Clinical Handbook

St. Alphonsus Regional Medical Center
November 2013

A MEMBER OF TRINITY HEALTH
Hello Student,

On behalf of Trinity Health System and Saint Alphonsus Health System, we are pleased to provide you with a learning experience during your academic career.

Since the inception of the Saint Alphonsus School of Nursing in 1906, students have served with the employees in the healing ministry of Jesus Christ. Our commitment expressed through our mission statement: "We serve together at Saint Alphonsus Regional Medical Center in Trinity Health in the spirit of the Gospel to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us" is as alive today as it was in 1894 when Saint Alphonsus was founded.

This handbook is designed to assist you in understanding the role of the student in our facility.

If you have any questions, please do not hesitate to contact Clinical Education at 367-3014 or if your rotation is at a Saint Alphonsus clinic, please call 367-7270.
Saint Alphonsus Mission Statement

We serve together at Saint Alphonsus Regional Medical Center in Trinity Health in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

Trinity Health Core Values

Respect
Social Justice
Compassion
Care of the Poor and Underserved
Excellence

Guiding Behaviors

We support each other in serving our patients and communities
   We communicate openly, honestly, respectfully and directly
      We are fully present
      We are all accountable
   We trust and assume goodness in intentions
      We are continuous learners
Catholic Identity

Saint Alphonsus Regional Medical Center continues the healing work of Jesus as a ministry of the Catholic Church. Our core values and our mission statement describe the ideals we try to embody in our relationships with one another and toward our patients.

The *Ethical and Religious Directives for Catholic Health Care Services* are the guidelines for providing care in a Catholic medical center. The traditional Catholic understanding of the value of human life from the beginning to the natural end is the basis for the directives.

The Directives, published by the Catholic Bishops of the United States, highlight major points of the moral/ethical traditions and teaching of the Catholic Church as those teachings relate to health care. These include:

- Each human life as created by God is to be cherished;
- As a community we have responsibility to care for the poor;
- We must act for the common good;
- Respecting the environment, we are responsible stewards of resources;
- All services provided need to be faithful to the Catholic tradition of respect for human life.

Many other religious traditions share these same principles.

The Bishops revise the Directives periodically to give guidance for the appropriate use of scientific advances. Technology must be used in ways that respect the Catholic tradition and the value placed on human dignity.

The Bioethics Committee is part of the organizational structure of Saint Alphonsus Regional Medical Center. It meets regularly for the purposes of education, policy setting and review and for consultation. The Ethics Resource Staff (ERS) members are available to respond to ethical concerns.
Saint Alphonsus – Our Mission is Your Life

Four Sisters of the Holy Cross established Saint Alphonsus Hospital in 1894 at the request of Bishop Alphonse J. Glorieux. Over one-hundred years later, Boise's first hospital has grown into a modern, 381-bed regional medical center serving 500,000 people in southwestern Idaho, eastern Oregon and northern Nevada.

Named after Saint Alphonsus Ligouri, the hospital at Fifth and State streets grew along with Boise's population and confidence in medical science. The resourceful sisters transformed limited resources into quality medical care; always seeking the latest in knowledge and technology. The first X-ray equipment in Idaho was installed at Saint Alphonsus in 1900, just five years after the discovery of this dramatic technology. More patient beds were needed by 1902 when the first addition to the hospital doubled its size. With its new castle-like turrets, Saint Alphonsus resembled the Idanha Hotel which had been recently designed by the same architect.

In 1906 the sisters established the Saint Alphonsus School of Nursing. Nurses were trained at the school until 1969 when it was transferred to what is now Boise State University.

By the hospital's silver jubilee in 1919, Saint Al's "forward-looking medical men and hospital superintendents" were credited with putting Idaho in the "forefront of states active in medical progress." In 1921 a red, pressed-brick five-story Nurses' Home was erected along with a central heating plant and hospital laundry. These buildings still remain today, serving as home for the Commission for the Blind.

Boise's health care needs increased, driven by population growth and new technological advances. The last of several additions to the original hospital building was a $1 million expansion in 1952 which increased the bed count to 220 and added much needed facilities.

In 1972 Saint Alphonsus moved to its present location on Curtis Road. Boiseans lined the route on moving day as a parade of ambulances and buses moved patients from the old hospital. The celebrated move to the 25-acre campus was the culmination of three years of construction and nearly a decade of planning. Medical office buildings and the recently constructed North Tower now cluster around the main hospital building.

At Saint Alphonsus today, over 3,200 employees, physicians and community volunteers comprise a community of service, striving to meet the wellness and health care needs of the people of the region in a high-quality, cost-effective, Gospel-oriented manner. They carry on the Trinity Health System's mission of service at Saint Alphonsus.
Saint Alphonsus became part of Trinity Health System, a joining of health systems Holy Cross and Mercy Sisters in Iowa – Michigan in 1998. Recently, Saint Alphonsus has celebrated some notable milestones, including an anniversary of over 110 years.

The new and expanded Family Maternity Center and Neonatal Intensive Care Unit opened in September of 2006. The NICU can now accommodate up to 32 infants and includes special overnight transition rooms for parents and babies. Both of these facilities focus on the privacy and comfort of the patient and their families while providing the best possible medical care.

The Center for Advanced Healing, a 9-story patient tower, was completed in 2007. The Center for Advanced Healing specializes in treating the most acutely ill and injured patients - mainly trauma, complex surgeries and intensive care cases. The new tower contains state-of-the-art surgical operating theatres, diagnostic radiology, robotic surgery, telemedicine and intensive care unit.
SARMC Nursing Units

ACUTE CARE

Central 4.................................................................Neurology
Central 5.................................................................Orthopedics
Central 8.................................................................General Surgery
Central 9.................................................................Orthopedics (total joints)
South 5.................................................................Medical, Oncology
North 5.................................................................Telemetry

REHABILITATION

South 3.................................................................Ortho Rehab
South 3.................................................................Neurology Rehab

RESTRICTED AREAS

Central 3.................................................................Intensive Care Unit (ICU)
North 3.................................................................Coronary Care Unit (CCU)
North 4.................................................................Cardiovascular Intensive Care (CVICU)
South 1.................................................................Family Maternity Center (FMC) and Pediatrics
South 2.................................................................Neonatal Intensive Care Unit (NICU)

Visiting times depend on the condition of the patient and the scheduling of treatments. Visitors must first check with the patient's nurse. Family members are encouraged to visit their loved ones.
Food Areas

Place Setting Café, located in the South tower, second floor, is open to employees, volunteers and the general public.

