

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 Volunteer Engagement Specialist with any questions you have about the content of the newsletter.

Please read the Essentials Newsletter – Volunteer Edition, starting on page 2 and then complete this post-test

The most current edition of Essentials© and post-test are available at www.sluhn.org/volunteer, Step 1b as a reference.

Continue to the next page to read the Essentials Newsletter Content

Contents	Page #
Environment of Care	
Fire Safety	4
Loss of Electric Utilities & Electric Utilities	4
Hazardous Chemicals	5
Emergency Preparedness	5
Personal Safety & Security	
Workplace Violence Prevention	6
Substance Abuse Awareness	6
Every Minute/Every Day: MRI Safety	7
Reporting Work Related Injuries	7
Protecting Your Back	7
Infection Control & Prevention/Employee Health Services	
Annual Hand Hygiene Education & Commitment to Clean Hands	8
MDRO	9
Universal Influenza Vaccination Program	9
Tuberculosis	9
Bloodborne Pathogens: Protect Yourself!	11
Communication	
Patient/Human Experience	11
AIDET Plus the Promise	12
No Pass Zone	12
Interpretation Services	13
Hearing/Speech/Vision Impairments	13
Health Literacy	14
Cultural Diversity	14
Obesity Sensitivity	14
Culture of Safety	
Team Training (TeamSTEPPS)	15
Behaviors that Undermine a Culture of Safety	15
Harassment	16
Patient Safety and Event Reporting	16
Patient Complaints and Grievances	17
Performance Improvement Basics	17
BE FAST Facts about Stroke	18
St. Luke's Chest Pain Program – Learn EHAC	19
Other	
Compliance/The Compliance Hotline	20
Suspected Abuse and Your Role in Reporting	21
Child Abuse/Mandatory Reporting	21
Defective Medical Products and Equipment	23
The New Jersey Patient Safety Act	24
Pennsylvania Patient Safety Act (Mcare Act)	25
Baby & Me Program/Keystone 10 Breastfeeding Initiative	25
Safe Haven Laws	26

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 has the responsibility to know the location and operation of your oxygen and medical gas main valves to help emergency responders.

Basic Safety Rules for Extinguisher Use

All employees and volunteers are authorized to use extinguishers. Be sure the extinguisher is safe to use on the kind of fire you intend to extinguish. Most of our 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 from side to side



Loss of Electrical Utilities & Electric Systems Safety

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

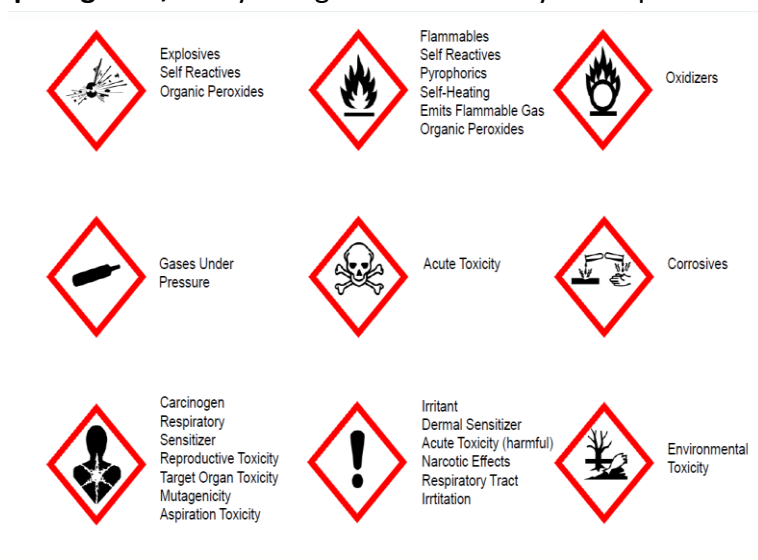
When a power interruption occurs, the hospital switches to generators which provide backup electric power.

- 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)
- Do not overload circuits
- 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”

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. Volunteers are provided a safety card (attached to the name badge) for quick/easy reference.

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
- Control Team – assistance needed for violent patient

Workplace Violence Prevention

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.:
 - Hear the person out without interrupting
 - Empathize with their situation
 - Apologize for the bad experience they are having
 - Take 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.

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 the chronic, relapsing disease characterized by compulsive drug seeking and use, despite harmful consequences. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or death. *What types of substances may be used/abused by employees?* Nicotine, alcohol, illegal narcotics, steroids, prescription medications, etc.

What are signs and symptoms of drug use? Signs may include the following: significant changes in personality, attitude or behavior, appetite changes, tremors, poor physical coordination, changes in physical appearance/ personal grooming habits, diminished recognition of problems with one's behaviors and interpersonal relationships, etc. 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 or occur in a cluster.

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.



Every Minute/Every Day: MRI Safety

The **MAGNET IS ALWAYS ON!**

Access is **RESTRICTED!**



READ the Posted Signs! Remember: everyday work items on your uniform or in your pockets who contain metals are dangerous around the magnet!

