change is an improvement?** Define your measures.
3. **What change(s) can we make that will result in improvement?**

The Plan-Do-Check-Act (PDCA) cycle is how we test a change to determine if it was effective — by planning it, trying it, observing the results, and acting on what is learned.

- **Plan** – Use objective data to identify the opportunity for improvement. Determine your baseline data. Conduct a review of the literature. Identify best practices and evidence-based care. Develop a plan to implement your actions and test the change.

- **Do** – Carry out the plan and test the changes. Identify barriers and unexpected observations. Collect data
- **Check** – Analyze the data, compare to baseline data, and determine if improvement occurred.
- **Act** – Refine the change based on what was learned from the test. If there was improvement, plan to spread the change. If there was no or little improvement, identify the next change to be tested.

St Luke's Quality: <https://mynet.slhn.org/Quick-Links/Departments-Services/Network/Quality-Resources>

IHI How to Improve page: <https://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>

St. Luke's Chest Pain Program – Learn **EHAC**

What is St. Luke's Chest Pain Center Program?

A process of care developed to assure every patient gets rapid and accurate diagnosis and treatment. Our goals for the program are to improve the outcomes and reduce death from coronary artery disease. *Did you know?* Most heart damage can occur within the first two hours of a heart attack. Use **EHAC** to survive: **Early Heart Attack Care**. Recognize the early signs and symptoms of a heart attack.

Someone may have one or more of these common symptoms. When symptoms start, they can be mild or come and go. Over time, the symptoms become more intense.

Chest Pressure, squeezing, aching, or burning	Excessive fatigue or weakness	Jaw pain
Pain that travels down one or both arms	Back pain	Anxiety
Shortness of breath	Nausea or vomiting	Feeling of fullness

Atypical symptoms. Be alert for additional symptoms that may be from your heart.

A sharp or "knife-like" pain that occurs with coughing or breathing
Pain that spreads above the jawbone or into the lower body
Difficult or labored breathing

If symptoms persist: SURVIVE. DON'T DRIVE. CALL 9-1-1. If intermittent, call your doctor.

Inside the hospital:

- **If an in-patient experiences new signs of a heart attack:** call a rapid response - dial **5555**.
- **If an out-patient, visitor, or co-worker experiences these signs,** call a medical emergency, dial **5555**.

Outside of the hospital: call **911**.

If someone collapses:

- **Call for help.**
- Perform "hands-only" **CPR**. Push hard and fast on the center of the chest.
- Find and use an **AED** (Automated External Defibrillator).



Discuss these **general risk factors** for a heart attack with your doctor:

Chest pain, pressure, burning, tightness, aching-may come and go	High blood pressure
Sedentary lifestyle	Overweight or obese
Metabolic disease, diabetes, other illness	Using tobacco products
Women: use of birth control pills, history of pre-eclampsia or low birth weight baby	Family history of heart disease

What is the difference – men vs. women?

Heart attack symptoms can be different between men and women! *Why does it matter?*

Women are less likely to seek immediate medical care which can cause more heart damage.

Women may have different symptoms:

Right side chest discomfort	Exhaustion, drained, dizzy, nausea
Back pain, jaw pain	Stomach pain (like flu) heartburn (like ulcer)

BE FAST Facts about Stroke

Stroke is the 5th leading cause of death and a leading cause of long-term disability in the U.S.

Stroke is caused by the lack of blood flow and oxygen to the brain which causes brain tissue to die.

Stroke is an emergency. Stroke victims could potentially receive a clot-busting medication or undergo a procedure to remove a blockage of a blood vessel in the brain. This clot-busting medicine must be given within 4.5 hours of the onset of symptoms. The procedure to remove a blockage in the blood vessel can be performed within 24 hours of the time the victim was last known to be well. If you or someone you are with experiences stroke symptoms it is important that you remember to **BE FAST**.

In the hospital, call a Rapid Response for inpatients or a Medical Emergency for out-patients, co-workers, or visitors. In the community, call 911 or an ambulance immediately.

BE FAST Facts about Stroke

Balance – Is the person experiencing a sudden loss of balance?

Eyes – Does the person have a sudden loss of vision in one or both eyes?

Face – Ask the person to smile. Does the face look uneven?

Arm – Ask the person to raise both arms. Does one arm drift down?

Speech – Ask the person to repeat a simple phrase like “the sky is blue”- Does his or her speech sound strange?

Time – If you observe any of these signs, note the time the symptoms started and call 9-1-1 or an ambulance.