Open Daily:

Breakfast ...........................6:30 am – 10:00 am
Lunch ................................10:30 am – 2:00 pm
Salad & Sandwiches ..............10:30 am – 7:00 pm
Dinner ..................................4:00 pm – 7:00 pm

Solid Grounds, our coffee bar, is located in the South 2 (S2) lobby

Hours:

Monday – Friday .....................6:00 am – 7:00 pm
Saturday ................................9:00 am – 1:00 pm

Subway, located near the South 2 (S2) lobby

Open Daily:

Monday – Sunday ....................24 hours per day
## Medical Group Information

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Main</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boise Pediatrics</td>
<td>367-4321</td>
<td>999 N Curtis Rd, Suite 407, Boise, ID 83706</td>
</tr>
<tr>
<td>Boise OBGYN</td>
<td>375-8100</td>
<td>5966 Curtisian Ave, Boise, ID 83704</td>
</tr>
<tr>
<td>Coughlin Foot and Ankle</td>
<td>367-3330</td>
<td>901 N Curtis Rd, Suite 503, Boise, ID 83706</td>
</tr>
<tr>
<td>Cardiothoracic Services</td>
<td>367-7787</td>
<td>6140 W Curtisian Ave, Suite 102, Boise, ID 83706</td>
</tr>
<tr>
<td>Dominican Health Services</td>
<td>208-452-6851</td>
<td>1118 NW 16th Street, Suite A, Fruitland, ID 83619</td>
</tr>
<tr>
<td>Eagle Health Plaza</td>
<td>367-5750</td>
<td>323 E Riverside, Suite 224, Eagle, ID 83616</td>
</tr>
<tr>
<td>Elm</td>
<td>459-7415</td>
<td>315 E Elm Street, Caldwell, ID 83605</td>
</tr>
<tr>
<td>Emerald</td>
<td>367-4170</td>
<td>6533 Emerald Street, Boise, ID 83704</td>
</tr>
<tr>
<td>Federal Way</td>
<td>367-6910</td>
<td>1880 W Judith Lane, Boise, ID 83706</td>
</tr>
<tr>
<td>Garrity</td>
<td>466-9092</td>
<td>1200 Garrity Blvd, Nampa, ID 83687</td>
</tr>
<tr>
<td>General Surgery (Nampa-Chown)</td>
<td>466-3322</td>
<td>211 W Iowa, Nampa, ID 83686</td>
</tr>
<tr>
<td>General Surgery (Ontario)</td>
<td>541-881-1601</td>
<td>1050 SW 3rd Ave, Suite 2600, Ontario, OR 97914</td>
</tr>
<tr>
<td>Heart Care (Boise-Monroe Bldg)</td>
<td>367-4278</td>
<td>6140 Curtisian Ave, Suite 200, Boise, ID 83706</td>
</tr>
<tr>
<td>Heart Care (Boise-Curtis Rd)</td>
<td>377-1415</td>
<td>1070 N Curtis, #125, Boise, ID 83706</td>
</tr>
<tr>
<td>Heart Care (Eagle)</td>
<td>367-5750</td>
<td>323 E Riverside, Eagle, ID 83616</td>
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<tr>
<td>Heart Care (Meridian)</td>
<td>367-8484</td>
<td>3025 W Cherry Lane, Suite B, Meridian, ID 83642</td>
</tr>
<tr>
<td>Heart Care (Nampa)</td>
<td>463-5050</td>
<td>1524 12th Avenue, Nampa, ID 83686</td>
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<tr>
<td>Hip &amp; Knee</td>
<td>367-6910</td>
<td>1880 W Judith Lane, Boise, ID 83706</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>367-6575</td>
<td>6140 W Curtisian Ave, Suite 300, Boise, ID 83704</td>
</tr>
<tr>
<td>Iowa</td>
<td>465-7377</td>
<td>211 W Iowa, Nampa, ID 83686</td>
</tr>
<tr>
<td>Maternal-Fetal Medicine</td>
<td>367-5544</td>
<td>900 N Liberty, Suite 206, Boise, ID 83704</td>
</tr>
<tr>
<td>McMillan</td>
<td>367-6330</td>
<td>12273 W McMillan Rd, Boise, ID 83713</td>
</tr>
<tr>
<td>Meridian Health Plaza</td>
<td>367-8550</td>
<td>3025 W Cherry Lane, Suite B, Meridian, ID 83642</td>
</tr>
<tr>
<td>Nampa - Dallen Woods</td>
<td>465-6900</td>
<td>214 S Midland Blvd, Nampa, ID 83686</td>
</tr>
<tr>
<td>Nampa - General Surgery (Ballantyne)</td>
<td>465-6940</td>
<td>1603 12th Ave, Suite E, Nampa, ID 83686</td>
</tr>
<tr>
<td>Nampa Health Plaza</td>
<td>465-6940</td>
<td>4400 E Flamingo, Suite 301, Nampa, ID 83687</td>
</tr>
<tr>
<td>Neurology</td>
<td>367-7272</td>
<td>901 Curtis Rd, Suite 403, Boise, ID 83706</td>
</tr>
<tr>
<td>Neurosurgery (Suite 102)</td>
<td>367-4000</td>
<td>1075 N Curtis, Suite 102, Boise, ID 83706</td>
</tr>
<tr>
<td>Neurosurgery (Suite 201)</td>
<td>367-4000</td>
<td>1075 N Curtis, Suite 201, Boise, ID 83706</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>367-4197</td>
<td>6533 Emerald St, Boise, ID 83706</td>
</tr>
<tr>
<td>Ontario Medical Group</td>
<td>541-881-7370</td>
<td>1050 SW 3rd Ave, Suite 3200, Ontario, OR</td>
</tr>
<tr>
<td>Ontario (OBGYN)</td>
<td>541-881-7370</td>
<td>1050 SW 3rd Ave, Suite 3200, Ontario, OR</td>
</tr>
<tr>
<td>Ontario (Podiatry)</td>
<td>541-881-1319</td>
<td>840 SW 4th Street, Ontario, OR</td>
</tr>
<tr>
<td>Overland</td>
<td>367-7205</td>
<td>10255 Overland Rd, Boise, ID 83709</td>
</tr>
<tr>
<td>Pain Management</td>
<td>367-4343</td>
<td>1055 N Curtis Rd, South Tower, 6th Floor, Boise, ID 83706</td>
</tr>
<tr>
<td>Peds-Ortho</td>
<td>377-0777</td>
<td>6500 W Emerald, Boise, ID 83704</td>
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<tr>
<td>Pulmonary</td>
<td>367-8333</td>
<td>1075 N Curtis Rd, Suite 200, Boise, ID 83706</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>367-7800</td>
<td>1000 N Curtis Rd, Suite 305, Boise, ID 83706</td>
</tr>
<tr>
<td>Shoreline</td>
<td>367-8383</td>
<td>1673 W Shoreline Dr, Suite 120, Boise, ID 83702</td>
</tr>
<tr>
<td>Spine Institute</td>
<td>367-7644</td>
<td>1055 N Curtis Rd, South Tower, 6th Floor, Boise, ID 83706</td>
</tr>
<tr>
<td>Trauma - Outpatient</td>
<td>367-7676</td>
<td>901 N Curtis Rd, Suite 401, Boise, ID 83706</td>
</tr>
<tr>
<td>Travel Medicine</td>
<td>367-6584</td>
<td>6140 W Curtisian Ave, Suite 300, Boise, ID 83704</td>
</tr>
<tr>
<td>Vascular Services (Alessi &amp; Symmonds)</td>
<td>367-7787</td>
<td>6140 W Curtisian Ave, Suite 102, Boise, ID 83706</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>367-4224</td>
<td>6140 W Curtisian, Suite 100, Boise, ID 83706</td>
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</table>
Medical Group Information (Cont.)

