THOMAS JEFFERSON UNIVERSITY HOSPITAL
Student Nurse Orientation

Please review prior to clinical rotation

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Welcome to Thomas Jefferson University Hospitals (TJUH). We are pleased to be the site for your clinical education. It is part of our mission to provide an exemplary clinical setting for healthcare professionals in training. This orientation module provides with a comprehensive overview of service, safety, and practice initiatives to ensure you make the most of your time at TJUH and understand our priorities and expectations of all practitioners.

Module Objectives

1. Describe the TJUH and Department of Nursing Mission, Vision and Philosophy and Values.
2. Describe the role and responsibilities of nursing students.
3. Identify the components of excellent customer service and AIDET.
4. Explore cultural diversity resources at TJUH.
5. Identify processes to safeguard patient’s privacy and confidentiality.
6. Discuss safety and emergency policies procedures at TJUH in place for patients, visitors and staff.
7. Describe TJUH policy and procedures pertaining to bloodborne pathogens.
8. Identify electronic documentation process used at Jefferson.
Jefferson's Mission, Vision & Values

Mission
We Improve Lives.

Vision
Reimagining health, education and discovery to create unparalleled value.

Values
Put People First
Be Bold & Think Differently
Do the Right Thing

Department of Nursing Mission, Vision and Philosophy

Mission
Dedication to improving the health of our patients and communities by delivering excellence in patient care and providing exemplary clinical settings for educating health professionals.

Nurses play a pivotal role in fulfilling Jefferson's goal to provide safe, compassionate, efficient, affordable, and high quality health care.

We continually seek to improve nursing care delivery through research and evidence-based practice.

Jefferson nurses are role models and teachers for students and other health professionals.

Vision
Members of the Department of Nursing achieve the mission by providing state-of-the-art care to all patients and their families based on our shared values of excellence, innovation, integrity, respect, caring with compassion, teamwork and communication.
Philosophy of Nursing

Our patients are the focal point of all we do. We respect the inherent dignity and uniqueness of every individual without regard to social or economic status, lifestyle, or the nature of existing health problems.

Using the nursing process as a framework, we coordinate an interdisciplinary plan of care that reflects sensitivity to the patient's developmental stage, spiritual beliefs, and cultural value system.

Nurses serve as teachers, and routinely advocate for the health, safety, privacy, and rights of our patients and their families. We view patients as active participants in their care and we respect their right to set their own goals for promoting or restoring health, or experiencing a peaceful death.

We believe that nursing is an art and a science -- a dynamic and continually evolving profession. Nursing practice responds to changes in technology, regulatory requirements, and society but always remains grounded in empathy, competence, and knowledge.

Validation of the knowledge base for nursing occurs through research, evidence-based practice, and critical analysis. The decisions and actions of the professional nurse fall within the legal scope of practice and the professional code of ethics. Jefferson nurses promote the professional image of nursing through their compassion and clinical expertise. We demonstrate our commitment to promoting the health of our communities by participating in health education, screening, and support groups.

Jefferson nurses embrace lifelong learning. We accept responsibility to ensure our own competence and professional growth through ongoing education. The Department of Nursing facilitates nursing education by offering a broad array of continuing education courses and by providing financial support for external professional conferences. Jefferson nurses serve as role models and mentors to nursing students and to our colleagues. We seek proficiency for ourselves and support our colleagues through the progression of professional growth from novice to expert.

Our commitment to building a highly skilled professional nursing staff hinges on our ability to identify and attract individuals who are inquisitive, innovative, and adaptable traits we associate with successful nurses. In keeping with this belief, the Department of Nursing makes the recruitment and retention program a top-level priority. Key elements of our recruitment and retention effort include maintaining strong relationships with our academic partners, promoting
professional development and career advancement, and recognizing excellence among the staff.

The Department of Nursing works collaboratively with other hospital departments to ensure high quality patient care in a safe environment for both the patient and the nurse. The department vigorously promotes the use of information technology to enhance safety and to support data-driven management and clinical decision-making. The Department of Nursing uses feedback from patient satisfaction surveys and performance improvement activities to evaluate our services and to promote innovative improvement in our patient care delivery. We believe that an organizational structure built on shared governance, professional peer review, interdisciplinary collaboration, standards of care and practice empowers nurses and contributes to optimal patient care outcomes.

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**Recognition**

**Magnet Designation**

TJUH received ANCC Magnet re-designation in 2018. This designation recognizes excellence in nursing; it is the highest award given to hospitals for nursing excellence. Less than 7% of hospitals in the U.S. have achieved this designation.

The Magnet Recognition Program is a framework for organizing nursing practice around five key components: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovations & Improvement, and Empirical Outcomes.

The components focus on establishing effective structures and processes that produce exemplary results, reflecting the reality of nursing’s impact and ability to influence patient outcomes. This new design is developed to encourage nurses to ask the burning questions, the “so what” of their activities; what differences have been made because of the interventions, activities, and committee work conducted by Magnet nurses?

Organizing around the Magnet standards provide support for excellence in practice and helps us critically evaluate the structures we have in place to encourage staff nurse involvement in decision making, autonomous practice, and research. Furthermore, it exemplifies that we foster an environment that promotes collaboration, a focus on advancing nursing through certification and continuing education.
Baby Friendly Certified

Jefferson is on the Baby Friendly Certified. Baby Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. The BFHI assists hospitals in giving mothers the information, confidence and skills needed to successfully initiate and continue breastfeeding their babies or feeding formula safely, and gives special recognition to hospitals that have done so. This designation recognizes that the hospital has achieved the status of a “world class standard of maternity care”. Many of the nurses are breastfeeding certification and are bedside experts in helping new mothers. Jefferson also meets the needs of the community by offering a Breastfeeding Warm line and a Community Support Group for new moms.

General Guidelines for Student Nurse Responsibility

* A student nurse must never assume total responsibility for a patient.

* All planned student activities pertinent to care of a patient must first be discussed with the designated nursing instructor, staff nurse or preceptor.

* A student, who has not attained competency in a skill or procedure, is required to have the nursing instructor, staff nurse or preceptor provide direct supervision during the activity.