Compliance Hotline

St. Luke's University Health Network is committed to operating in full compliance with all applicable laws, regulations, and policies related to Medicare, Medicaid, and other Federal health programs. Compliance to regulations and ethics help St. Luke's foster an environment of trust and safety for our patients, employees, physicians, business partners, and the communities we serve. If you suspect that a St. Luke's employee or contractor is involved in actions which you believe are violations, you are obligated to report your concerns. Violations may include any of the following:

- Accepting inappropriate gifts and gratuities (e.g. cash gifts)
- Committing theft, fraud, waste, and abuse
- Disclosing confidential information
- Falsifying documents
- Ignoring or violating regulatory requirements
- Inappropriate management of federal grants or contracts
- Questionable financial accounting practices
- Not reporting conflicts of interest (e.g. accepting payments or offers for non-business-related entertainment or trips)
- Research misconduct
- Submitting inaccurate or incomplete documentation and coding
- Using St. Luke's property and systems improperly



How do I submit a Compliance Report?

The Compliance Hotline is always available at **855-9 ETHICS or 1-855-938-4427**. Trained operators answer calls to the Compliance Hotline 24 hours a day, 7 days a week, 365 days a year. Another option is to file your report online at <https://slhn.org/compliance>

You can remain anonymous or reveal your identity – it is up to you. When reporting a potential compliance issue, please be prepared to provide detailed information to assist with the investigation. Please note that for some safety concerns, your identity may be necessary, so we can properly investigate the issue.

NOTE: The Compliance Hotline should not be abused or used for matters that can be resolved within the department or by the Human Resources Department (e.g. questions regarding policies and procedures or employment benefits).

Retaliation

Everyone is accountable for helping to ensure we are compliant and ethical as well as for speaking up when something is not right. St. Luke's will not retaliate against someone who, in good faith, makes a report, raises a concern and/or participates in handling or investigating a concern regarding an actual or suspected violation of the Code of Conduct, our policies or applicable standards and laws.

Suspected Abuse and Your Role in Reporting

Healthcare workers should have some baseline knowledge regarding different types of abuse and their roles in reporting suspected abuse to the appropriate authorities. St. Luke's outlines the definitions of different types of abuse, the care of patients who are suspected victims of abuse, identification and/or screening processes related to abuse, and reporting requirements for each type of abuse. Reporting requirements vary by state and by the different types of abuse/age of victims. You can find detailed information on MyNET in the following

Administrative Policy Manuals (APPM):

- Abuse: Domestic/Family Violence
- Abuse: Child
- Abuse: Elder
- Abuse: Vulnerable Adult

Key Points:

- Patient Safety is our goal.
- If you see something, or suspect something, or someone (especially a patient) discloses something to you, **SAY** something! If you are not sure what to do, immediately contact your manager/supervisor for assistance.
- If you are in a position that requires reporting related to suspected abuse, you must understand your role and the requirements.
- Contact with some protective services and/or reports to agencies must be documented in the Medical Record. Depending on the circumstances, it may be necessary for Providers to use the "sensitive" button in the EMR to protect the information from being disclosed to a potential abuser.

For more information about your role in identifying and/or reporting abuse, please refer to the policies outlined above. Search My E-Learning for the educational program *What You Need to Know About Suspected Abuse and Your Role in Reporting (10/2022)* for basic information.

Abuse does not only happen to someone else. St. Luke's University Health Network recognizes that family/domestic violence may also affect the lives of health care employees. It may be evident in the workplace via harassing telephone calls, unauthorized visits to the workplace by the batterer/perpetrator, and direct threats of harm to the employee while in the performance of duties at SLUHN. Refer to the *Workplace Violence* section of the Employee Handbook.

Child Abuse (APPM #18 Abuse – Child)

Child abuse encompasses a range of abusive actions or acts of commission, including physical and sexual abuse, and lack of actions or acts of omission including neglect and abandonment, which result in injury or death. Any injury in a child for which there is no logical explanation or injury that is incompatible with the history given or the child's developmental age indicate the potential for child abuse and should be investigated. It is the responsibility of St. Luke's Hospital and Health Network to report all suspected child abuse cases to the appropriate authorities under the Child Protective Services Law (CPSL) and/or, as applicable, under the Pennsylvania Crimes Code or New Jersey Statutes.

Physical Signs of Child Abuse:

- Welts and bruises in various stages of healing
- Fingernail marks
- Human bite marks
- Burns, lacerations, and abrasions in the pattern of an instrument
- Missing, loose, or broken teeth

Did you know...?

- Newborns identified as being affected by illegal substance abuse at their time of birth or who exhibit withdrawal symptoms from prenatal drug exposure are reportable events under recent legislation.
- The Pennsylvania Crimes Code has defined pregnancy as a form of abuse under certain circumstances related to the age of the pregnant child and the age of the father of the baby and as such is reportable to jurisdictional police.