<table>
<thead>
<tr>
<th>Express Care</th>
<th>Phone</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Albertsons (Eagle/McMillian)</td>
<td>938-4797</td>
<td>Eagle/McMillian, Meridian, ID</td>
</tr>
<tr>
<td>Rite-Aid (State/15th)</td>
<td>345-6768</td>
<td>State/15th, Boise, ID</td>
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</table>

<table>
<thead>
<tr>
<th>Urgent Care Clinics</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caldwell - Elm</td>
<td>454-0506</td>
</tr>
<tr>
<td>Boise - Emerald</td>
<td>367-4232</td>
</tr>
<tr>
<td>Fruitland - Dominican Health Services</td>
<td>208-452-6851</td>
</tr>
<tr>
<td>Nampa - Garrity</td>
<td>442-2388</td>
</tr>
<tr>
<td>Meridian - Meridian Health Plaza</td>
<td>367-8699</td>
</tr>
</tbody>
</table>
## Saint Alphonsus Regional Medical Center - Campus Directory

### Destinations and Entrances

<table>
<thead>
<tr>
<th>Destination</th>
<th>Entrance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitting</td>
<td>Main</td>
</tr>
<tr>
<td>Ambulatory Care/Centralized/Lipid Clinic</td>
<td>W3</td>
</tr>
<tr>
<td>Breast Care Center</td>
<td>W3</td>
</tr>
<tr>
<td>Boise Medical Arts Center (999 Curtis)</td>
<td>S3</td>
</tr>
<tr>
<td>Cancer Care Center</td>
<td>N1</td>
</tr>
<tr>
<td>Day Surgery Center</td>
<td>N7</td>
</tr>
<tr>
<td>EEG/EEG</td>
<td>Main</td>
</tr>
<tr>
<td>Emergency</td>
<td>S4</td>
</tr>
<tr>
<td>Endoscopy/GI</td>
<td>S6</td>
</tr>
<tr>
<td>Family Center</td>
<td>W4</td>
</tr>
<tr>
<td>Harman Medical Building</td>
<td>N6</td>
</tr>
<tr>
<td>Heart Center</td>
<td>Main</td>
</tr>
<tr>
<td>Lab</td>
<td>S2</td>
</tr>
<tr>
<td>Liberty Medical Park</td>
<td>W4</td>
</tr>
<tr>
<td>Maternity Center</td>
<td>N4</td>
</tr>
<tr>
<td>McClory Auditorium</td>
<td>Main</td>
</tr>
<tr>
<td>Medical Imaging (Xray)</td>
<td>S2</td>
</tr>
<tr>
<td>Medical Records</td>
<td>Main</td>
</tr>
<tr>
<td>MRI Center of Idaho</td>
<td>S3</td>
</tr>
<tr>
<td>Neonatal Intensive Care (NICU)</td>
<td>N4</td>
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</table>

### Destinations and Entrances (continued)

<table>
<thead>
<tr>
<th>Destination</th>
<th>Entrance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Diagnostics</td>
<td>S2</td>
</tr>
<tr>
<td>(Lab, Xray, &amp; Medical Imaging)</td>
<td></td>
</tr>
<tr>
<td>Echo Lab</td>
<td>Main</td>
</tr>
<tr>
<td>Outpatient EEG</td>
<td>N3</td>
</tr>
<tr>
<td>Outpatient Pharmacy</td>
<td>S3</td>
</tr>
<tr>
<td>Pain Management Center</td>
<td>S3</td>
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<tr>
<td>Pre-Surgical Screening</td>
<td>Main</td>
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<tr>
<td>Pulmonary Diagnostics</td>
<td>N3</td>
</tr>
<tr>
<td>Saint Alphonsus Medical Building (900 Curtis)</td>
<td>S4</td>
</tr>
<tr>
<td>Sleep Disorders Centre (Lower Level)</td>
<td>N3</td>
</tr>
<tr>
<td>Surgery Center</td>
<td>Main</td>
</tr>
<tr>
<td>Vascular Lab</td>
<td>Main</td>
</tr>
<tr>
<td>Visitor Entrance</td>
<td>Main</td>
</tr>
<tr>
<td>Women's Center</td>
<td>W4</td>
</tr>
</tbody>
</table>

### SIQMC Free Valet Parking Service

**Monday - Friday:**
- 7 AM - 9 PM

**Saturday - Sunday:**
- 8 AM - 9 PM
Kissler Library and Research Center

Computers are available

Students may access any of these resources through the SARMC Web/Kissler link

- Mosby's Nursing Consult: comprehensive online clinical decision support tool for nurses
- Mosby's Nursing Skills: evidence-based information on over 1,000 skills to help refresh knowledge or learn entirely new skills

A tour or brief introduction to library services for preceptors and students can be arranged

Contact librarian Sandy Hight for assistance:

Kissler Library and Research Center
Located on the second floor of the Central Tower
Telephone 367-3993
Personal Safety Programs

Students are asked to cooperate in helping prevent injury to themselves, other employees, patients and visitors by observing the following rules.