* A student must comply with the school dress code. School badges or nametags and Jefferson temporary ID must be visible.

* Any incident/accident must be reported by the student immediately to the nursing instructor, staff nurse, and preceptor or nurse manager. These incidents include medication errors and falls. The student and faculty member will assist the staff member in completing any event reports online. Be sure to include the student’s name and faculty member in the body of the description.

Jefferson Health Overview of Hospital Initiatives

Jefferson Directory
Throughout this orientation module, telephone contact numbers are given for specific departments. You can access the Jefferson Directory from the Hospital Intranet page. On the intranet home page, upper right corner, you can enter your search term to search for a specific department or staff member.
Customer Service
In keeping with TJUH mission, vision and value, the hospital places the needs of patients above all else. Customer service is a key element for success in all businesses, including healthcare providers. Outstanding service is our goal to all of our customers, both internal and external.

TJUH customer service standards include:

- Greet each customer using an appropriate friendly and courteous manner.
- Demonstrate active listening skills.
- Speak and respond to customers in a calm, respectful manner.
- Demonstrate to customers the knowledge of the TJUH systems and services. Maintain strict confidentiality regarding patients and all other confidential information.
- Serve as a role model to other employees.
- Seek mutual resolution to conflict situations, using problem solving techniques.
- Strive to maintain positive working relationships throughout the hospital.

We encourage you to show a positive, effective attitude when dealing with customers. Below are communication guidelines on how to achieve this.

Hello/Goodbye and AIDET: To assist in communication and relationship building, a powerful framework, AIDET, is recommended.

The AIDET acronym stands for:

- Acknowledge; Introduce; Duration; Explanation and Thank you

Communicate in a friendly manner.

We use AIDET to reduce a patient’s and family’s anxiety. AIDET is used to help eliminate the unknown for our patients. AIDET lets the patient know “why” you’re doing something - by answering the “why,” you demonstrate you care. AIDET uses key words at key times. AIDET is patient-focused; it allows us to treat patients the way we would want to be treated.

If you encounter a customer service issue, resources available are: Unit Charge nurse, nurse manager, nursing supervisors, and Patient Services 5-7777 (CC) or 9987 (Methodist).
Cultural Diversity

We all differ from one another. As clinicians in the health care industry, our differences can become more important due to the extremely personal nature of the service we provide. As we work with employees and patients/families, we need to be aware of different beliefs and practices and be willing to create and maintain an environment that is respectful of all people. Learn to recognize, respect and work with patient’s different cultures, values, beliefs, practices and rituals. If you need to access interpreter services, including sign language, promptly call Patient Services or page the nursing supervisor after hours.

Family members should not be asked to act as interpreters. In addition, the use of hospital staff as interpreters is discouraged and should only be used when the use of professional healthcare interpreters cannot be provided.

Interpreter Phone Information:
Telephone interpreter service using any phone or using a dual handset phone is provided at TJUH through Cyracom International 24 hours /7 days a week.

Each nursing unit has a dual handset phone to use for telephone interpreter service.

The phone location and how to use the phone should be reviewed on the nursing unit.

To request an in-person language interpreter call Patient Services at Extension. 5-7777
Additional information regarding Interpreter services can be accessed through the TJUH Intranet/Clinician tab found under the Policies and Procedures section. Review Hospital Policy: 112.11 Interpretation services for non-English Speaking and Hearing- Impaired Patients for further information.

For hearing impaired, all televisions (Center City and Methodist) are equipped with closed caption capabilities.

You have a big role to play when it comes to creating an environment that demonstrates respect and sensitivity toward other cultures. It is the policy of TJUH to respect the cultural and ethnic needs and desires of the patients that we serve is at all possible.
This may include:

- Respect the patient’s beliefs regarding the origin of illness
- Provide kosher or vegetarian meals / respecting dietary restrictions
- Providing alternatives such as electric candles for rituals since actual candles cannot be used within the hospitals
- Provide an interpreter so that the patient can participate in decisions regarding care.

For additional information, there is a Multicultural Resource Unit Binder available on each unit.

**Suspected Abuse, Neglect, Violence, and Exploitation Assessment**

Population Specific considerations should be utilized for patients when there is suspected abuse or neglect. TJUH policy 113.34 supports licensed health care providers in directing them to “identify, document and when appropriate report suspected cases of physical, sexual, domestic, child and elder abuse.” Similarly, Thomas Jefferson Hospital Policy 113.12 has a list of “Criteria for Identifying Victims of Abuse, Neglect, Domestic Violence or Exploitation” and Appendix 2 of that same policy provides an “Age Appropriate Abuse Screening Tool.” This tool provides the health care provider with sample inquiries that facilitate the assessment and plan of care for an individual who is suspected of being abused or neglected.

**Information Management**

Information Management is the process of obtaining, managing and using information to improve patient outcomes and hospital-wide performances.

Access to information is based on a need-to-know basis in order to safeguard the confidentiality of the data at all times. Pursuant to TJUH Hospital Policy 123.12, TJUH maintains a Need-to-Know Philosophy. This means that patient information is not be accessed or shared unless the individual legitimately needs this information to fulfill his/her job responsibilities.

TJUH is committed to ensuring the physical protection of Electronic Protected Health Information (“ePHI”) residing on hardware and electronic media. This includes, but is not limited to, workstations, laptops, smart phones, copy machines and any device that captures and stores confidential data electronically.
To ensure the confidentiality and integrity of Electronic Protected Health Information ("ePHI") and Personal Information, TJUH is committed to using an appropriate technique to encrypt this data when transmitted and in storage, (e.g. USB memory sticks/flash drives, CDs, floppy disks, etc.).

**General Guidelines**

Medical record information can only be released with a proper consent signed by the parent or legal guardian, or in accordance with state or federal law.

Confidentiality statements are signed by all employees when requesting a security code/password for any hospital system.

Refrain from having conversations regarding patient information in hallways, elevators and other public places. Clinical groups should not have post conference in a public location. Conference rooms are available through Student Placement Coordinator upon request.

Any questions regarding release of information should be directed to the Health Information Management Department.

