

Las Palmas Del Sol



Quick Study Orientation



LAS PALMAS

DEL SOL
HEALTHCARE

X1887
Revised 06/21 T&D

www.laspalmasdelsolhealthcare.com

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WELCOME



This booklet answers frequently asked questions and addresses policies and procedures you will be required to follow. Please read through all of the information, then keep the book to refer to as needed.

Page 40 includes an Acknowledgement form that you must complete and turn in to the person who gave you this booklet.

Las Palmas & Del Sol Healthcare, owned by HCA Healthcare corporation as a part of HCA's Central-West Texas Division, has had a presence in El Paso since the mid-1960s .

It is currently comprised of two major hospitals as well as several off-



site locations, providing a full array of healthcare services for both adult and pediatric patients.

Our goal is to be the best at serving our community with high quality, cost-effective health care. Las Palmas and Del Sol are committed to providing excellent customer service to enhance patient, physician, and employee satisfaction.

We look forward to developing rewarding relationships with each of you, and pledge to provide opportunities for continued growth and learning. Las Palmas and Del Sol staff extend our best wishes for an enjoyable and successful school term.

Bienvenido

Core Service Lines & Special Programs

LAS PALMAS <i>Clearly the right choice</i>	DEL SOL <i>Dedicated to your health</i>
327 Licensed Beds	350 Licensed Beds
900 Staff	1400 Staff
500 Physicians	500 Physicians
Accreditations: The Joint Commission, ICAVL, ACOS, Radiology, MRI, Mammography, Stereotactic Breast Biopsy, Ultrasound, CME and CNE.	Accreditations: The Joint Commission, ICAVL, ACOS, Radiology, MRI, Mammography, Stereotactic Breast Biopsy, Ultrasound, Blood Gas, Sleep Lab, Chest Pain Center, CME and CNE.
The ONLY NASA Certified Hyperbaric Chamber	Del Sol Life Care Center is the ONLY American Association of Cardiovascular and Pulmonary Rehabilitation certified Cardiac Rehab Program in El Paso
The ONLY Fellowship Trained Pediatric Intensive Care	
Pediatric Hospitalist The ONLY Kidney Transplant Center	Bariatric Surgery Center The ONLY Level II Trauma Center designated by The American College of Surgeons
All-Physician Anesthesia	
31 Bed Rehabilitation Hospital a few miles from the main hospital	32 Bed Rehabilitation Hospital within the main facility

In addition, both hospitals have Wound Care Centers, Cardiology Services including Cardiac Rehab, Surgical Services, In- and Out-Patient Rehab Services, state of the art Emergency Rooms, Radiation Oncology, ICUs manned by Critical Care Certified Nurses, and PET & CT Scanners.

Dress Code

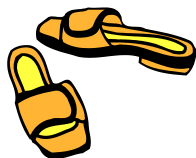


- **Professional attire is required while on duty or representing the hospital.**
 - Clothing must be neat, clean, and appropriate for professional work.
 - Denim material is never appropriate.
 - Due to infection control issues, stethoscope covers are not allowed.
- **Students must wear the regulation ID badge at all times while on duty.**
 - The badge must be worn above the waist.
 - The picture and name must be visible.
 - Pins, stickers, etc. are not allowed on badges.
- **Hair styles, clothing and jewelry should conform to the standards accepted in a professional environment, as well as to specific standards established by the hospital.**
- **Hair must be of a natural color.**
- **Nails must be clean and neat.**
- **Shoe covers, hair covers, and masks should be worn in appropriate clinical areas and must not be worn outside the area.**

Management reserves the right to make the determination as to whether or not a student's appearance conforms to acceptable organizational standards.

NOT Appropriate for the Work Place

- T-shirts Tank tops
- Sweatshirts
- Crop-tops
- Spandex
- Mini-skirts
- Sundresses
- Dresses
- Low-cut or back-baring tops
- Sleeveless, sheer or revealing clothing
 - Undergarments that can be seen through clothing
 - Sweatpants
 - Shorts
 - Jeans
 - Sandals or open-toed shoes
 - Shoes that exceed 3 inches in height
 - Visible body piercing jewelry
 - More than 2 earrings per ear
- Visible tattoos
- Dangling earrings or excessive jewelry (in patient care areas)
- Nails longer than 1/4 inch from the fingertip
- Nail ornamentation or nail jewelry
- Artificial nails (in clinical areas)
- Excessive perfume/cologne
- Non-appropriate colored hosiery
- Non-uniform hats or caps, except for religious head coverings



EMERGENCY CODE RESPONSES

LPMC - dial 5555

DSMC - dial *35555

An emergency can happen without warning. For your safety, it is important for you to be prepared. Take time to familiarize yourself. Emergency codes are activated by hitting a code button or **dialing the operator using *45555 at Las Palmas OR *35555 at Del Sol**. At facilities off-site from the hospitals, codes require a call to **9-1-1**. It is essential for employees to understand the plan well enough so as not to waste any time. For this reason, all disaster programs are practiced on a continuing basis. Las Palmas and Del Sol Medical Centers also participate in community-wide emergency medical response activities

SECURITY ALERT: ACTIVE SHOOTER

Dial the facility-appropriate extension to report a "Security Alert: ACTIVE SHOOTER". Be prepared to provide Security the location of the problem, if the person(s) are still on the scene, number of persons, victims, and hostages, and type of weapons involved. When you hear "Security Alert: ACTIVE SHOOTER", **DO NOT** go to the area stated. Immediately clear hallway of patients, visitors, and staff. Seek shelter behind a locked doors if you can. Remain out of view until the "Security Alert: ACTIVE SHOOTER All Clear" announcement is paged.