Report any illnesses promptly to your instructor. Do not report for a clinical experience if you have any of the following symptoms: diarrhea for 24 hours or more; temperature of 100 degrees F or more; nausea and vomiting; a sore throat and elevated temperature; Streptococcus infection of the throat; infection that is manifested by a draining lesion (cold sore must be crusted over); productive cough due to an infectious condition.

Published instructions regarding exposure to contagious or infectious diseases must be followed rigidly. Students are not allowed in isolation rooms requiring fitted N-95 masks.

When you inadvertently have been exposed to a contagious or infectious disease, please notify your instructor, the Employee Health Nurse [367-3259 or 367-3908 or 855-6446 (pager)], and the unit/clinic manager at once.

Inform yourself and keep posted on fire rules of the facility, position of alarm boxes and your duties in case of fire.

Smoking is prohibited on site for all employees, volunteers, students, and visitors.

Never attempt to operate equipment until you have been instructed in its proper use.

Report to your immediate supervisor any unsafe conditions, such as:

- Wet or slippery floors
- Equipment left in halls or on walks
- Defective equipment
- Careless handling of equipment
- Use of combustible materials near open flames
- Other dangerous situations

Immediately report any accident a patient or a visitor may have experienced to the unit/clinic manager or whoever is in charge of the area where the injury occurred.

ACCIDENTS TO STUDENTS

If you are hurt or become ill while on the job, report immediately to your instructor, supervisor, and/or unit/clinic manager. If that is not possible, go directly to the Emergency Room with an escort if possible. Your health insurance will be billed for any services rendered by SARMC.
Personal Appearance and Behavior

The objective of SARMC is to promote a positive professional image. A professional clean and neat appearance is an essential element of establishing credibility and trust with our customers. Careful attention to personal hygiene is a primary concern, since we provide direct patient care.

Please note the following:

- Students are expected to comply with the dress code of their academic institution.
- All students must wear visible name badges.
- Personnel are expected to use good taste in selecting clothes worn on the job. Extreme styles, including hair color, should be avoided.
- Hairstyles are to be clean and not interfere with patient care. Shoulder length or longer hair must be securely pulled back.
- Well-trimmed beards, side burns and mustaches are acceptable.
- Fingernails are to be neat, clean and groomed, at a length no longer than ¼ inch. Artificial nails are prohibited in patient care areas. Nail polish, if worn, must be well maintained.
- Patient care staff should not wear perfume, cologne, or heavy aftershave lotion.
- Shoes are to be kept clean with non-skid soles. Open toe shoes cannot be worn by patient care providers.
- Wedding rings, watches, and small earrings are allowed for patient care staff.
- No visible piercing is allowed with the exception of ear piercing. Excessive earrings cannot be worn.
Handwashing

Clean hands are the single most important factor in preventing the spread of dangerous microorganisms and antibiotic resistance in the health care setting. The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves.

Use lotion to prevent skin irritation and breakdown.

Patient care employees must wash their hands according to the following guidelines:

- Decontaminate hands before and after patient contacts, after removing gloves, before eating and after using the restroom.
- Wash with soap and water when hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, before leaving patient care areas to eat, after using the restroom, after caring for patients with known or suspected C. difficile, viral diarrhea, or gastroenteritis. Handwashing requires scrubbing for at least 15 seconds.
- If hands are not visibly soiled, use an alcohol based handrub for routine hand decontamination in clinical situations not needing cleansing with soap and water.
- When using an alcohol-based handrub, apply product to palm of one hand and rub.

Standard Precautions

- All human blood or body fluid is to be considered potentially infectious.
- Appropriate Personal Protective Equipment (PPE) will be utilized for any procedure in which exposure is possible. PPE includes:
  - Gloves, gown, mask, eyewear, and face shields
- If exposed, immediately:
  - Wash area with soap and water
  - Flush mucous membranes with water
  - Report exposure to supervisor
- Patients with infectious disease are placed in isolation
- Isolation rooms are identified by a sign on the door which describes the precautions necessary to enter the room and provide patient care
Personal Protective Equipment

Avoid exposure to all body fluids unless Personal Protective Equipment (PPE) is being used. Transmission of infections can be prevented by proper wearing of PPE, specially pressurized rooms, and HANDWASHING.

Avoid exposure to blood, all body fluids, secretions and excretions (except sweat), non-intact skin, and mucous membranes. This should be done with every patient, every time. Use the appropriate Personal Protective Equipment.

♦ Gloves - when coming into contact with body fluids, mucous membranes and non-intact skin
♦ Gowns - when body fluids may splash/spray
♦ Masks/Respiratory Protection - when airborne and/or droplet transmission precautions are in effect
♦ Eye Protection/Face Shield - when body fluids may splash/spray

The four types of Transmission Based Precautions (TBP) include Airborne, Contact, Contact Plus, and Droplet. When possible, use disposable equipment or dedicate the use of non-critical patient-care equipment such as blood pressure cuffs, stethoscopes and thermometers, to a single patient in these rooms. If cross-use of equipment or items is unavoidable, then adequate cleaning and disinfection shall be done prior to use for other patients.

**Airborne Precautions**

**Common infectious conditions:** TB, SARS, chickenpox*, measles*

**Mode of transmission:** Inhaled particles when others sing, cough, sneeze, speak

**Precautionary actions:** Negative air pressure room, fit-tested N-95 mask or Powered Air Purifying Respirator (PAPR), hand hygiene, Sani-Wipes to clean equipment

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**AIRBORNE PRECAUTIONS**

**ATTENTION: STAFF AND VISITORS**

**VISITORS:** Please check in with nurse prior to entering room.

Upon entering Patient Room:
- Clean hands with Avagard or soap and water.
- Staff: Wear a fit-tested N-95 mask or a Powered Air Purifying Respirator (PAPR).

Upon exiting Patient Room:
- Remove mask or (PAPR).
- Clean hands with Avagard or soap and water.