Employees must dispose of printed patient medical information in 1) an approved confidential disposal bin, or 2) an approved shredder, as provided by the hospital to prevent the information from being disclosed to unauthorized individuals.

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

**Definition of HIPAA**

The Health Insurance Portability and Accountability Act of 1996 is a multifaceted piece of legislation covering three areas:

A. **Insurance Portability:**
   Portability ensures that individuals moving from one health plan to another will have continuity of coverage and will not be denied coverage.

B. **Fraud enforcement (accountability):**
   Significantly increases the federal government’s fraud enforcement authority in many different areas.

C. **Administrative simplification:**
Ensures system-wide, technical and policy changes, in healthcare organizations in order to protect patient’s privacy and the confidentiality of identifiable protected health information.

Patient Confidentiality

Patient confidentiality requires a conscious effort by every healthcare worker to keep private all personal information revealed by patients and their families and/or medical records during a hospital visit.

You may have access to confidential information about patients and their families. You must never discuss, disclose or review any information about a patient’s medical condition with any other person unless they have proper authorization.

Identifiable Protected Health Information (PHI)

Everything inside a patient’s chart (paper or electronic) is considered identifiable protected health information. Assure that patient confidentiality and privacy are not compromised. Privacy is a patient’s right. Medical information must be shared only with those who need to know. Patient privacy can be violated when protected health information and patient names are left on voicemail messages or telephone answering machines. Computer printouts, and other paper records containing patient information, must be kept in a secure place and shredded when no longer needed. Never throw any document with PHI in a regular trash can. Place patient confidential information in gray “confidential” bin on each unit for proper disposal.

Do not share your computer password with anyone. Make sure you sign off when you leave your computer. Never leave any patient information, including computer screens, charts and operating room schedules unattended. Never discuss patient information or hospital business in public areas.

Knock before entering a patient room and always identify yourself by your name, your position and your reason for being there. In a semi-private area, pull the curtain around the patient’s bed, and lower your voice before speaking about medical information.

Provide a second gown or extra blanket when a patient is ambulating, in a wheelchair or being transported. Use the most private space available when discussing patient information with a patient or family members.

Click here to review all Patient Authorization for Disclosure of Protected Health Information.
Social Media Policy

This policy addresses the acceptable use of social media such as blogging, twittering, social networking, WIKIs, and websites while at work/school as well as away from work/school and when the Jefferson affiliation is identified, known, presumed or could be inferred. The social media policy identifies specific behavior related to social media such as usersshall refrain from ‘friending’ or otherwise granting access to their personal social media accounts to patients. View the Social Media Policy.

Policies and Safety

Hospital and Nursing Policies/Procedures

Safe practice depends on referencing hospital and nursing policies and procedures. These differ from one institution to another so it is very important for students to review the specific hospital policy and procedure before patient care. You can access online policies and procedures via the TJUH Intranet. From the home page, click on the “Clinician” or “Administration” tab (figure 1) at the top of the screen to access these resources.

Figure 1. TJUH Intranet clinician

Environment of Care
Smoking by staff, inpatients, outpatients, visitors, vendors, contractors, and others is prohibited in all Thomas Jefferson University Hospitals, Inc. buildings and designated outdoor areas.
• Follow the facility’s rules about not smoking. Policy 102.70

Emergency Preparedness
This section will help you learn how to respond to unexpected events and emergencies, as your actions could have an impact on patients, parents, visitors and coworkers. Following these procedures may ensure safety for you, patients and their families.

**Code Red = Fire Dial 811(CC) or dial 77 (Methodist)**
Code Red means there is a fire somewhere at the hospital.
Fires require fuel, oxygen, and heat. These three items make up the fire triangle.
A fire will break out whenever these items come together in the right amounts.

**Common Causes of Fire**
• Cigarette smoking
• Unauthorized use of extension cords
• Electrical malfunction
• Equipment misuse

**Fire Prevention**
• Follow the facility’s rules about smoking.
• Smoking is prohibited within 20 feet of any building’s door or window
• Instruct visitors and patients to smoke only in designated areas.
• Smoking is not allowed in any Jefferson occupied building.
• Fire Alarm pull stations are located with 5 feet of every fire tower.

**RACE** is a national acronym used to help you remember what you must do in case of a fire. If you discover a fire:

**R** RESCUE anyone from immediate danger.

**A** ALARM - Pull fire alarm box and dial 811 or 77 (or 911 for off-campus and leased facilities).

**C** CONFINE (close doors)

**E** EXTINGUISH fire if small
EVACUATE when necessary

Evacuate horizontally following your unit’s evacuation plan. Do not use
elevators, use only stairs. Remember to Close ALL doors. Fire extinguishers are labeled to show which types of fires it can fight. Use the acronym PASS to remember to:
- Pull the pin
- Aim the nozzle at the base of the fire, stand 6-10 feet away from fire
- Squeeze the handle in five second bursts.
- Sweep the nozzle from side to side across the base of the fire.

As stated in the Nursing policy, *Fire evacuation* (8.03) the nurse manager/charge nurse will make the decision to shut off the oxygen valves.

**Code Blue** = Cardiac Arrest
Dial 123 Center City or dial 77 at the Methodist campus

Code Blue means cardiac arrest or respiratory arrest.
- If a patient has a cardiac or respiratory arrest, call for help dial: 123 (CC) or 77 (Methodist).
- Give the name of the building, the floor, and room number.
- Alert unit staff.
- Begin CPR if you are certified to do so. If you are not, wait for the team.

**Code I** = Missing or Infant Abduction

Code I: Notify Security at 811 (CC) or 77 (Methodist) and report there has been an infant abduction.
- Give description of the abductor and child/ and or infant. Note the direction that the abductor took off leaving the unit/area.
- If you are suspicious, get a description of the person you suspect and call Security at 811. Give a detailed description to help them catch the suspect. As soon as a Code I is announced, the Hospital Lock-Down System goes into effect.