FACILITY ALERT: HOSPITAL AT CAPACITY

The hospital is at capacity (full) and special processes are put into effect.

FACILITY ALERT: WEATHER WARNING

The appropriate weather warning will be announced overhead. I.e. "Facility Alert: Tornado Warning". All non-essential personnel should go home. Follow instructions provided to you.



SECURITY ALERT: BOMB THREAT

If you receive a telephone call warning there is a bomb, take the call seriously. If possible, prolong the conversation. Ask the caller to repeat the message. Write down exactly what the caller is saying.(2) Pay attention to important background noises such as music, traffic, aircraft, etc. Pay attention to the caller's voice , such as if the caller is a man or woman, accents, or speech patterns. Note if the caller mentions specific locations in the hospital. As soon as the caller hangs up, notify the hospital operator in case a call comes to another area.

SECURITY ALERT: COMBATIVE PERSON

All male hospital personnel to assist with a combative patient or visitor. **DO NOT** go to the area mentioned unless told to do so.



SECURITY ALERT: INFANT OR CHILD ABDUCTION

All hospital personnel are "on alert."

- (1) Man **all** entrances/exits.
- (2) Check Restrooms.
- (3) Man Stairwells and Elevators.

The facility is in complete shutdown mode until the "All Clear" is given

FACILITY ALERT: CODE RED (FIRE)

During a Code Red, the fire alarm system is activated either manually by pulling a fire alarm pull box, or automatically by a detection service. Follow the instructions given to you.



FACILITY ALERT: EVACUATION

Disaster Alert Determination:

Small < 10

Medium 10-19:

Large > 20

Activated by Nursing or ER Supervisor. **Stand-by:** Remain on shift and prepare carts and call-back trees, and find stretchers and wheelchairs. **Implement Plan** will mean the disaster plan is in effect. Follow the instructions given to you.

FACILITY ALERT: HAZARDOUS SPILL

The Spill Team will respond from Engineering and Environmental Services. Do not go to the area where the facility alert has been called, and follow instructions provided to you.

MEDICAL ALERT: CODE BLUE (CARDIOPULMONARY ARREST)

If somebody stops breathing or is unresponsive, tap them and ask, "Are you ok?" If there is no response dial the appropriate extension, or if off site, call 9-1-1. Only provide CPR if you are trained.

MEDICAL ALERT: INFANT DELIVERY

Emergency response to the delivery of a baby somewhere other than the Labor & Delivery or Emergency Departments. Give exact location to the operator. The Code Delivery Response Team will respond.

MEDICAL ALERT: CODE HEART (ACUTE CARDIAC EVENT)

Someone in the hospital is having a possible heart attack. The Code Heart Response team will respond. If you think somebody is having a heart attack, dial the appropriate extension to call the medical alert. Provide the location and follow instructions provided to you.

MEDICAL ALERT: CODE SEPSIS

The Code Sepsis Team will respond from ICU, Respiratory, and Laboratory. This is the code called for patient who may be experiencing severe sepsis to receive correct care and treatment.

MEDICAL ALERT: TRAUMA

This is the code called for trauma patients on their way to the ER, upon arrival to the ER, or anytime thereafter at the decision of the ER physician as a “Trauma Red” or “Trauma Yellow”. The Trauma Team will respond. If the trauma involves children or pregnant patients, the ER Unit Secretary and Charge Nurse will inform appropriate and coordinating departments.



MEDICAL ALERT: STROKE

This code is called when it is believed that a person is experiencing a stroke. Activating the code will initiate responses from the CT department, X-ray, laboratory personnel, and if available, the Stroke coordinators, ICU nurses will also respond if the patient is not in the Emergency Room when the medical alert is activated.

MEDICAL ALERT: KIDNEY TRANSPLANT

This code is called when it is believed that a person is experiencing a stroke. Activating the code will initiate responses from the CT department, X-ray, laboratory personnel, and if available the Stroke coordinators, ICU nurses will also respond if the patient is not in the Emergency Room when the code Brain is activated.

MEDICAL ALERT: MEDICAL RESPONSE TEAM

This Team is made up of an experienced ICU/CVICU RN, a Respiratory Therapist, and the patient's nurse. This medical alert brings critical care unit knowledge to the patient's bedside before a crisis, such as a cardiac arrest, occurs. Anyone can activate Code MRT by dialing the appropriate extension.

The Communication System consists of:

- A. The Hospital PA system
- B. The pocket beeper system
- C. The Telephone network

- **Assistance Calls**

Dial "00" for LPMC / DSMC operator

- **Internal Calls**

LPMC - Dial *4 followed by the 4-digit ext.

DMC - Dial *3 followed by the 4-digit ext.

- **Outside calls**

LPMC / DSMC - Dial directly out, area code first.



Call-Bell System

Call-Bell Systems are used in all in-patient Nursing units and all critical care areas, and are used to alert the nurse and nearest nursing station by sounding off an alarm, and enabling a light notification outside of the room or area.