Reporting Work Related Injuries

All Volunteers have the responsibility to **immediately** report any accident or incident within St. Luke's University Health Network in which they were directly involved or to which they were an eyewitness. No matter how minor the problem appears to be, the incident or accident needs to be documented immediately by a staff member.

- If the injury is severe and the person cannot ambulate to the emergency department by his/herself, a medical emergency should be called. Security, the Hospital Supervisor and the medical emergency team shall be notified to evaluate the volunteer and transport to the Emergency Department if necessary. Security will investigate and document the injury on a security event report and notify the Volunteer Office.
- If the injury is not severe, the responsible staff member will contact security who will investigate and document the injury on a security event report and contact the Volunteer Office. If necessary, the volunteer will be escorted to the Emergency Department for treatment.
- In a non-severe injury, the department supervisor will alert security. If there is no department supervisor available, the volunteer or a staff member should call the operator to contact the Volunteer Office or Hospital Supervisor. Medical care will be arranged for the volunteer in the Emergency Department as required.
- In either case, if the volunteer is injured while working within the scope of his/her assignment during the proscribed time, he/she will be registered in the Emergency Room as a visitor. The bills for the Emergency Room fees and attending ER physician fees will be submitted to the volunteer's insurance carrier. The volunteer's insurance should be billed. If the cause of the injury is determined to be the responsibility of the hospital, the injured volunteer would be responsible to notify the Volunteer Department to work with Legal Services for any adjustment of the insurance charges.
- Volunteers who experience a medical issue/illness during the course of their volunteer experience will be treated as a visitor with recommendation to be evaluated by their Primary Care Provider. Medical issues/illnesses that require immediate care while in the hospital will be handled as a "medical emergency" with the hospital based medical emergency response team responding; for those off-site with a Care Now available should be seen as a visitor, those without a Care Now and urgent medical issue, 9-1-1 should be dialed. Volunteers treated for medical issues/illnesses during their volunteer experience are responsible for any charges not covered by their insurance.

Volunteers without medical insurance coverage may be asked to apply for medical assistance.

Protecting 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.
- **Lift properly.** When lifting and carrying a heavy object, lift with your knees and tighten your core muscles. Hold the object close to your body. Maintain the natural curve of your back. If an object is too heavy to lift safely, find someone to help you.
- **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.

Patient handling: Volunteers should NOT physically move patients who are unable to move on their own.

Infection Control & Prevention/Employee Health Services

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

Annual Hand Hygiene Education & Commitment to Clean Hands

All healthcare personnel (including volunteers) play an important part in preventing and controlling the spread of infection.



In the posttest section, you will be asked to make a commitment to clean hands!

Hand hygiene is simple and the most effective way to prevent the spread of infection!

Using alcohol-based hand rubs or soap and water is vital to preventing the spread of infection to and between patients, visitors, coworkers, and family members.

- Alcohol based hand rubs can be used if hands are not visibly soiled; rub hands together until dry including all surfaces, thumbs, fingers and fingernails.
- Use soap and water with friction for at least **20** seconds. The time it takes is less important than making sure you clean all surfaces of hands and fingers, including thumbs and fingernails - every time you perform hand hygiene! Avoid using hot water to prevent drying of skin.

Perform Hand Hygiene upon entering and leaving the patient's room.	Perform Hand Hygiene before & after eating.
Perform Hand Hygiene before & after patient contact and between procedures on the same patient.	Perform Hand Hygiene after using the restroom.
Perform Hand Hygiene before & after wearing gloves & personal protective equipment (PPE).	Perform Hand Hygiene after touching potentially contaminated surfaces, materials, equipment, etc.
Perform Hand Hygiene before you touch items that will be used by patients.	Perform Hand Hygiene before and after touching your face, eyes, mouth.

When patients are ill with specific diseases or organisms, they may require special precautions. Signs indicating the type of precautions are to be placed on the door to the patient's room outlining the specific type of personal protective equipment (PPE) required to prevent spreading infections.

Volunteers should NOT enter ANY room with any type of isolation precaution sign posted.

Not sure if the room is ok to enter? Ask!

At St. Luke's, compliance with hand hygiene expectations is monitored by in-person observation and reporting. If provided with a professional reminder to wash your hands, be accountable and do it!

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:

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.

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 in St. Luke's University Health Network (SLUHN) must be immunized against influenza on an 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. Influenza vaccination is a condition of employment and continued association with SLUHN, including those who are remote or work from home.

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

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 (employees & volunteers)** 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 & volunteers** need annual TB education, provided through Essentials.
- ✓ **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.
- ✓ **Employees and volunteers 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: Volunteers are not fit tested as you will not be entering any isolation precaution rooms.**

- **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. Volunteers are not permitted to enter.