[Click here to view TJUH Policy 113.75: Infant and Pediatric Abduction](#)

**Electrical Safety**
Electrical safety is very important for preventing fires and shock.

- Do not use cords with insulation that is cracked, torn or rubbed off.
- Do not use any cord or plug that appears damaged or heats up when used.
• Get safety instructions before using, cleaning and maintaining electrical power equipment.
• Do not use any electrical equipment that appears to be damaged or in poor repair.
• Do not use any device that blows a fuse or gives a shock. Report all shocks— even small tingles immediately.
• Be aware of tags indicating equipment is not working properly. Equipment that is tagged should not be used to perform patient care, until the Biomedical Instrumentation Department has repaired it.

Patient incidents involving medical equipment or products must be reported to Risk Management and Biomedical Instrumentation in accordance with the Safe Medical Devices Act (SMDA). Biomedical Instrumentation Department 3-1800 (CC) or 9204 (Methodist).

Personal Safety Tips
You can help us make this Hospital a safer place by taking steps to protect yourself.
• Do not leave your purse, wallet or other valuables unattended.
• Report any suspicious person or unauthorized persons to security immediately.

Hazardous Materials
Hazardous Materials are chemical products that can harm your eyes, lungs or skin. Be sure to protect yourself when handling chemical products. Use appropriate Personal Protective Equipment including gloves, mask, gown, and/or boots.

The "Right to Know" Laws
The goal of the standard is to cut down on workplace injuries and illnesses caused by using, handling, or storing chemicals improperly. Employers must have a written Hazard Communication Program and provide you with the information, equipment, and training to work safely with hazardous materials.

The TJUH written hazard communication program tells you

1. How hazardous materials in your workplace will be labeled.
2. Safety Data Sheets for each hazardous material are available from Environmental Health & Safety and on the hospital intranet on Emergency/safety
tab.
3. Provides you with a description of the employee training program.
4. A list of the hazardous chemicals in each work area.
5. The hazards associated with chemicals carried in any pipes in your institution needs are color-coded or labeled.
6. If you discover a chemical spill, contain the spill and notify Environmental Services at 3-6100 (CC) or 9251 (Methodist). The Environmental Services staff is trained to handle chemical spills.

There are several types of hospital waste. Each type of waste has its own type of waste container.

- **Biohazardous Waste** is any type of waste that is contaminated by blood or other body fluids contaminated with blood. All items contaminated with blood, drainage, or infectious secretions are discarded in red bags for incineration. These containers have the Biohazard symbol. Note: Always wear appropriate Personal Protective Equipment when handling Biohazardous Waste.

- **Sharps** are substances that can poke or cut your skin, such as needles, broken ampules and/or lancets. Sharps are disposed of into a hard, plastic Sharps Box. Sharps may be contaminated; therefore, you must always wear Personal Protective Equipment when handling sharps.

- **Pharmaceutical Waste** Jefferson has implemented a process for appropriate pharmaceutical waste and segregation called Stericycle Material. There are color-coded containers to deposit hazardous and non-hazardous waste. A chart is posted on each unit to indicate into which container waste should be deposited.

**Magnetic Resonance Imaging (MRI)**

MRI safety is taking the necessary precautions to ensure that the patient, technologist and ancillary personnel are not placed in harm’s way during a MR exam. MR safety is everyone’s job and it begins with the staff education.

Knowing your patient’s medical history as it relates to MR is critical. Does the patient have an implant or device that would make them contraindicated for having an MRI? Does the patient have a pacemaker, metal in their eyes or a Neuro pain stimulator? Was a Swan Ganz catheter recently placed and was this communicated to the MR staff? Does the patient have any allergies or a
creatinine level that would prohibit them from having contrast administered? Knowing your patient’s medical history as it relates to MRI prior to the MR staff calling the floor will protect the patient, the ancillary staff and the radiology staff from any unforeseen incidents.

Everyone has a responsibility to promote MR safety. For nurses and respiratory staff items such as scissors, a stethoscope, hemostats or needles are ferromagnetic and will be attracted to the magnetic field. Environmental and custodial staff must use the appropriate MR compatible approved and tested cleaning supplies. Floor buffers and other power equipment are not allowed in the MR exam room. Make sure all of your pockets are empty and that you have been thoroughly screened by an MR technologist prior to ever entering into the MR exam room. Common items such as a watch, pen, hair clips, wallet or keys are all contraindicated. Ventilators, infusion pumps, Telepaks, bone and pain stimulators, Swan Ganz catheter, intra-aortic balloon pump, coiled pacer wires and various other devices and implants are all contraindicated for MRI.

Orthopedic hardware such as joint replacements, screws and pins post-op in bones or joints are typically compatible but must be checked prior to entering the MR exam room. External fixation devices such as tongs or a halo must be checked for compatibility. Medication patches and tattoos can be a hazard and can often cause skin irritation and localized burning. The MR technologist, an MR Safety Officer, or the radiologist must check all of these devices if there is a question of compatibility. Many of these devices can be checked with a bar magnet outside of the MR control room.

The most common injury is caused by oxygen cylinders that are brought into the exam room. This is followed by wheelchairs, IV poles, scissors, infusion pumps, pens and scissors by non-radiology staff. Acoustic injuries are very common and often under-reported. Patients are required to wear ear protection such as earplugs, headsets and noise dampening pads as indicated. Coil burns are more common today than in past years. This is due to an increase in radiofrequency deposition and the increase of magnetic field strength. The placement of the coils, wires and the necessary padding are critical to maintaining a safe MR environment in the bore of a magnet.

Security

For general information, you may contact the Security office at 5-8888 (CC) or 9238 (Methodist).
In case of an emergency, call Security at 811 (CC) or 77 (Methodist). The security staff on duty will respond immediately to the call.

The Security Services department employs, full time, professionally trained security officers. Officers are on duty 24 hours a day, 7 days a week, every day of the year. They patrol inside and outside the hospital.

Their duties include:
1. 24-hour monitoring of all hospital alarm systems.
2. Patrol all outside areas, including parking lots, loading docks, roads, and driveways, as well as enforcement of parking regulations.
3. Patrol all nursing units and outpatient facilities.
4. Escort night-shift employees to their cars upon request

Infection Control
Infection Control Program Office 955-7186 (CC) or 9423 (Methodist)

Students need to follow a basic level of caution during their work activities.