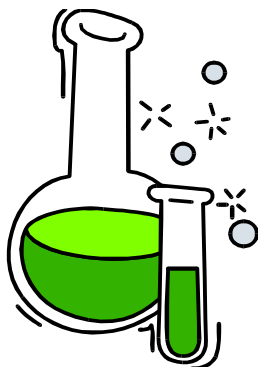
Code Blue buttons are located throughout patient care areas, and may be pressed to alert a "Code Blue" to the correlating bed.

iMobile

iMobile is an initiative that seeks to transform care coordination within HCA by leveraging smartphone technology, enable synchronous and asynchronous communication between healthcare providers, and deliver quality care by bringing clinicians closer to the bedside. iMobile enables secure patient information accessible to those providing direct patient care on designated iphones.

Evidence-Based Clinical Documentation (EBCD)

EBCD creates a patient-centric record in MEDITECH that guides safe and efficient care by the interdisciplinary team. It promotes time spent bedside nursing, communication, patient safety and satisfaction.



MSDS-INFORMATION

A Safety Data Sheet (SDS) is supplied by the company sending the chemical, and contain similar basic information:

Key points to look for:

- The chemical name.
- The hazardous ingredient.
- Descriptive information (color, odor, appearance).
- Explosive and fire information.
- Health hazards.
- Symptoms of overexposure.
- Medical conditions made worse by this chemical.
- How the chemical gets into your body (skin, lungs).
- If the chemical is cancer causing
- First Aid and emergency procedures.
- Identify other substances that may react with this chemical.
- Clean-up of leaks and spills to include use of personal protective equipment and how to dispose of the waste.

Take a few minutes and locate the SDS, which can be searched through the MAIA Intranet site in the Library, under Safety.

User – DSMC, Password – delsol

OR

User – LPMC, Password - laspalmas



Keep yourself, co-workers and patients safe by being proactive.

LIFTING SAFELY TO PROTECT YOUR BACK

Back injuries are the most common injury among health care workers. You can prevent them by learning about your back and using your body correctly to lift or move patients and objects.

Safe lifting tips

- Never reach above your shoulders - use a step stool or ladder.
- When reaching down, support your upper body with one arm.
- Always stay close to the load without leaning forward.
- Push rather than pull whenever possible.
- When bending, kneel down on one knee.
- Bend your knees and hips - not your back.
- When leaning forward, move your whole body, not just your arms.



Tips for lifting and moving patients

- Always stand with your feet about 12-15 inches apart.
- Bend your knees, not your waist.
- Lift with your legs and keep the patient close to your body to reduce strain.
- Lower patients slowly, bending at the knees.
- Work as a team with co-workers for large or heavy patients.
- Use mechanical aids whenever possible.

Remember — whenever you're lifting or moving a patient, get help when you need to! Do not be afraid to ask for help! Teams matter!

TIPS FOR HEALTHY BACK

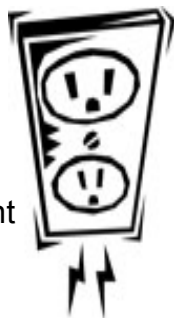
- Use proper lifting techniques.
- Plan ahead and take precautions.
- Never twist.
- Lift or carry what you can handle safely.
- When standing for long periods of time, balance your spine by placing one foot on a low stool, bend your knees slightly, and keep your pelvis tilted forward.
- When sitting, use a chair that allows both feet to be flat on the floor.
- Always maintain good posture, slouching put strain on your vertebrae.
- Use lumbar support cushions for your lower back if you sit a lot.
- Strong abdominal muscles support your back.

GENERAL HAZARD PREVENTION

There are other hazards in the workplace that you can help prevent, such as fire and electrical hazards, and slips, trips, and falls. Everyone must take accident prevention and hazard identification responsibilities seriously.

FIRE AND ELECTRICAL SAFETY

- Report defective electrical outlets for replacement.
- Fire extinguishers are located within 75 feet of any exits.
- Both facilities are smoke-free.
- Use electrical appliances that have grounded plugs and covered wires.
- Know fire evacuation plans.
- Do not use any power strips in patient care areas.



AVOIDING SLIPS, TRIPS, AND FALLS

You take hundreds of steps at work each day. For each step there are many potential hazards just waiting to trip you up. If you understand how these hazards can cause slips, trips, and falls, you can help prevent unnecessary and painful injuries to yourself, your patients, and your coworkers.

Watch Your Step

Even common hazards like water spills and poor lighting can lead to serious, painful injuries -- and could also limit your ability to respond to emergencies. Protect yourself, your coworkers, and your patients by doing what you can to create a hazard-free workplace.

Clean Up Wet Surfaces



Any time you see (or cause) a spill, clean it up right away. If you can't, mark it with a sign or paper towels and report it to the appropriate person for cleanup.

Avoid Shortcuts

Taking a shortcut to save time can be risky. The more shortcuts you take, the greater your chance for falling.

- Find a ladder or a step stool when something is out of easy reach, instead of using an object not meant for climbing.
- Never carry a load that you can't see over. If necessary, make more than one trip.
- Use only designated walkways.
- Keep your area clutter-free and well-lighted.



BE SAFE!

Every piece of equipment left out and file drawer left open is a hazard that can trip you up, particularly when it's dark.