Child Abuse - Mandatory Reporting!

It is the responsibility of all hospital personnel and medical staff who in the course of their employment, occupation or practice have contact with children to report suspected child abuse as per the Child Protective Services Law.

Pennsylvania: Childline 1-800-932-0313) New Jersey: State Central Registry (1-877-652-2873)

Once a report is filed, the person reporting the situation must notify their immediate department supervisor and the Care Management Department in order to facilitate follow-up.

All hospital personnel are responsible for the initial report of all suspected child abuse or neglect cases to Childline or local Children and Youth agencies. Unlicensed personnel (e.g., Patient Care Assistants (PCA), technicians, Medical Assistants, attendants, etc.) who suspect abuse should immediately report the situation to their supervisor or a licensed professional in

the setting (e.g., nurse, physician, respiratory therapist, physical therapist, etc.). It is the responsibility of the supervisor or licensed professional to assist them with calling Childline/Central Registry and/or helping the individual file an electronic report.

If a physician has determined that a child has suffered serious physical injury due to the actions of a person or guardian based on the guidelines provided within policy, he or she may invoke the protective custody law to provide for temporary custody of the child by the hospital or physician. Care Management, Security, and other appropriate hospital administrative personnel must be notified.

Continuing Education Legislation for Professional Licensees in Pennsylvania:

Act 31 of 2014, requires each licensing board, under the Department of State, with jurisdiction over professional licensees, to require applicants to take educational classes on child abuse recognition and reporting. Licensees are encouraged to maintain contact with their individual Boards for approved offerings and requirements for licensure.

If you are a healthcare licensee, check with your state board for programs which are approved to meet the CE requirement.

Mandatory Background Checks/Reporting of Prohibitive Offenses by Employees

Due to changes in the Child Protective Services Law ("CPSL") which went into effect January 1, 2015, employees and volunteers are required to complete criminal history background checks and a child abuse history background investigation prior to employment and every sixty months (60) months during employment depending upon the employee's position and/or department. Current employees and volunteers may also be required to have the above background investigations repeated in order to comply with the CPSL.

Additionally, any employee or volunteer who is arrested or convicted of a prohibitive offense that would constitute grounds for denying employment or participation in a program, activity, or service under child protective services legislation or is named as a perpetrator in a founded or indicated report of child abuse, has an obligation under the CPSL to provide Human Resources ("HR") with written notice not later than seventy two (72) hours after the arrest, conviction or notification that the employee or volunteer has been listed as a perpetrator in the statewide database. An employee or volunteer who willfully fails to disclose the required information commits a misdemeanor of the third degree and shall be subject to corrective action up to and including termination or denial of employment or volunteer position. Please direct any questions regarding the CPSL or your obligation to your manager or HR.

PROHIBITIVE CRIMINAL OFFENSES

Under the Pennsylvania Child Protective Services Law, an applicant is disqualified from employment in certain positions in the health care field if the applicant's criminal history record information indicates the applicant has been convicted of any one or more of the following criminal offenses under the Pennsylvania Crimes Code, Title 18 (relating to crimes and offenses), or an equivalent crime under Federal law or the law of another state:

Chapter 25 (relating to criminal homicide).
 Section 2702 (relating to aggravated assault).
 Section 2709.1 (relating to stalking).
 Section 2901 (relating to kidnapping).
 Section 2902 (relating to unlawful restraint).
 Section 3121 (relating to rape).
 Section 3122.1 (relating to statutory sexual assault).
 Section 3123 (relating to involuntary deviate sexual intercourse).
 Section 3124.1 (relating to sexual assault).
 Section 3125 (relating to aggravated indecent assault).
 Section 3126 (relating to indecent assault).
 Section 3127 (relating to indecent exposure).
 Section 4302 (relating to incest).
 Section 4303 (relating to concealing death of child).
 Section 4304 (relating to endangering welfare of children).
 Section 4305 (relating to dealing in infant children).
 Section 5902(b) (felony offenses relating to prostitution and related offenses).
 Section 5903(c) or (d) (relating to obscene, sexual materials and performances).
 Section 6301 (relating to corruption of minors).
 Section 6312 (relating to sexual abuse of children).
 Attempt, solicitation or conspiracy to commit any of the above offenses.