Comply with hospital and unit specific dress code regulations:
1. Clean uniform or scrubs daily
2. Long hair should be restrained or tied back in some fashion to reduce risk of hair contamination of patient food, supplies, and /or environment, and to reduce the risk of personnel hair contamination from splashes or contact with soiled hands.

Routine hand washing whenever contamination might have occurred (from patient, self, or visitor).
- Click here to watch: Hand Washing video.
- Wash Hands when entering and leaving a patient room.
- In-between caring for patients.
- Between patient care activities with one patient (e.g. changing a dressing).
- Normal hand washing requires a minimum of a 20 second wash with liquid soap and water. Alternatively, hands should be rubbed vigorously with an alcohol based hand disinfectant until hands are dry, if there has been no occupational exposure to or contact with blood or other potentially infectious materials.
- **Alcohol based hand sanitizer:** Rub product over all surfaces of hands until dry. Hands must not have visible soiling. This destroys transient microorganisms on hands not visibly soiled.
- **Soap and water:** When hands are visibly soiled or contaminated with pertinacious material or when having contact with a patient or their environment while on Enteric Precautions. The employee must wet hands first with warm water; apply 3 to 5 ml of a non-antimicrobial or antimicrobial soap to hands and rub hands together vigorously for 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with warm water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. This removes soil and destroys or removes microorganisms.

**Compliance with Hospital guidelines for Universal Precautions and Safety**

Students should be knowledgeable of the recognition of and adherence to types of isolation precautions used for specific communicable disease.

Artificial nails are not permitted to be worn by employees or student with **direct patient care responsibilities.** Artificial nails include: acrylic nails, nail extenders, nail wraps, silk wraps, sculptured nails, press-on-nails, and nail jewelry. Keep natural nails ¼ inch long or less. **The TJUH Isolation and Infection Control Manual is available online on the TJUH intranet to use as an additional resource for infection control practices.**

**Work Exclusions:**
All staff and students must meet certain employee health requirements. Certain illnesses have work restrictions that are based on the potential risk for patients and other personnel. **As a student or faculty if you have an injury such as one that you need a cast, you must be cleared by UHS before returning to the clinical area.** All staff and students should be familiar with those conditions that would limit the areas in the hospital where they might continue to visit. In general, any time you have symptoms of an acute infection, fever, cough, vomiting, diarrhea, or skin infections, you should not be at the hospital until cleared by the University Health Service Office or your private Physician. For more information, please contact the University Health Services at 955-6835 located at 833 Chestnut Street, Suite 205.

**Universal Precautions:**

**Universal or Standard Precautions** are a set of standardized precautions to be
used for all patients, regardless of illness or medical condition for the prevention of blood-borne pathogens. Three blood borne pathogens are concerning to healthcare workers. These are Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV). Infection is spread through contact with blood or body fluids. Healthcare workers must take precautions to avoid contact with these fluids.

**Personal Protective Equipment (PPE)** is worn to protect against blood/body fluid exposures. Staff should know location of PPE in each patient care area and be familiar with them when barriers are indicated and used as required.
* Gloves for hand protection
* Gowns to protect clothing
* Protective eyewear to reduce risk of splashes, use goggles or masks with shield
* Masks to reduce risk of respiratory exposure

Avoid touching face or eyes during patient care activities. Many respiratory viruses are readily transmitted through the mucus membranes of the eyes, nose, and mouth.

Avoid eating, drinking, or applying lipstick or lip balm in patient care areas. Enteric viruses such as Rotavirus may survive for up to 5 days on environmental surfaces.

Staff should know location of eye wash stations in patient care area and use to immediately cleanse eye if contamination with blood, body fluid or hazardous chemicals should occur.

Injuries with contaminated sharps present a significant risk to healthcare workers. Blood borne pathogens, which have been documented to be transmitted by percutaneous exposure, include: HBV, HCV, and HIV. Hepatitis B is best prevented by administration of Hepatitis B vaccine. Post exposure prophylaxis for HIV requires administration of anti-retroviral medications. There is currently no prophylaxis for Hepatitis C.

**Handling Sharps Safely**

The primary prevention technology used in hospital includes: needle free access valve, needle free IV and phlebotomy products, needle free drug delivery products, and needle free filled syringes.
It is important to protect the health of the healthcare providers but, in the event of a needle stick or other blood and body fluid exposure, follow the procedure listed below to decrease the provider’s risk of exposure to disease that can be acquired.

- Never recap used needles by hand. If needles must be recapped use one handed scoop method or recapping device (activate protective covering).
- Do not bend or break needles.
- Keep used sharps separate from other items such as gauze and alcohol wipes.
- Always point a used sharp away from your body.
- If assisting with a procedure always be aware of where the sharp is being placed.
- Never clean up broken glass by hand.
- Dispose of used needles, lancets, blades, and other sharps into a designated sharps container. Do not open, reach into, empty, or clean a sharps container.
- Never discard a sharp into a plastic trash bag.
- Do not overfill a sharps container. If it appears to be over 2/3 full, notify Environmental Services
- When using sharps remember to activate the protective cover. If you are not familiar with safety product, ask for assistance.

Needlestick injuries are most likely to occur when caregivers are disposing of sharp instruments, gathering materials during patient care and treatment, administering a procedure to a patient, processing specimens, or collecting trash and linens.

Proper steps to take if you are accidentally injured:

1. Wash the exposed area with soap and water immediately.
2. If fluid splashed in your eyes, remove your contacts immediately. Rinse with tap water or with sterile saline for 15 minutes.
3. If fluid splashed into your mouth, rinse your mouth thoroughly with tap water.
4. Advise your supervisor that you have been exposed.
5. Complete an accident report and have your supervisor sign it, if possible.
6. Report to Jefferson Occupation Health Network (JOHN) at 833 Chestnut Street, Suite 205, or, if JOHN is closed, to the TJUH Emergency Department as soon as possible. Methodist Hospital Division (MHD) employees should report to Jefferson Occupation Health Network (JOHN) or MHD Emergency Department after hours. Do not wait until the end of
your shift. If antiviral medication is required, the CDC recommends taking the initial dose within two (2) hours of the exposure for the most effective treatment.