**For Standard Precautions wear gowns and gloves and use hand-wipes to clean equipment as needed.**
**Contact Precautions**

**Common infectious conditions:** Lice, MRSA, VRE, chickenpox*, measles*

**Mode of transmission:** Direct or indirect contact

**Precautionary actions:** Hand hygiene, gloves, personal protective equipment, Sani-Wipes to clean equipment

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**Contact Plus Precautions**

**Common infectious conditions:** Clostridium difficile, diarrhea of unknown origin

**Mode of transmission:** Direct or indirect contact

**Precautionary actions:** Hand hygiene with soap and water, personal protective equipment, bleach-based wipes (Dispatch) to clean equipment
**Droplet Precautions**

**Common infectious conditions:** Influenza, rubella  
**Mode of transmission:** Large particle droplet, contact with nose or mouth  
**Precautionary actions:** Surgical mask, hand hygiene, Sani-Wipes to clean equipment

* More than one type of isolation may be needed. More than one sign may be on hospital door.
National Patient Safety Goals

• The National Patient Safety Goals (NPSGs) were established in 2002 to help accredited organizations address specific areas of concern in regards to patient safety

• Identify patients correctly
  • Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
  • Make sure that the correct patient gets the correct blood when they get a blood transfusion.

• Improve staff communication
  • Get Critical test results to the right person on time.

• Use medicines safely
  • Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins.
  • Take extra care with patients who take medicines to thin their blood.
  • Medication Reconciliation: Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

• Prevent infection
  • Use the hand cleaning guidelines from the CDC or the WHO. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
  • Use proven guidelines to prevent infections that are difficult to treat.
  • Use proven guidelines to prevent infection of the blood from central lines.
  • Use proven guidelines to prevent infection after surgery.
• Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

• **Identify patient safety risks**
  
  • Find out which patients are most likely to try to commit suicide.
    
    ▪ Conduct a risk assessment.
    
    ▪ Address immediate safety needs
    
    ▪ Provide suicide prevention information

• **Prevent mistakes in surgery**
  
  • Make sure that the correct surgery is done on the correct patient and at the correct site.
  
  • Mark the correct place on the patient’s body where the surgery is to be done.
  
  • Pause before the surgery to make sure that a mistake is not being made (time out).

  ▪ **Universal Protocol**
    
    The Joint Commission Board of Commissioners originally approved the Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery in July 2003, and it became effective July 1, 2004 for all accredited hospitals, ambulatory care and office-based surgery facilities. The Universal Protocol was created to address the occurrence of wrong site, wrong procedure and wrong person surgery in Joint Commission accredited organizations. The Universal Protocol was incorporated into The Joint Commission’s 2003 and 2004 National Patient Safety Goals. The three principal components of the Universal Protocol include a preprocedure verification, site marking, and a time out.
Unacceptable Abbreviations

Related to National Patient Safety Goal: Improve communication among caregivers.

The following abbreviations have been determined to be dangerous due to their potential for error. The following abbreviations are not to be used:

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>U (Unit)</td>
<td>Mistaken for “0” (zero), the number “4” (four) or “cc”</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous) or the number 10 (ten)</td>
<td>Write “International Unit”</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd, (daily)</td>
<td>Mistaken for each other</td>
<td>Write “daily”</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d, qod, (every other day)</td>
<td>Period after the Q mistaken for “I” and the “O” mistaken for “I”</td>
<td>Write “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)*</td>
<td></td>
<td>Write X mg</td>
</tr>
<tr>
<td>Lack of leading zero (.X mg)</td>
<td></td>
<td>Write 0.X mg</td>
</tr>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate</td>
<td>Write “morphine sulfate”</td>
</tr>
<tr>
<td>MSO₄ and MgSO₄</td>
<td>Confused for one another</td>
<td>Write “magnesium sulfate”</td>
</tr>
</tbody>
</table>

1 Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

* Exception: a “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.
High Risk/High Alert Medications

Related to previous National Patient Safety Goal: Improve the safety of using medications.

♦ High risk/high alert medications are those that bear a higher risk of causing significant patient harm when they are used in error.

♦ Medications identified by SARMC as high risk/high alert are intravenous infusions represented by the acronym PINCCH: PCA, Insulin and Intraspinal, Narcotics, Chemotherapy, Cardiovascular, Heparin

♦ Because of the high risk for patient harm, these medications require several precautions:
  - An independent double check at: 1) initiation; 2) change of concentration; 3) change of dose; 4) bag change; 5) shift change; 6) upon transfer to a different unit
  - This double check must be documented in the patient’s record.
  - Standardized dosing tools such as the heparin nomogram, dopamine infusion chart, nitroglycerin flow rate chart, etc.
  - Labeling the pump and the distal end of the infusion line with the name of the medication

♦ An independent double check is an independent verification that includes checking the order or pharmacy generated Medication Administration Record (MAR) with the medication label, dose (including calculation), route, frequency, patient, equipment, and programming.

♦ Two licensed nurses or pharmacists perform and document the independent double check. Students are not licensed and therefore CANNOT substitute as the verifier.

Multi-Drug Resistant Organism (MDRO's)


♦ Examples: 1) Methicillin resistant Staphylococcus aureus (MRSA); 2) Vancomycin resistant Enterococcus (VRE); 3) Clostridium difficile infection (CDI); 4) Extended spectrum beta lactamase producers (ESBL)

♦ Benefits of surveillance include: 1) rapid identification of MRSA positive status; 2) timely patient isolation to reduce patient to patient transmission; 3) practitioners alerted to order MRSA active antibiotics for screen-positive patients

♦ Strategies to reduce MDRO transmission: 1) hand hygiene; 2) prompt identification and isolation; 3) strict adherence to Contact Plus Precautions; 4) gown and glove for every entry into patient room; 5) cleaning and disinfection of patient care equipment and environment; 6) disinfection technique
Line Maintenance: All Departments, All Central Lines


- Daily assessment, line removal or documentation of necessity
- Dressing change
  - Every 7 days or when soiled
  - Apply new Biopatch with each dressing change
  - Document treatment in PowerChart
- Change IV tubing every 72 - 96 hours
- Scrub hub with alcohol for 15 seconds prior to each access

Preventing Surgical Site Infections


Surgical Care Improvement Project (SCIP) – National quality improvement initiative to reduce surgical complications by preventing surgical site infections

- SCIP measures are reported to CMS and Trinity. Information is publicly available at hospitalcompare.com.
- Prophylactic antibiotics should be discontinued within 24 hours after surgery end time
- Hair removal: clippers should be used if necessary; shaving is an inappropriate hair removal method

Influenza Vaccination Program

It is the responsibility of health care providers to assess the patient for immunization needs, whether in the inpatient or outpatient setting.