- Clean up clutter, especially in front of doors, in hallways, and on stairs.
- Don't leave wheelchairs, cleaning supplies, handcarts, and other materials lying around.
- Turn on lights before entering a room or supply closet.
- Replace burned out light bulbs.
- Close file drawers before you walk away from them.



General safety tips:

In general, always:

- Be sure furniture and other items are 8 feet away from exits and elevators to allow for access.
- Stay attentive - don't daydream or take shortcuts, no matter how many times you've done a job.
- Routinely clean and decontaminate all equipment and work surfaces.
- Handle hazardous and contaminated materials safely.
- Use appropriate PPE (Personal Protective Equipment).
- Place waste in appropriate receptacles.
- Never reach inside refuse containers — they may contain broken glass or needles.
- Stored materials must not be closer than 18 inches to ceiling where fire sprinklers are present.

HAZARDOUS WASTE:

- Other than sharp objects, place all items with blood or body fluids in a red bag.
- Place sharps or glass in puncture-proof appropriate containers provided on the unit.
- Don't put paper, trash or regular waste in red bag.
- Isolate spills and call someone who is trained to clean up hazardous spills.



LAS PALMAS
DEL SOL
HEALTHCARE

HCA Mission Statement

Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost-effective health care in the communities we serve.

LPDS Values

I - Integrity

C - Compassion

A - Accountability

R - Respect

E - Excellence

FOCUS PDCA

Quality Model

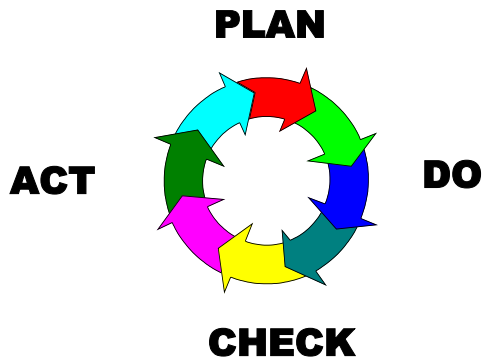
Find a process to improve

Organize a team that knows the process

Clarify current knowledge

Understand causes of process variation

Select the process improvement



Plan	Do
Check	Act



PREVENTING THE SPREAD OF INFECTION

Careful precautions are important to infection control. Without proper precautions, germs can easily spread among patients, visitors and staff.

Your cooperation is vital. All Staff, Physicians, Students, visitors and patients play a role in preventing the spread of infection. For instance, health care staff and visitors must wash their hands thoroughly and use protective gloves, masks and gowns, as recommended.

UNDERSTAND HOW INFECTION SPREADS.

To spread, an infectious disease requires each of the following:

- ◆ **A disease-causing organism** – Most infectious diseases start with germs.
- ◆ **A place for the organism to live** – Germs thrive in moist environments. The human body offers many good hiding places.
- ◆ **Vulnerable hosts** – Germs don't always cause disease in every person they contact. They require victims who are too weak to fight them off – for example, newborns, older people and the sick or injured.
- ◆ **A route of transmission** – Different germs travel in different ways, including:
 - by contact between people (shaking hands, hugging, kissing, etc.)
 - by contact between people and objects, such as medical instruments or door handles
 - in droplets from coughs or sneezes, which can travel several feet in the air
 - on tiny dust particles that travel long distances in the air

STANDARD PRECAUTIONS

The most important part of the infection control program. Anyone who has contact with a patient — including visitors — should understand how they work. **STANDARD PRECAUTIONS apply to all patients at all times!**

TRANSMISSION BASED PRECAUTIONS

In addition, (CONTACT, AIRBORNE, AND DROPLET) are utilized as needed with Standard Precautions. The Infection Control manual addresses all precautions very specifically.

VISITORS/STAFF MUST OBSERVE STANDARD AND TRANSMISSION BASED PRECAUTIONS

HAND HYGEINE

- **Hand-washing – Everyone who has contact with patients must wash their hands:**
 - before and after patient visits.
 - after contact with blood or other body fluids or substances (or with equipment that touches these).
 - after removing gloves, masks & other protective gear.
 - before and after eating and using the bathroom.
- Use of gloves -- Everyone must wear gloves whenever contact with blood or other body fluids or substances is possible.
- Use of masks, goggles and other protective gear – These help protect your face and skin from contact. They're used during any procedures where contact with blood or other body fluids or substances might occur.
- Handling wastes – Anyone handling wastes, linens or care items must avoid contact with blood or other body fluids or substances. You must dispose of needles and other sharp items in special containers. Visitors should seek advice from staff on disposal of items that might be contaminated.

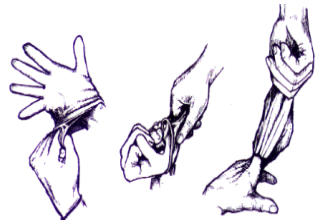


HAND WASHING TECHNIQUE

- Remove jewelry.
- Use warm water. Angle your hands downward.
- Apply soap and lather well.
- Scrub well for at least 30 seconds
- Get under nails, around cuticles and between fingers.
- Rinse your hands angled down.
- Dry your hands with a clean paper towel or an air dryer.
- Use a new paper towel to turn off the faucet.
- When using alcohol-based gel hand cleaning products, you must let it dry to be effective.

WASHING HANDS PROPERLY MAKES A DIFFERENCE!