An applicant is also disqualified from employment if the applicant's criminal history record information indicates the applicant has been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. § 780-101 et seq., committed within the five-year period

Defective Medical Products and Equipment

Any healthcare worker who discovers or is notified of defective supplies or a piece of medical equipment should report this information to a department supervisor/manager, as soon as reasonably practical. With the assistance of the Supervisor/manager, or their designee, will help coordinate the discontinuance of the equipment or supplies involved, including any ancillary items in use at the time of the event (e.g., tubing, bags, pumps, cords, etc.). The items should be secured out-of-service pending further instruction. The supervisor/ manager, or their designee will notify the following campus-specific departments:

- **Supplies:** all campuses – SPD and network Purchasing Office
- **Medical Equipment:** all campuses – Biomedical Engineering Department (Biomed)

Reporting:

- ✓ A *Defective Product User Experience Form* should be completed and sent to the Purchasing Department for the purpose of product credit, replacement, or substitute is needed.
- ✓ For any product, supply, device, or equipment involved in a patient harm event, completion of an online *Patient Safety Event Report* is required.
- ✓ If applicable, an *Employee Accident Report* should be completed.
- ✓ The Patient Safety officer(s) will approve, coordinate, and manage the logging, labeling, storage, disposal of, or release of defective supply/equipment to the manufacturer's representative, for products involved in patient harm events.

- ✓ Authorization from Clinical Risk Management and/or Legal Services is required prior to the release of potentially defective medical supplies or equipment, including explanted medical devices with actual or potential patient harm, to the patient or any other third party.

Definitions:

Defective Supplies/Equipment – items that produce an unexpected performance outcome

Medical Equipment – examples: infusion pumps, cardiac monitors, ventilators, beds, etc.

Patient Care Supplies – examples: catheters, IV tubing, needles, syringes, pacemakers, other implantable devices, etc.

APPM #10 Defective Medical Products and Equipment

Network Policy - Vendor Compliancy

Vendors are defined as companies and their representatives of a distributor, manufacturer, service provider, home health agency, nursing home or any other company who visits a SLUHN facility for the purpose of providing patient care and treatment, goods, or services, soliciting, marketing or distributing information regarding the use of medical devices, supplies, pharmaceuticals, equipment, product education and other purchased services. Vendors conducting business with SLUHN subsidiaries must complete a certification process, maintain compliance with all required documentation and policies, and act in accordance with established policies. [APPM #239 – *Vendor Credentialing and Conduct Policy*]

- All vendor representatives must be pre-scheduled in Vendormate *and* badge in at time of appointment or be denied access. Such appointments are entered by network employees.
- Vendor representatives must wear the issued badge clearly at-all-times.
- **No appointment = No access** to ANY network location (e.g. hospital, practice, office, department, etc.)
- There should be no one visiting, soliciting or handing out brochures at any network location. Every employee is empowered to ask to see their Vendormate badge, ask their reason for being on-site and who their appointment is with. Otherwise obtain their name, the company they represent, and escort them to the door. Immediately report it to the Compliance Department or Karen Nazarewych.

Contact Karen Nazarewych with any Vendormate questions.

New Jersey Patient Safety Law: Recognizing a Serious Preventable Adverse Event, Other Adverse Event, or Near Miss

There are 3 definitions you need to be familiar with:

- **“Serious preventable adverse event”** means an adverse event that is a preventable event and results in death or loss of a body part, or disability or loss of bodily function lasting more than seven days or still present at the time of discharge from a health care facility.
- **“Adverse event”** means an event that is a negative consequence of care that results in unintended injury or illness, which may or may not have been preventable.
- **“Near-miss”** means an occurrence that could have resulted in an adverse event, but the adverse event was prevented.

There are 5 categories of serious preventable adverse events that need to be recognized and reported to the Patient Safety Committee. These include:

- Patient Care Management related events
- Environmental events
- Product or Medical Device related events
- Surgery related events
- Patient Protection events

All of these events ***must be reported to the Patient Safety Committee as soon as possible*** after they occur. The hospital can be fined up to \$1000 a day for a delay in reporting an event to the Department of Health within the law's required time frame.

If the adverse event is one of the above, the event must be reported to the Warren Campus Quality Resources Department as soon as it is identified. You may report using the Patient Safety Hotline at 484.526.4044 or via an online Patient Safety Event Report. If the event does not meet the above definitions, we are still very interested in knowing about it. Lori Carlton is the hospital's Patient Safety Officer, and she chairs the committee. You can contact her with any patient safety concerns you have.

The NJ Patient Safety Act (P.L. 2004, C.9.) and the Patient Safety Regulations (NJAC 8:43E-10.8) require an anonymous, voluntary, and confidential reporting system designed to allow employees and health care professionals practicing at a health care facility to submit anonymous reports to the Department of Health regarding preventable adverse events and near misses. The Joint Commission also recognizes and requires the hospital to allow you to “Speak Up” without fear of retribution.