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 Standard seeks 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 Exposure Control Plan and Bloodborne Pathogen Standard are located in the Infection Control & Employee Health Services Policy & Procedure Manual on MyNET.

How do you protect yourself?

- **Do not** eat, drink, apply cosmetics or handle contact lenses in patient care areas.
- Volunteers should not handle any needles or sharps
- Wear appropriate personal protective equipment (PPE) 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
- Go to the nearest Emergency Department or Occupational Medicine location as soon as possible for a confidential medical evaluation
- Notify Volunteer Services who will work with Employee Health for review of baseline testing and need for follow up plan

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, improve 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

The No Pass Zone applies to every St. Luke's employee and volunteer. 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 & volunteers are expected to perform the these 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 and volunteer 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!

FRIENDLY AT
10 AND 5LET'S CURB
CLUTTERGO THE
CLEAN ROUTEALWAYS STOP
FOR CALL LIGHTS

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. **Cyracom** (blue phone or virtually via the CyraCom Interpreter app) is the available resource 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
- 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 are 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.)
- Ask questions that begin with “how” and “what,” rather than closed-ended yes/no questions

Cultural Diversity

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. When meeting our 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.

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.” or “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.

St. Luke's Weight Management Center 610-628-8315

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



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.

Disruptive behavior includes:

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

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

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 or volunteer 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 action to end the harassment.
- No employee or volunteer of the 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 corrective action.
- Reports of harassment will be kept confidential recognizing that some disclosure may be necessary for the purpose of investigation or Corrective Action.

The Network prohibits retaliation against any employee who makes a report of harassment and will take appropriate Corrective Action against any individual engaging in retaliatory behavior.

Patient Safety and Event Reporting

St. Luke's University Health Network strives to promote a Culture of Safety by empowering staff to identify actual potential patient safety concerns and 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 require an event report include, but are not limited to, the following:

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 an Event Report is submitted. In addition to the on-line event 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. Volunteers should report them to the assigned department manager for Volunteer Services.

Performance Improvement Basics

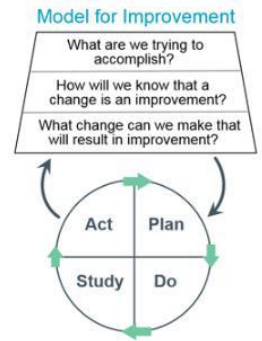
The Board of Trustees is ultimately responsible for Quality Performance in our Network and support quality improvement efforts across the Network. Reports related to important quality measures and activities are provided at each regular meeting of the Board. However, participation of frontline staff (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.

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.



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.

Learn the signs of stroke and BE FAST!

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	Feeling of fullness	Jaw pain
Pain that travels down one or both arms	Back pain	Anxiety
Shortness of breath	Excessive fatigue or weakness	Nausea or vomiting

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 by dialing **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** (911 outside hospital, 5555 in hospital).
- 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)

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 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 **(1-855-938-4427)** or **(855-9 ETHICS)**. 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's 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.

Retaliation

St. Luke's will not retaliate against employees or anyone else who reports what they believe is a violation of Applicable Standards. Everyone is accountable for helping to ensure we are compliant and ethical as well as for speaking up when something isn't right.

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).

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.

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 immediately preceding verification under this section.

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 and unexpected performance outcome

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

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

APPM #10 Defective Medical Products and Equipment

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 Quality Management Department as soon as it is identified at extension 72000. 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 the Quality Management Department 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:
<http://nj.gov/health/ps/>
- ❖ Joint Commission Website: <http://www.jointcommission.org> or call 800-994-6610

PA Act 13 of 2002 – the Medical Care Availability & 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.

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. Breastfeeding support is offered in the Hospital. Breastfeeding support is also offered after delivery at the St. Luke's Baby & Me Support Center located at 1425 8th Avenue, Bethlehem, PA. Telephone 484-526-2229 (Monday-Friday 8:00 am - 4:30 pm).

- Mothers whose infants are admitted to NICU will start expressing breastmilk within 1-2 hours of birth. Mothers and/or support persons will have immediate skin-to-skin contact for at least 1 hour after vaginal delivery and for as long as possible after a cesarean delivery, unless not desired by the family. Newborn bathing will be delayed for at least 12 hours unless otherwise medically indicated.
- Mothers will be educated prenatally about feeding options and the risks of not breastfeeding. Breastfeeding mothers will be taught hand expression. All breastfeeding infants should receive breastmilk via breast, spoon, cup, syringe, or SNS unless family requests an artificial nipple. Pacifier use for breastfeeding infants will be limited.
- Mothers who are formula feeding will be shown proper formula preparation and handling prior to discharge.
- Breastfeeding and formula feeding mothers are encouraged to room-in with their baby 24 hours per day, unless mother requests not to have this opportunity.



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*.

You have finished the ESSENTIALS© Newsletter.

Please complete the online post-test

<https://mystlukesonline.wufoo.com/forms/zf19kgp03gl6th/>