- Visitors should wash hands before and after visits.
- Wash immediately after any contact with potentially infectious material (blood, saliva, etc.).
- Follow standard and transmission -based precautions.
- Use recommended protective wear. If asked by the health-care team, visitors should wear gloves, gown and/or mask.
- Put protective wear on before entering the room.
- Put the gown on first, then mask, then gloves.
- Remove in reverse order (gown, mask, then gloves).
- Remove gloves by pinching cuff of first glove and peeling back.
- Slide your ungloved fingers under cuff of second glove and peel back.
- Dispose of protective wear, then **WASH YOUR HANDS!**



THE STAFF WILL BE HAPPY TO EXPLAIN THE REASONS FOR ANY PRECAUTIONS.

HELP KEEP INFECTION UNDER CONTROL.

LEARN how infection spreads.

UNDERSTAND THE STEPS that hospitals take to prevent the spread of disease.

DO YOUR PART to prevent the spread of infection and to support hospital rules.

HELP PROMOTE GOOD HEALTH FOR EVERYONE



THE JOINT COMMISSION

Las Palmas and Del Sol Medical Centers and their off site facilities are evaluated during survey visits. We receive accreditation from The Joint Commission when we pass the survey.

The evaluation is based on standards developed by the Joint Commission. Accreditation means our organization has met strict standards for its operation and how it cares for patients.

Surveys can occur at any time unannounced. We pride ourselves on being ready at all times. This readiness provides the best care to our patients and the best place for staff to work.

Any Staff Member can be questioned by surveyors. Any patient safety or quality of patient care concerns can be reported to the joint Commission at any time.

The Joint Commission, HCA, Las Palmas and Del Sol are concerned about patient safety and the quality of patient care.

ETHICS COMMITTEE

ETHICS COMMITTEE: READY TO ASSIST YOU, YOUR PATIENT AND YOUR PATIENT'S FAMILY

Making decisions about health care often involves difficult moral and ethical questions. It can be hard to know what is the right thing to do.

Your personal beliefs, values and goals may differ from those of your patient or other health care providers. For example, decisions regarding the removal not starting life support can be very difficult decisions for the patient and family to make. Because your patient's family and other health care providers share responsibility to make decisions, disagreements or conflicts may develop about what should be done.

If ethical problems or conflicts cannot be resolved by talking with the patient, family, physician, or hospital staff, you can request review or consultation with the Hospital Ethics Committee. This special Committee is made up of doctors, nurses, social workers, administrators, chaplains and others who have been trained to deal with these moral and ethical issues. One of the Committee's jobs is to support patients, families and health care providers who are trying to make these difficult decisions.

The Committee does not make treatment decisions. It is there to provide advice and recommendations to you and your health care providers.

You or a member of your family may request consultation with the Ethics Committee by calling the Nursing Supervisor

RESTRAINTS

It is the policy of Las Palmas & Del Sol Healthcare to maintain the dignity and individual rights of all patients. Patients have a right to freedom from restraints, of any form, that are NOT medically necessary. We do our best to be a restraint-free facility.

The use of restraints/seclusion within this organization is limited to situations with proper and adequate clinical justification and only when other less restrictive measures have been found to be unsuccessful in protecting the patient or others from harm.

No restraints will be used on any patient without complete assessment by a qualified RN. This means nobody else may restrain any patient under any circumstances. All nurses have been specially trained in the use of restraints at Las Palmas and Del Sol. In addition, Charge Nurses and Supervisors have received advanced training in dealing with difficult patients.

ALTERNATIVES TO RESTRAINT:

- ♦ Environmental safety
- ♦ OT/PT consults
- ♦ Minimal stimulation
- ♦ Family involvement
- ♦ Diversional activities
- ♦ Sensory distraction
- ♦ Communication



FOOD and DRUG INTERACTION

A food or drug interactions may occur when certain types of food either increase or decrease the effect of a medication. The health care provider is responsible for identifying when a food and drug interaction may occur, counseling the patient, and preventing future food or drug interactions. This is referred to as “FDI.”

Three different departments are involved in implementing this policy and they include:

PHARMACY ~ NUTRITION SERVICES ~ NURSING

A. Nutrition Services has the responsibility to:

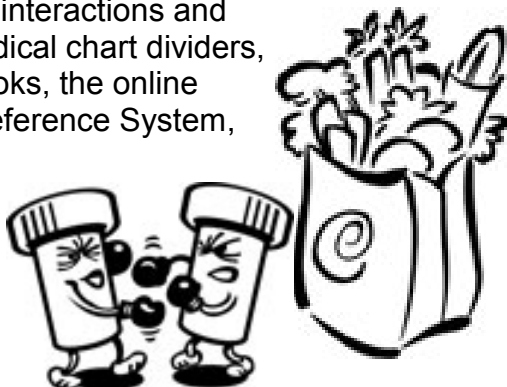
- provide counseling to patients on potential food and drug interactions based on their unit-specific procedure
- identify which patients are on *furosemide, certain anticoagulants, disulfiram, MAO Inhibitors, lithium and Humalog insulin*, as well as other medications, and change the diet if needed to avoid potential food and drug interactions
- serve as consultant for in-depth food and drug interaction education