7. Identify your patient’s name, medical record number, and the name of the attending physician of the patient. The patient will be referred to as the “source patient.”

8. JOHN will contact the physician to order the appropriate testing of the source patient once you have reported the exposure within 72 hours; the exposure has been determined to be significant; and you have undergone testing for HIV. Testing a patient without reporting the exposure is against TJUH policy and is not in accordance with Pennsylvania Act 148, the Confidentiality of HIV-Related Information Act.

NOTE: If HIV prophylaxis is indicated it should be started as soon as possible after the exposure. The ideal is within 2 hours but can be started up to 24 hours post exposure.

Visiting Non Jefferson Students

Non-Jefferson students are expected to know - prior to arrival at Jefferson - the appropriate procedures their schools have outlined to address occupational exposures. If an occupational exposure has occurred while on a clinical rotation at Jefferson, please review the following steps:

1. Follow the first aid instructions in the First Steps to Take Tab of this Needle stick website (above).
2. Advise your clinical instructor/supervisor that an exposure has occurred.
3. Contact your school if you do not know the procedures to follow. If your school does not mandate that you return to your student health office, continue with #4.
4. Complete the TJUH accident report.
5. Gather the source patient’s name and medical record number.
6. Report to University Health Services (833 Chestnut Street, Suite 205) as soon as possible with this information. If after hours, please report to the TJUH/MHD Emergency Department for evaluation. The cost of the evaluation in the Emergency Department must be covered by the visiting student’s insurance.
7. JOHN will assist with obtaining the source patient testing and will evaluate the risk of the exposure. Any labs ordered for visiting students and the cost of any post exposure prophylaxis (antiviral medication) must
be done through the student’s insurance. All follow up testing will be
done through the student health office at the school.

**Event Reporting-Patient Safety Net**
All employees and staff members are responsible for promptly reporting any
event involving a patient or visitor (as soon as possible following its occurrence,
but not later than 24 hours). The person who witnessed or discovered the event,
or to whom it is reported (i.e., supervisor) is responsible for initiating the event
report and notifying the appropriate staff, such as the attending physician,
nursing supervisor, or department head.

TJUH utilizes web-based electronic reporting through the *Event Reporting (CS Stars)*. CS Stars may be accessed through the TJUH Intranet Home Page, either
under the Administration, Clinician, or Emergency/Safety tabs by selecting the
Event Reporting (CS Starts) link.

All required fields must be completed as directed. The reporter should provide a
brief, complete and accurate description of how the event occurred, including
only facts witnessed by or related to the reporter. Pertinent statements made by
the patient, family or visitor may be included in quotes. The report should not
include any information identifying patients, or blaming staff for the outcome.
Reports are not punitive.
Event reports are forwarded electronically to the appropriate managers for
review, investigation and action.

**Patient Safety**

**National Patient Safety Goals 2018**

**Identify patients correctly**

TJUH requires the use of two identifiers; these two identifiers are specifically
the Name and birth date. All patients must have a TJUH ID bracelet.

**Improve staff communication**

TJUH uses many opportunities for hand-off communication.
These include: shift report, rounding, white boards in patient rooms, critical
value test result reports, Transfer and Discharge Summary, Interdisciplinary Plan
of Care, and trip slips.

**Use medicines safely**
TJUH has standardized and limited the number of drug concentrations available. A list of look-alike/sound-alike drugs is available on each nursing unit to prevent errors involving the interchange of these drugs. Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.

Reduce the likelihood of patient harm associated with use of anticoagulation therapy by using approved orders for initiation and maintenance of therapy, using only oral unit-dose products, prefilled syringes, or premixed infusion bags when available and use programmable pumps for intravenous heparin administration.

“Do Not Use Abbreviations” available on the hospital intranet-medical records page and posted on each clinical unit.

<table>
<thead>
<tr>
<th>The Correct Way</th>
<th>Do Not Use</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>daily</td>
<td>qd</td>
<td>Misinterpreted as “qd” (resulting in 4-fold overdose)</td>
</tr>
<tr>
<td>q other day or q48 hours</td>
<td>qid</td>
<td>Misinterpreted as “qd” or “id”</td>
</tr>
<tr>
<td>units</td>
<td>q or Q</td>
<td>Misinterpreted as a “Q” (resulting in a 10-fold overdose)</td>
</tr>
<tr>
<td>1 mg (no trailing zeros)</td>
<td>1.0 mg</td>
<td>Decimal point can be missed on order (resulting in a 10-fold overdose)</td>
</tr>
<tr>
<td>0.1 mg (use a leading zero)</td>
<td>1 mg</td>
<td>Decimal point can be missed on order (resulting in a 10-fold overdose)</td>
</tr>
<tr>
<td>international units</td>
<td>IU</td>
<td>Misinterpreted as “U”</td>
</tr>
<tr>
<td>morphine</td>
<td>MS, MgSO₄</td>
<td>Misinterpreted as magnesium sulfate</td>
</tr>
<tr>
<td>magnesium sulfate</td>
<td>MgSO₄</td>
<td>Misinterpreted as morphine sulfate</td>
</tr>
</tbody>
</table>

Use alarms safely
Alarms on medical equipment are heard and responded to appropriately. Review Hospital Policy 113.74 Responsibility for Alarm Events on an inpatient Care Unit.

Prevent infection
TJUH complies with the current Center for Disease Control (CDC) hand hygiene guidelines or World Health Organization guidelines. TJUH sets goals for improving hand hygiene guidelines. TJUH implements evidence based practices to prevent health care associated Infections for multidrug resistant organisms, central line bloodstream infections and surgical site infections.

Identify patient safety risks
Identify patient’s risk for suicide, review nursing procedure III-A-4, Suicide Precautions: Non-psychiatric units.

Prevent mistakes in surgery

Wrong site, wrong procedure, wrong person can be prevented. The universal protocol is intended to achieve this goal. The elements of the protocol involve a “pre-operative verification process”, “marking the operative site”, and including a “Time Out” before starting the procedure.