- It is your right as an employee working at this hospital to file a report.
- The NJ Department of Health anonymous reporting system can be accessed at: [Department of Health | Health Care Quality Assessment | Patient Safety Reporting System \(nj.gov\)](#)
- Joint Commission Website: <http://www.jointcomission.org> or call 800-994-6610

PA Act 13 of 2002 – Medical Care Availability and Reduction of Error (Mcare) Act

Act 13 was signed into Pennsylvania law in March 2002. The primary goal of this act is to ensure that all Pennsylvania healthcare organizations make every effort to reduce and eliminate medical errors. This effort is accomplished through the identification of problems and implementation of solutions that improve patient safety. This law requires Pennsylvania healthcare organizations to:

- Develop a Patient Safety Plan (available on MyNET)
- Designate a Patient Safety Officer for each facility
- Establish an Act 13 Patient Safety Committee
- Establish a reporting system accessible 24 hours per day, seven days per week
- Provide written patient notification of serious events

Any Health Care Worker (HCW) who reasonably believes that a serious event or incident has occurred shall report the serious event or incident according to the patient safety plan, unless the healthcare worker knows that a report has already been made. The report shall be made immediately or as soon thereafter as practical, within 24 hours of the occurrence or discovery of the serious event or incident.

A HCW may anonymously report a serious event to the Patient Safety Authority via the *Pennsylvania – Patient Safety Reporting System (PA – PSRS)* by following the instructions included in Appendix II of the Patient Safety plan.

A HCW who reports the occurrence of a serious event or incident in accordance with the Patient safety Plan shall not be subject to any retaliatory action for reporting the serious event or incident and shall have the protections and remedies set forth in the act of December 12, 1986 (P.L.1559, No. 169), known as the Whistleblower Law. Medical facilities are legally required to notify the applicable licensing board if a licensee involved in a serious event failed to report the event per the requirements of the Patient Safety Plan.

Safe Haven Laws – *did you know?*

Safe Haven Laws allow distressed parents to leave a newborn at a hospital in the event the parent wishes to give up custody. The intent is to transfer newborns that might otherwise be abandoned and die, to healthcare professionals. Neither the parent nor hospital can be held liable as long as the newborn is not a victim of child abuse or another crime. Although a special bassinet may be designated in the Emergency Department, a parent may give the child to any staff member. If the employee is non-licensed, the newborn should be given to the first RN or physician that is encountered who will in turn take the newborn to the ED.

For further information, refer to SLUHN Administrative Policy – *Newborn Protection*.

Baby & Me Program/Keystone 10 Breastfeeding Initiative

Baby & Me is a program committed to focusing on supporting and promoting breastfeeding, rooming-in, and skin-to-skin contact while also recognizing the families' feeding choices and supporting each family's needs. This program follows the Keystone 10 Breastfeeding Initiative guidelines aimed at protecting and improving breastfeeding or breastmilk feeding for all Pennsylvania infants, mothers, and families. The goal is to improve individual, facility, and state level breastfeeding care and rates, ultimately improving the health of mothers and babies. The network supports this initiative by:

- Educating clinicians who provide direct care to mothers/babies/families in best breastfeeding practices
- Providing breastfeeding support in the hospital
- The Baby & Me Support Center is supportive of all breastfeeding families whether they are staff, St. Luke's patients, or families out of the St. Luke's Network. Breastfeeding support is offered at the St. Luke's Baby & Me Support Centers located at:
 - 1425 8th Avenue, Bethlehem, PA. 18018
 - 5425 Lanark Rd – Suite 300, Center Valley, PA 18034
 - 555 Delaware Avenue, Palmerton, PA 18071
 - The offices are open 8 am to 4:30 pm Monday through Friday. To make an appointment, please call 484-526-2229.
- Providing employees who return to work while still breastfeeding, the space necessary to continue
- Providing employees with necessary information about available breastfeeding support so they can help guide family & friends to resources



The breastfeeding policy can be found [MyNET > Policytech > Maternal Child Health manual > Infant Human Milk Feeding Policy](#)

Network Essentials Newsletter Completion Acknowledgement

Please complete this form to acknowledge your completion of the Network Essentials Newsletter.

Please Print:

Name: _____

Email: _____

Department/Unit: _____

Campus/Entity: _____

By signing below, you acknowledge that you have read and understand the Network Essentials Newsletter.

If you have any questions about the contents, please ask your SLUHN manager/supervisor.

Signature: _____ Date: _____

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