B. Pharmacy has the responsibility to:

- provide for all prescriptions filled, as appropriate, to include auxiliary labels, written information, and face to face counseling for potential food and drug interactions
- flag the identified drugs on the **Medication Administration Record** with ****Potential FDI** to alert nursing personnel that the patient is receiving a drug which may have a potential food and drug interaction
- serve as a consultant to provide in-depth education on food and drug interactions as needed

- **C. Nursing has the responsibility to:**
 - identify which patients are receiving drugs which have potential food and drug interactions by reviewing the **Medication Administration Records** and looking for ****Potential FDI** in the comment section
 - educate patients on the food and drug interaction and provide them with a copy of the Food and Drug Interactions handout, available in English and Spanish
 - order consultations with pharmacist and dietitian as needed
 - notify nutrition services by diet order of any food allergies

Documentation can be found on the Multidisciplinary Patient Education Record and Discharge Instructions Form, as appropriate. The drugs which are selected to be flagged by the Pharmacy on the **Medication Administration Records** and by Nutrition Services are those drugs which are high risk to patients and high volume in usage at the hospital. Patients may call the pharmacy and nutrition services at the listed phone numbers on the Food and Drug Interactions handout if they have any further questions after they are discharged from the hospital. Several tools are available to educate staff on food and drug interactions and they include: medical chart dividers, food and drug books, the online Pharmacology Reference System, eMAR and the Food and Drug Interactions handouts.



MEDICATION ERROR TRACKING SYSTEM

A medication error, by definition, is a dose of medication that deviates from the physician's order as written in the patient's medical record or from current hospital policy and procedure. Except for omission, the medication dose must actually reach the patient. A wrong dose that is detected and corrected prior to administration is NOT a medication error, but must be reported in the Risk Management Notification System. This includes "near misses." A prescribing error is also excluded from this definition.

Classification of incidents:

Level 0 - non-medication error occurred (potential error).

Level 1 - an error that did not result in patient harm.

Level 2 - an error that resulted in the need or increased patient monitoring, but no change in vital signs and no patient harm.

Level 3 - and error that resulted in the need for increased patient monitoring with a change in vital signs, but no ultimate patient harm, or an error that resulted in the need for increased laboratory monitoring.

Level 4 - an error that resulted in the need for treatment with another drug or an increased length of stay or that affected patient participation in an investigational drug study.

Level 5 - an error that resulted in permanent patient harm.

Level 6 - an error that resulted in patient death.



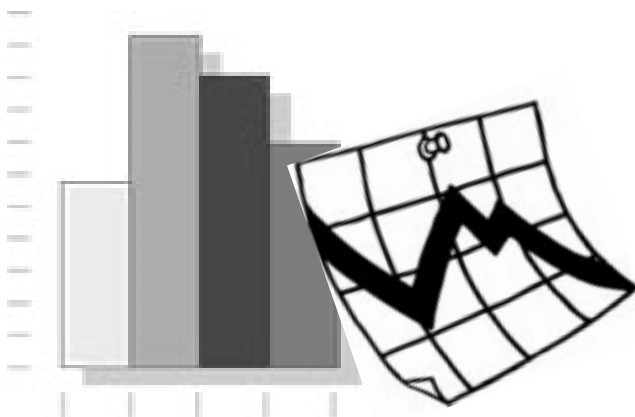
Reporting

1. An “occurrence report” will be completed by the person identifying the error and entered into the computer system within the shift it is discovered.
2. Risk Management will refer the report to the Department Director within 3 days.
3. The Department Director will review the report to enter a follow-up report in the computer within 3 days.
4. The Medication Safety Committee will review and classify reports.



Tracking, Trending, and Prevention

The Medication Safety Committee is responsible for tracking, trending, reporting, and assisting in identifying and eliminating cause of medication errors and proactively preventing their recurrence.



ADVANCE DIRECTIVES

(See Administrative Policy)

Advance Directive — Under the Texas Natural Death Act, patients have the right to make advance decisions with respect to the use of “heroic” measures should they become terminally ill.

Typically, such patients will set forth their desires in an instrument known as an

“Advance Directive to

Physicians,” commonly referred to as a “Living Will.”

Other patients may have a “Durable Power of Attorney for Healthcare.”



- ◆ The main distinction between the two instruments is that the Durable Power of Attorney authorizes another person to make a treatment decision for the patient if he or she is not able to do so.
- ◆ An Advance Directive, on the other hand, instructs the physician not to administer any life-sustaining measures.
- ◆ Written information is provided at the time of adult inpatient admission regarding their right to accept or refuse medical or surgical treatments and their right to make advance directives.
- ◆ Upon admission to a nursing unit, the nursing staff will ask about advance directive information again.
- ◆ The Patient Representative, Risk Management, or nursing staff will assist any patient that wants to initiate an advance directive.
- ◆ The patient's advance directive is made a part of the permanent medical record.
- ◆ An advance directive may be revoked by a patient any time, regardless of the patient's capacity.

Any patient who experiences cardiopulmonary arrest and does not have a written “Do Not Resuscitate” (DNR) order WILL be resuscitated.

DNR ORDERS

Dated prior to September 1, 1999: the attending physician and a second concurring physician, each of whom has examined the patient, are required to document criteria regarding DNR decision prior to implementation.

Dated after September 1, 1999: only the attending physician is required to document criteria regarding DNR decision prior to implementation.