The following is a CDC overview:

- CDC recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses.
- While there are many different flu viruses, the flu vaccine protects against viruses that research suggests will be most common.
- Everyone 6 months of age and older should get a flu vaccine as soon as the vaccines are available.
- Vaccination of high risk persons is especially important to decrease their risk of severe flu illness.
- People at high risk of serious flu complications include young children, pregnant women, people with chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.
- Vaccination also is important for health care workers, and other people who live with or care for high risk people to keep from spreading flu to high risk people.
- Children younger than 6 months are at high risk of serious flu illness, but are too young to be vaccinated. People who care for them should be vaccinated instead.
Saint Alphonsus Regional Medical Center Codes

You may hear the following codes while you are a student at Saint Alphonsus Regional Medical Center:

**Code Blue**
Indicates that someone is suffering cardiac or respiratory distress. "Code Blue, Room ___" will be repeated three (3) times on the overhead pager. The room number is not always identified.

**Signal F**
Announces a fire. The fire chimes will be heard followed by "Signal F, South Tower, First Floor, Volunteer Office" repeated three (3) times on the overhead pager. Do not use the elevators during a Signal F. Explain Signal F as a "fire" to patients and families. "Signal F all clear" repeated three (3) times on the overhead pager will end the code.

**Signal D**
Announces a disaster that overloads the resources available within SARMC at the time of the disaster. "Signal D" will be repeated three (3) times on the overhead pager. Report to your department. Employees will assume different roles during a Signal D. "Signal D all clear" repeated three (3) times on the overhead pager will end the code.

**Signal Baby Safe**
Announces that someone has attempted to abduct a newborn infant. "Code Baby Safe" will be repeated three (3) times on the overhead pager. Secure your area and look in every room, closet/storage area, stairway, exit, and elevator. Monitor access routes within your assigned department. Employees and volunteers will appear to secure exits, restrooms, offices, staircases and hallways. If you see someone with a newborn baby, attempt to stall them by asking to see the baby while another employee calls Security by dialing "555". "Code Baby Safe all clear" repeated three (3) times on the overhead pager will end the code.
Signal Child Safe
Announces that someone has attempted to abduct a child (several months to 18 years of age).

Code Armstrong
Announces the need for a show of force. Only trained volunteers will respond.

Code Silver
Announces a weapon and/or hostage situation. Associates are to dial 555 if a person is suspected of having a weapon. Security will determine the need to announce “Code Silver” overhead. Staff responsibilities include clear hallways and escort patients, visitors, non-pertinent personnel from area, if possible. Close all doors to area. If located close to event, lock door and hide. Do not congregate in nearby halls or interfere with response to situation.
Code White

Indicates that there has been a bomb threat called into the facility. "Code White, ___ Tower" will be repeated three (3) times on the overhead page. "Code White all clear" repeated three (3) times on the overhead page will end the code.

Fire Safety

Instructions in Case of a Fire

The person discovering the FIRE is to:

R – Remove or Rescue the patient from immediate danger

A – Pull the Alarm and dial "555" (911 off-campus) to report the location of the fire.

C – Attempt to Control or Contain the fire

E – Extinguish the fire

Be alert to the FIRE alarm signal
♦ The sound of chimes
♦ The words "Signal F" with tower/floor/location will be repeated three (3) times on the overhead pager

Student duties
♦ Close all doors around you
♦ Assist with the Fire procedure as instructed
♦ Do not use the elevators
♦ Do not use the telephone.
♦ Notify visitors of the Signal F
♦ "Signal F all clear" repeated three (3) times on the overhead pager will end the alarm.
Radiation Safety

Body cell damage can occur if not protected from the effects of radioactive materials. Sources of radiation can be found throughout the hospital.

The three most effective radiation safety measures are:

- **Time**: Limit the amount of time around radioactive material
- **Distance**: Increase your distance to radioactive material to decrease exposure
- **Shielding**: Place a portable shield and/or lead apron between you and radioactive material
Hazardous Materials Safety

The Material Safety Data Sheet (MSDS) contains information about chemical names, ingredients, use precautions, required Personal Protection Equipment (PPE), first aid and spill disposal procedures.

MSDS information can be found on the SARMC web home page and includes:
- PPE: information about when and what type to use, how to put on, wear, adjust, maintain, take off and disposal.
- Exposure: follow first aid procedures outlined on MSDS, know where eye wash stations are located.
- Labels: information found on primary labels and when to use secondary labels.

Hazardous Spills

For small spills, neutralize with spill kit. Environmental services can assist if necessary. For large spills, dial 555 or 911 off-campus. Provide location, type of chemical, approximate spill size and whether exposure occurred. Prepare to evacuate area if instructed.

Compressed Gas Cylinders

Transport cylinders safely by using a portable cylinder carrier or stretcher cylinder holder and ensure cylinders are chained and secured in carrier. Never carry a cylinder slung over your shoulder or by the cylinder neck or store cylinders free-standing or lying on the floor.

Electrical Safety

Damaged electrical equipment should be taken out of service immediately, and reported to SARMC staff. If there is a utility loss, use red emergency outlets for critical patient care equipment.

Workplace Violence

Acts or threats of physical violence or abuse on Saint Alphonsus property are NOT tolerated. Acts or threats include intimidation, harassment and coercion; threatening language or behavior, vandalism, sabotage or arson; carrying or using weapons of any kind; criminal behavior; or activities that affect safety, security or productivity. Dial 555 or 911 off-campus to contact Security if you believe there is a threat to your safety.
Security

Contact Security (dial 555 on campus) for assistance with unruly patients or visitors, escort services, vehicle assistance, and Lost and Found. Dial 911 for unruly patients or visitors if off campus.

Parking

Student parking is authorized for the main campus with a temporary parking permit. Permits are available through the Security Department and may be obtained by calling (208) 367-7638. Students will be held to the associate parking regulations which are available in the Security Department.
Abuse and Neglect

Abuse and neglect are significant health concerns in the United States. Each year, as many as two million adults over the age of 60 may be victims of elder abuse.

Each year, two million children are seriously abused by their parents, guardians, or others. At least 1,000 of these children die as a result of these injuries.

Signs and symptoms of domestic abuse include physical injury (bruises or fractures, burns, poor hygiene, unmet health needs), sexual assaults (repeated urinary or vaginal tract infections, injury to genital area, fear of caregiver), isolation, and psychological abuse (discomfort when questioned, interview controlled by partner or caregiver, repeated return visits).

The Admission Assessment (SARMC) and Annual Health History (SAMG) contain questions regarding physical, historical, and behavioral signs of abuse.