Nurse Sensitive Indicators

TJUH is strongly committed to exploring ways to improve patient outcomes. By utilizing data collected from patients on falls, pressure ulcers and restraints, and comparing TJUH data to other hospitals that are academic medical centers and /or Magnet facilities through the use of the National Database of Nursing Quality Indicators (NDNQI), TJUH develops plans to improve quality of patient care.

Falls

Nurses assess and reassess each patient’s risk for falling, including the potential risk associated with the patient’s medication regimen, and take action to address any identified risks.

Patients at TJUH are assessed for falls risk on admission and daily. Reassessment takes place also when a patient is transferred to another unit, incurs a fall or has a change in clinical status. Measures are taken to prevent falls by creating a safe environment for patients. Patients at risk for falls are given a yellow wrist band and yellow non-slip footwear.

As a result of a Six Sigma project, Jefferson uses a process called “ETAR” to prevent falls. Click here for TJUH Policy 113.52

E = Educate staff and patients
T = Toilet patients every 2 hours
A = Alarm; apply Level 2 bed alarm for high risk patients at all times and at bedtime for everyone
R = Response to emergency call lights is all staff’s responsibility
We want to take this opportunity to remind all staff members, students and faculty that they can prevent a patient from falling and becoming seriously injured. If a red flashing light is seen over a patient’s door it means a patient needs immediate help and should not get up without assistance. Any staff member or faculty/student should go to the patient’s room and tell the patient not to get up until assistance arrives. This simple action could keep our patients safe. When toileting patients, stay with patient in the bathroom.

Hourly rounding on all patients has been implemented to help to decrease falls. Each hour patients are checked for pain, positioning, personal needs and safety needs. Urine output is documented every two hours on the I & O Flowsheet as the output amount or “0”. It is the TJUH expectation that you will actively participate in this safety initiative.

**Pressure Injury Prevention-APP230**

**Assess**

**Assessment & Documentation**

- Review patient records for appropriate Pressure Ulcer risk assessments/Braden sub-scores and selection/implementation of prevention interventions based on Braden sub-scores.
- 2 RN skin inspection on admission and transfer
- Review wound care documentation for adherence to nursing standards
- Observe staff assessing skin for completeness and focus on all pressure points, including beneath medical devices.
- Utilize multiple unit Skin Champions as clinical resources to assist in above activities

**Protect**

- Monitor appropriate use of prevention practices and products
- Review management of clinical factors that increase pressure ulcer risk e.g. use of fecal management devices, indwelling urinary catheters when indicated

**Position**

- Implement the Skin Safety Monitor to monitor real-time turning/re-positioning, heel elevation, under pad use Monitor adherence to “Repositioning the Unstable Patient” guidelines
- Monitor appropriate use of specialty beds/ceiling lifts
- Conduct skin check rounds on a regular basis.
Communication

- Address Skin during Bedside Handoff, Patient-Centered and Plan of Care Rounds (including risk factors/possible interventions)
- Utilize Patient room white boards to communicate turning/repositioning times, presence of wounds
- Monitor implementation of wound care consultant recommendations
- Monitor and report incidence daily. Display Pressure Ulcer Calendar on the unit and utilize staff input to complete a Post-Pressure Ulcer Inquiry on all unit-acquired pressure ulcers
- Monitor consistent completion of “Skin Protection” section on Trip Slip when patient travels to other clinical areas.

Providing the Best Care at Jefferson
Patient/Family Education and Health Literacy

Health literacy is defined in Healthy People 2010 as: "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

Health literacy includes the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, consent forms and healthcare providers’ directions. They also need the ability to navigate complete healthcare systems and insurance programs.

Health literacy varies by context and setting and is not necessarily related to a person’s education level or general reading ability. The “average” American reads at the 8th or 9th grade level and one out of five American adults reads at the 5th grade level or below; yet most health information is written at a high school level or above. Due to illness, stress, the effects of medication and other factors, a person who functions adequately at home or work may have marginal or inadequate literacy in a health care environment.

Why does health literacy matter?

People with limited health literacy skills are more likely to:
- Report being in poor health
- Participate in negative health behaviors
- Hold health beliefs that interfere with adherence
- Present in later stages of disease
• Be hospitalized/re-hospitalized
• Misunderstand instructions needed for self-care
• Die at an earlier age

• Are less likely to:
  • Engage in preventative behaviors or services
  • Manage a chronic disease

Improved health literacy helps to improve outcomes.

Universal Precautions: Since you can’t always tell who may have an issue understanding their health information at any particular time, provide easy-to-understand information to ALL patients/caregivers. Patients can then seek out more complex information if they would like.

Strategies to improve communication with patients/families/caregivers

• Check environment – close door, turn off TV, sit down, make eye to eye contact
• Maintain eye contact even when you teach during performing a task (e.g. hanging a new IV medication)
• Anticipate communication barriers, such as language needs or hearing deficits
• Use plain, non-medical language and slow down
• Show or draw pictures or use educational videos when it would meet your patient’s preferred learning style
• Limit amount of information provided and repeat it several times
• Create a shame-free environment - “Often, patients have trouble understanding... (Or taking...)”
• Ask patients if they have any concerns that have not been addressed.
• Use the Teach-Back method

The Teach Back Method

Teach back is a simple and effective technique used to assess a patient’s understanding of a concept or topic. Teach back involves asking patients to explain in their own words or demonstrate what they have been told or taught.
Research has shown that teach back is effective for improving patient understanding and outcomes. You can use teach back to identify patient-specific barriers to communication, for example, low health literacy, cognitive impairments, and limited English proficiency.

You can say to the patient,

“I want you to explain to me how you will take your medication so I can be sure I have explained everything correctly,”

Or

“Please show me how you will use the asthma inhaler, so I can be sure I have given you clear instructions.”

Or

“When you get home your spouse will ask you what the doctor said, what will you tell your spouse?”

Do not ask a patient: “Do you understand?” More than likely, they will say “Yes” whether they do or don’t.

Do not ask a patient: “Do you have any questions?” They are likely to say “No” whether they do or don’t.