Finally, there are three important points that must be kept in mind in special cases.

- ◆ In cases involving the withholding or withdrawal of treatment from a minor, the decision must be made by the patient's spouse (if he or she is an emancipated adult), parents, or the legal guardian.
- ◆ Second, if the patient is pregnant, life sustaining procedures may **NOT** be withheld or withdrawn, even if the patient has executed a written directive.
- ◆ Third, the foregoing procedures are not required if the patient is deemed to be legally dead due to the irreversible cessation of brain function; in this latter instance, however, the patient's death must be pronounced before artificial means of supporting his or her respiratory or circulatory functions are terminated.

ALWAYS CHECK ADVANCE DIRECTIVES/DNR STATUS WITH THE PRIMARY NURSE....NEVER TAKE ANYTHING FOR GRANTED.

STUDENTS MUST REFER ALL INQUIRIES ABOUT ADVANCE DIRECTIVES TO THE CHARGE NURSE OR PRIMARY NURSE.

RADIATION SAFETY

The most effective methods of radiation protection:

- Minimize Time.
- Maximize Distance.
- Maximize Shielding.

PREGNANT WOMEN AND CHILDREN SHOULD NOT BE ALLOWED TO VISIT PATIENTS BEING TREATED USING RADIOACTIVE SUBSTANCES.

Radiation areas are called **RESTRICTED AREAS**. The area is required by Federal or State law to have warning signs posted:

**“Caution Radiation Area”
“Caution High Radiation Area”
“Caution Radioactive Materials”**

Protection against Radioactive Material Contamination:

1. Prevent contamination.
2. Avoid contaminating an area.
3. Wear gloves and protective clothing.
4. Do not eat, drink, smoke or apply cosmetics.
5. Notify Radiation Safety Officer for any concerns or questions.

**AS LOW AS REASONABLY
ACHIEVABLE**



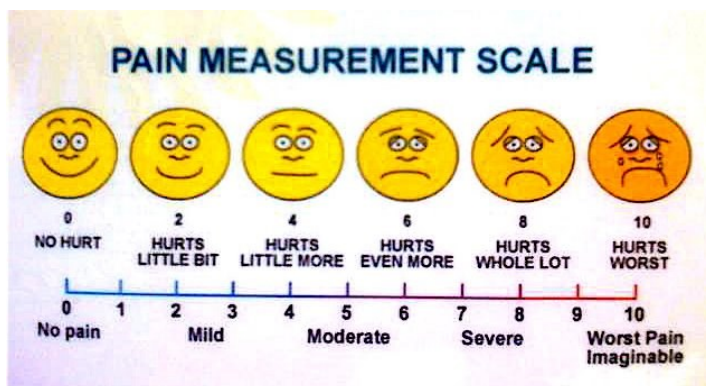
Pain Management

In keeping with the mission and values of Las Palmas & Del Sol Healthcare, patient Pain Management is a priority in providing care.

We would like to provide the most conscientious, efficient, and innovative methods of managing pain based on scientific research. Recognizing that pain perception is highly individual, we strive to personalize each plan of care. It is our responsibility to combine the highest quality of care and compassion to our patients, families, and community as we promote pain relief.

There are different pain scales used all over the hospital. Two of the most common pain scale are the 0 to 10 pain scale and the Wong-Baker faces scale.

We encourage all patients to discuss and create a plan to manage their pain.



HIPAA Privacy Keys to Success

- Federal Law
- Mandatory with penalties for failure to follow the law
- Protects health insurance coverage, improves access to healthcare
- Reduces fraud and abuse
- Improves quality of health care in general

Protected Health Information (PHI)

- All patient information is confidential and protected.
- Family members designated by patient to have access to information receive a pass code.
- Patient information is accessed only if there is a “need to know.”
- Absolutely DO NOT discuss patients in public places like elevators or the cafeteria.
- DO NOT discuss patients on social media websites such as Facebook and others.
- Computer screens, patient charts, MAR’s must be secured and placed out of public view.
- Patients receive “Notice of Privacy” upon Admission.
- **What is protected?**
 - Name, address, telephone/ fax numbers
 - Email addresses
 - Social Security Number (SSN)
 - Certificate/license numbers
 - Any vehicle or other device serial number
 - Uniform Resource Locator (URL)
 - Internet Protocol (IP)
 - Birth date
 - Finger or voice prints
 - Photographic images
 - Names of employers
 - Names of relatives
 - Medical Record Number (MR#)
 - Account Number
 - Health plan beneficiary number
 - Pass code will be the last 4 digits of the Patient Account Number

Disclosing PHI to Family Members & Friends

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- The patient will be assigned a four-digit pass code.
- A correct pass code will be needed to get information — the patient gives the pass code to others.