Immediately report any signs or symptoms of abuse to the unit/clinic manager or whomever is in charge of the area. A unit case manager or social worker may be consulted for further assessment and appropriate referral.
Patient Rights

Patients are provided with the following Patient Rights information.

Your rights as a patient:

- To have a family member or representative and your care provider notified upon admission to the hospital.
- To receive kind and considerate care in a safe setting as medically necessary, regardless of race, creed, sex, national origin, gender identity, sexual orientation, disability, or sources of payment.
- To receive respect for your personal values and beliefs.
- To receive complete information about your illness and state of health.
- To participate in your plan of care, discussing and working together with your physician to make decisions regarding your treatment.
- To have access to information contained in your clinical records unless restricted by law, within a reasonable time frame. Upon your request, other designated individuals may access your record. (The cost of duplicating your medical record will not create a barrier to your receiving your medical records.)
- To request or refuse treatment to extent permitted by law.
- To know the names and roles of persons providing your treatment.
- To be told about hospital rules and regulations that apply to your conduct.
- To be free from any form of restraint or seclusion unless needed to improve well being and when less restrictive interventions are determined to ineffective.
- To receive care that protects your personal privacy and keeps your clinical records confidential.
- To examine your medical record and to receive answers to your questions about the information, unless restricted by law, within a reasonable time frame.
- To have an interpreter or use of alternative communication techniques or aids as needed.
- To know if the hospital has relationships with outside organizations that may affect your treatment.
- To receive, upon request, an explanation for your bill for the hospital treatment you receive.
- To share concerns about your care, treatment, services, environment, and safety with the department manager at the time of or as close as possible to the occurrence. If you are unable to resolve complaints or concerns at the department level, phone the Patient Concern Line at (208) 367-6226.
- To contact the Bureau of Facility Standards, PO Box 83702, Boise, ID 83702-0035, (208) 334-6626 to file a grievance related to quality of care, coverage decisions, or premature discharge.
- To contact The Joint Commission, call (800) 944-6610, to file a grievance related to quality of care.
- To say yes or no if asked to take part in research.
- To be told about reasonable care choices when hospital care is no longer appropriate.
- Not to be transferred to another facility or organization without an explanation of the need for transfer and treatment options.
- To have a legal representative if you are judged incompetent according to the law. This would happen: if your doctor found you to be medically not capable of understanding present or future treatment; if you are not able to communicate your wishes regarding treatment; or if you are less than 18 years of age.
Patient Rights (Cont.)

Your rights as a patient (cont.):

- To fill out or to provide Advance Directives or a POST form and to have hospital staff and practitioners comply with your stated wishes within the established guidelines. More information can be obtained by contacting a chaplain at (208) 367-2121.
- To become a designated organ donor if 18 years or older. More information can be obtained by calling the Donate Life program at (503) 494-7888.
- To have relief from pain.
- To be free from all forms of abuse and harassment.
- To have protected health information as specified in the notice of Privacy Practices and directed by the Health Insurance Portability and Accountability Act of 1996.
- To receive visitors you designate, including, but not limited to, a spouse, domestic partner, another family member, or a friend, and you have the right to withdraw or deny this consent at any time. Visitation may be limited based upon your condition.
- To receive a discharge planning evaluation. This can be at the request of the patient, a person acting on the Patient’s behalf, or the request of the physician.

Your responsibilities as a patient:

- To ask questions!
- To read and understand your rights as a patient.
- To give accurate and complete information regarding your health, medications and past treatment.
- To read and understand all permits and/or consents you sign.
- To talk with your healthcare provider, staff member and patient representative or the administrator’s office if you feel your rights have not been properly respected.
- To follow the hospital rules and regulations.
- To follow your healthcare provider’s instructions and make a concerned effort to follow recommended healthcare guidelines.

Your responsibilities as a patient (cont):

- To bring a copy of your Advance Directives or POST form or inform your nurse regarding the content. (More information can be obtained upon request by contacting one of the chaplains, social workers, or case managers at (208) 367-2121.)
- To tell your nurse the name of your Durable Power of Attorney for Healthcare if you have selected one and how to contact him or her. (More information can be obtained upon request by contacting one of the chaplains, social workers, or case managers at (208) 367-2121.)
- To assure that all financial obligations for your healthcare are met.

If the patient has a concern about their care, Saint Alphonsus Health System wants to hear about it. The patient is invited to discuss any concern or problem with a member of the staff. The patient should:

- Ask to see the supervisor or manager of the service area or department where a problem occurred; or
- During the evening or nighttime hours, ask to speak to the clinical coordinator or call the Patient Concern Line at (208) 367-6226.
that support your health status.
- To treat others with respect.
Protected Health Information (PHI) is information related to a person’s health care treatment and the corresponding payment for those services. PHI includes 18 patient identifiers + sensitive health information.

**Patient Identifiers:**
- Names
- Street Address
- Dates (birth date)
- Telephone/Fax
- E-mail
- Social Security #
- Medical Record #
- Health Plan #
- Account #
- Certificate/License #
- Vehicle ID
- Device ID
- URLs
- IP Address
- Full face/biometric ID
- Any unique identifier

**Sensitive Health Information:**
- Diagnosis
- Procedures
- Medications
- Physician name & specialty
- Location of Service (e.g., FMC, CCC, ICU)
- Service Type (e.g., radiology, in-patient)
- Test Results
- Amount charged and paid

**Health Insurance Portability and Accountability Act (HIPAA)**

Saint Alphonsus recognizes and respects the patient’s right to privacy. Saint Alphonsus will ensure it has provided the patient the opportunity to agree or object before using or disclosing the patient’s PHI for its facility directories, members of the clergy, to the media, to friends or family members involved in the care or payment of care, for disaster relief purposes.

**HIPAA**

What does HIPAA mean to me as a student at Saint Alphonsus?
- You will sign a confidentiality agreement prior to you clinical experience at Saint Alphonsus
- You are only allowed access to medical records of patients in your care
- All written notes with patient identifiers will be properly disposed of prior to leaving the hospital
- Patient care discussions will occur in private
- You will log off computers prior to leaving the computer station
SARMC Facility Directory

Opt Out Patients (designated by an "OO" behind their name)

- The patient will not be listed in the Facility Directory. Some information may be disclosed to persons, other than the media, only if the individual is making inquiries of the patient by name.
- Staff may acknowledge that the patient is in SARMC, but no information (location, general condition, or religious affiliation) can be disclosed about the patient.
- Any calls received requesting information will be responded to with the statement:
  "The patient has requested not to be included in our facility directory. In respect for their privacy, I am unable to tell you their location within the hospital or their condition. Please contact a family member to determine if the patient is accepting visitors and where the patient's room is."
- Mail and flowers can be accepted at the front desk.