For more than one concept, **chunk** the information (teach 2 to 3 main points for the first concept) and then check using teach back before moving on to the next concept.

Asking patients to recount instructions can alert you to the individuals’ particular needs and challenges and helps you tailor communication more effectively. If the patient does not explain correctly, assume that you have not provided adequate teaching. Re-teach the information using alternate approaches. Teach back can be used as a tool for assessing your own communication skills.

Use clear, straightforward expression—use only as many words as necessary. Explain any medical terms if you must use them. This will help the patient/caregiver concentrate on the message instead of being distracted by complicated language!

It is important to not appear rushed, annoyed, or bored during these efforts!

**Pain Management**

**Philosophy of Pain Management**
At TJUH, we use Margo McCaffery’s definition of pain: “Pain is whatever the experiencing person says it is, existing whenever he/she says it does.” The patient’s self-report of pain is the single most reliable indicator of pain.

**Cultural Considerations in Pain Assessment**

It is important to obtain specific cultural considerations to individualize a patient’s pain management. This can be done by asking the patient if there are cultural considerations he/she would like to incorporate, by using reference materials - such as can be found on the Multicultural Resource Group intranet site for more information.

**Setting a Patient’s Pain Goal**

A patient’s pain goal is a goal that will enable the patient to participate in normal activity of daily living.

**Pain Scales Used at TJUH**

There are several forms of pain scales in use at Jefferson, based on the patient population. Per hospital policy Pain Assessment 113.30 Use numerical rating scale 0-10 in various language options, Wong-Baker faces, FLACC, CPNI, and NPASS.

**Frequency of Pain Assessment and Documentation**

A pain assessment is performed and documented upon admission, after any known pain producing event, and with each new patient report of pain, and routinely when vital signs are taken (at least each shift).

**It is important to perform a pain reassessment after a pharmacological agent is given and or an intervention (i.e. ice, heat, repositioning) within 2 hours as determined by the RN based on the route, type of analgesic and the patient’s response to the medication. Routinely Scheduled Medications, Extended Release Medications and Non-Pharmacologic interventions. Reassessment of pain will be done at regular intervals, corresponding with ongoing clinical assessment practice, but not less than once a shift.**

The pain assessment and reassessment is documented in the clinical information system (EPIC). Information on how to document this information is reviewed in EPIC e-learnings and with your Clinical Instructor/Immersion Educators.

[Click here for TJUH Pain Assessment and Management Policy 113.30](#)
Restraints

A restraint is any involuntary method of restricting an individual's freedom of movement or normal access to his/her body.

Restraints are used for medical-surgical care to control behaviors that are non-violent or non-aggressive in nature. A restraint device may be used to protect the patient from accidental/intentional self-discontinuation of therapeutic interventions (i.e. IV lines, drains, catheters, ventilator, pacemaker, IABP, etc.) when alternative interventions have failed and to promote medical healing. Restraints may also be used when patients are assessed to be at high risk for fall/injury due to impaired sensory or motor function and/or are not cognizant to follow commands and alternatives have failed.

Some examples of restraints used at Jefferson are: Soft belt, Secure locking and non locking limb, Mitts, Four Side Rails, Enclosure Bed. Geri Chairs are used in geriatric psych only.

Before restraints are considered, alternatives to restraints are attempted. This can include examples such as:

Non-physical interventions are the first choice as alternatives to restraint and seclusion, unless safety issues demand an immediate physical response. Interventions to prevent the need for restraint and seclusion address the underlying problem. Alternatives include, but are not limited to:

- modifying the environment to make it safer
- reducing sensory stimulation
- involving the patient in activities of daily living
- moving the patient closer to the nurses' station for closer observation
- one to one care
- family member at bedside
- providing comfort and relieving pain
- reviewing and assessing the medication profile
- redirecting the patient's focus
- employing verbal de-escalation
- time-out, less than 30 minutes (behavioral health setting only)

In the event that these alternatives are ineffective, an order for the application of a restraint is obtained from the physician. The order is effective for 24 hours.
During the time the patient is in the restraint, the patient is assessed every 2 hours for the following elements to ensure that the patient’s safety and health are maintained:

* **Document the following items on the Non Behavioral Flowsheet in EPIC:**

  Patient’s physical needs (release of restraint/ to provide range of motion to restrained limb)
  * circulation checks
  * elimination
  * hydration
  * nutrition and hygiene are assessed and addressed at least every two hours while the patient is awake

It is not necessary to wake sleeping patients, however patient needs must be met as soon as possible after the patient awakens.

[Click here for TJUH Policy 113.16 Restraints and Seclusion](#)

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**MEWS in EPIC**

Modified Early Warning Score system is used to help proactively identify patients who are getting sicker early! This tool is NOT utilized in the ICU, ED, or the OR. It is intended for step down inpatient nursing units including: med/surg, tele, & intermediate.

- The MEWS looks at the following: Heart rate, Systolic blood pressure, respiratory rate, oxygen level, supplemental oxygen level, urine output, Level of Consciousness, Lactate, and White Blood Cell Count.
- The higher the number, the sicker the patient is!

- A score less than 6 is **green**
- A score of 6-7 equals **yellow (orange)**
- A Score of 8 is **red** and requires a Lactate Order (Eight = Lactate) >> only the nurse will receive the BPA to enter the order with an order mode of: per protocol, no cosign required

Where can I see the MEWS Score?
When documentation is completed within Epic you may receive a BPA (Best Practice Advisory) about MEWS. The nurse and the patient care tech will receive BPAs for a MEWS score above 6. Your BPA is based upon your scope of practice and what you need to do. Accept the BPA’s!

Thomas Jefferson University Hospital is committed to excellence in nursing and quality patient care. This temporary clinician module offers a comprehensive overview of key quality and safety practice initiatives and maintains committed to supporting the needs of health care team members within the department of nursing.

Nursing excellence at TJUH begins with support and education that utilizes modules such as this one to enhance its ability to provide quality patient care.

The staff of the Nursing Staff Development Department and our unit leaders: Nurse Manager, Nursing Clinical Specialist/Educator, Charge Nurse or Nursing Supervisors are here to help you at any time.
References