"No Information" Patients (identified with "XX" behind their names)

- Patients are not in the facility directory and SARMC cannot confirm nor deny that he/she is a patient.
- Incoming mail will be returned to sender.
- Flowers will not be accepted and will be returned to the florist.
- No phone calls will be forwarded from the switchboard.
- The patient will not appear on the religion census.
Culture

CULTURE is a shared set of belief systems, values, practices and assumptions which determine how we interact with and interpret the world. Some ways to be culturally aware are:

- Be aware of your own culture, perceptions and assumptions
- ASK QUESTIONS
- Avoid stereotypes
- Use resources available to you

Components of Culture

- Time Perception
- Personal Space
- Material Possessions
- Family Roles
- Work
- Sex/Gender Roles
- Individuality vs. Group Orientation

Diversity

- Diversity acknowledges the many ways we are alike.
- Diversity respects the ways we are different.

Trinity Health values divergent perspectives that are founded in individual differences in gender, race, age, national or ethnic origin, sexual orientation, thought, ancestry, religion, marital or parental status, physical or mental disability, education, veteran status, citizenship, genetic makeup, or any other characteristic.

Diversity and the different perspectives it brings gains its strength when combined with inclusion, or an inclusive organizational culture.

Inclusion

- Joins the diverse members of a group into a cohesive whole.
- Builds on both the commonalities and the unique characteristics of each member of the team.

While diversity celebrates the differences between individuals, inclusion joins the diverse members of a group into a cohesive whole. An environment of inclusion makes it possible for a diverse group of people to function together, building on both the commonalities and the unique characteristics of each member of the team. Inclusion recognizes and utilizes diversity and diverse perspectives to inform individual and organizational decision-making and behavior.
Diversity and inclusion together form the foundation for culturally competent or patient-centered care, especially in the wake of the significant demographic changes that are currently taking place.

**Healthcare Ethics**

Healthcare Ethics are tools to help our actions as health care workers be as morally correct as possible. Ethics take into account the short-term and long-term implications on affected individuals, families, health care staff, the institution and the community-at-large.

Within the Saint Alphonsus Health System, ethics policies have been formed by:
- Ethical and Religious Directives (ERD) (Catholic Conference of Bishops)
- The culture of the community and Idaho state law
- Healthcare ethics generally accepted by the medical community

**Ethical concerns generally cluster around:**
- Beginning-of-life and End-of-life
- Informed Consent
- Decision-making capacity (who makes a healthcare decision?)

**Examples of Beginning-of-Life ethical concerns:**
- How much medical/technological intervention should be used to keep a pre-term baby alive? Under what circumstances?
- How do parents and/or medical staff decide whether or not it is appropriate to stop intervention?
- How does “quality of life” factor into these decisions? Who defines “quality?”

**Examples of End-of-Life ethical concerns:**
- When is life over: When breathing stops? When heart stops? When higher brain function ceases?
- How much medical intervention should be used, given a patient’s end-of-life situation?
- How does one decide when and if to stop intervention?
- How does “quality of life” factor into the decision and by whose definition? Patient’s? Family’s?

**Examples of Informed Consent/Decision-Making Capacity ethical concerns:**
- Does a patient or his/her surrogate have sufficient/accurate information to make a fully informed decision on medical treatment, including pros and cons?
- How does one determine if a patient is capable of making a health care decision?
- When should the power to make such decisions be turned over to someone else? Who is that surrogate decision-maker?

**General Guiding Rule:** If you feel uneasy with a situation – something doesn’t sit well – dialogue/discuss with another hospital staff member:
- Nurse Manager or Charge nurse
- Chaplain
- Social Worker
- Any Ethics Resource Staff member (on SARMC web)
Performance and Safety Improvement

- **Impaired Practitioner**
  - Notify the department manager (or Clinical Coordinator if after hours) immediately if you suspect that a practitioner is impaired.

- **Fall Reduction**
  - **Every** patient has an increased risk of falling.
  - Fall Risk Assessment is completed on all patients admitted to the hospital.
  - Patients with highest fall risk are identified by: **YELLOW door flags**, **wrist bands**, and **stars** above their bed, and/or **YELLOW "Stay with Me"** signage.

- **Restraint/Seclusion**
  - Restraint or Seclusion is sometimes used to keep patients or others safe.
  - A Restraint is any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely.
  - Seclusion is the involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving. Seclusion may only be used to manage violent or self-destructive behavior.
  - Patient behaviors requiring restraint may be triggered by environmental factors, staff, medical problems such as temperature elevation, hypoxia, hypoglycemia, electrolyte imbalance, drug interactions, and drug side effects.
    - It is important to identify these factors as they may trigger circumstances that require restraint, and treating the problem may alleviate the need for restraint.
  - Potential hazards of restraints include:
    - Difficulty breathing due to incorrect placement of restraints or restraints that are too tight around the chest
    - Panic, fear, or delirium
  - If a patient has any of these signs/symptoms:
    - Notify the RN immediately
    - Loosen or remove restraints as needed
    - Speak calmly to reassure patient
  - Assure patients are properly positioned to avoid neck constriction when chest restraints are applied
  - Monitor the patient to ensure he/she does not fall off the chair or mattress, as suffocation could result
  - Techniques for safe application of various types of restraint:
    - When applying wrist restraints, apply loose enough to maintain adequate circulation (two fingers between skin and restraint)
- Ensure restraints can be easily released by staff in case of emergency (use buckles or slip knots only)
- Secure restraints to the bed frame, not the side rail
- When applying a chest restraint, do not cross the straps behind the patient

- **Medical Response Team (MRT)**
  - **Definition of an MRT**
    - An MRT consists of a critical care nurse and respiratory therapist who provide consultation to staff & utilize diagnostic and treatment protocols outside of the critical care areas.
  - **Purpose**
    - To promote early recognition of, and intervention for, clinical instability when a physician is not present/available.
  - **Goals**
    - Decrease mortality
    - Decrease number of codes
    - Decrease unplanned transfers to higher levels of care
  - **How to call an MRT**
    - Dial: 555