Requestors via Phone Need

- Four digit pass code OR patient SSN, DOB, and one of the following:
- Account number, street address, MR#, birth certificate, insurance card or policy number

Other Information

- Students may not fax
- Students may not print from the Patient Care Module (PCM)
- Students may not take “cheat sheets,” assignment sheets, etc. that have PHI on them away from the department
- All PHI must be disposed of in appropriate bins for shredding
- All privacy complaints are routed to the FPO
- All questions or concerns should be addressed to the Charge Nurse, Supervisor or FPO
- Failure to follow the policy, will result in termination of the learning experience

Patient Safety

Patient Safety is a part of the Las Palmas & Del Sol Healthcare culture. Above all else, we are committed to the care and improvement of human life. We believe patient safety requires a team approach. Here are ways we ask the patient to help us maintain patient safety:

WE ENCOURAGE PATIENTS TO:

- ASK US... ANYTHING! (even very personal things)
- TELL US ABOUT... anything that will impact their care plan
- ASK US ABOUT THEIR MEDICATIONS
- LEARN ABOUT THEIR DIAGNOSIS, MEDICAL TESTS THEY ARE UNDERGOING, AND THEIR TREATMENT PLAN
- PAY ATTENTION TO THE CARE THEY ARE GETTING.
- PARTICIPATE IN THE DECISIONS ABOUT THEIR CARE — THEY ARE THE CENTER OF THE HEALTHCARE TEAM

National Patient Safety Goals (NPSG)

Gaps in NPSG numbering indicate that the Goal has been “retired to being a standard,” or not applicable to our setting.

Goal #1: Identify Patients Correctly

- Use at least two ways to identify patients. Las Palmas & Del Sol Healthcare use the patient’s name and date of birth to confirm identity. This is done to make sure that each patient gets the correct medication and treatment. Label containers used for blood or other specimens in front of the patient.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Goal #2: Improve Staff Communication

- Get important test results to the right staff person on time.
- For verbal or telephone orders, or for telephone reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result read back the complete order or test result.
- Standardize a list of abbreviations, acronyms, and symbols that are NOT to be used throughout the facility. (Information is on each unit).
- Make sure critical test results are communicated to the responsible licensed caregiver in a timely manner.

Goal #3: Use Medicines Safely

- Identify and review a list of look-alike and sound-alike medications used in the facility, and take action to prevent errors involving these medications.
- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Reduce the likelihood of patient harm associated with anticoagulant therapy. (Not applicable to routine situations where short-term prophylactic anticoagulation is used for venous thromboembolism prevention)
- 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.
- Take extra care with patients who take medicines to thin their blood.

Patient Safety Goals (cont.)

Goal # 4: Use Alarms Safely

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Goal #5: Prevent Infection

- Use the hand-cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. 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.

Goal # 6: Identify Patient Safety Risks

- Identify patients at risk for suicide for psychiatric hospitals and for patients being treated for emotional or behavioral disorders in general hospitals.
- Reduce the risk for suicide.

Goal # 7: Prevent Mistakes in Surgery

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- 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.

Service Excellence

The Las Palmas Del Sol health care team is committed to providing the highest level of patient care while providing an excellent patient experience. All staff members are expected to use their **AIDET** when meeting a patient.

- A**– Acknowledge the patient (*say hello, shake their hand*)
- I**– Introduce yourself (*name and your role in the hospital*)
- D**– Duration and how long it will take to complete the procedure. (*I will be taking your vitals this will take about 5 minutes*)
- E**– Explain the what and why you are doing a procedure (*I am taking your checking your blood sugar to know how well we are controlling your blood sugar level*)
- T**– Thank the patient for allowing you to take care of them.

Bed Side Shift Report

In order to keep the patient well informed about their plan of care nurses are expected to perform Bed Side Shift Report . This is done at the patients bedside , both nurses are present, and the patient is encouraged to ask and answer questions about the plan of care.

Hourly Rounding and the 4 P's

In order to keep our patients as safe as possible we have instituted hourly rounding, during this time you are expected to address the following:

Pain: *Is the patient in Pain? Scale 0-10*

Potty: *Does the patient need to use the toilet*

Position: *Is the patient comfortable*

Possessions: *Does the patient have items in reach?*

Patient Education is everyone's responsibility. There are numerous resources available: booklets, written information and videos. Religious and cultural information are also available. At Del Sol, Krames on Demand for printed materials in English and Spanish is available.

Food & Nutrition — Patient Trayline Hours for Hot Meals

	<u>Las Palmas</u>	<u>Del Sol</u>
Breakfast:	0700-1030	0700-1030
Lunch:	1100-1230	1115-1300
Dinner:	CLOSED	1600-1800



STUDENT PARKING



Las Palmas — Crosby & Oregon parking lot.
Arrangements for parking badges will be made by your instructors.

NO PARKING in the Rim Road Tower or the outdoor Visitors' Parking (vehicles will be towed!)

Del Sol — Near the Distribution Center, or the Vista Del Sol lot at Lonewood/Bois d'Arc and Sumac.

NO PARKING in the parking garage, ER parking, or Doctors' parking areas.

Useful Numbers.....

	LAS PALMAS	DEL SOL
Main Switchboard	521-1200	595-9000
Nursing Supervisor	521-1161	263-9233
Infection Control	521-1488	263-6451
Training & Development	264-7865	263-6803
Human Resources	264-7885	263-6100
Clinical Recruiter	521-1499	263-6102
Risk Management	521-1299	263-5579
Facility Privacy Officer	521-1792	263-6619
Ethics & Compliance	521-1792	263-6109

Las Palmas Del Sol

- First to offer East and West Side Locations
- LPDS Pediatric and Maternal Transport Teams
- LPDS Intensivist Program in the ICU
- LPDS eMAR/BCTA
- LPDS Nationally Accredited Chest Pain Centers
- LPDS TJC Disease Specific Certification in Stroke Management
- DS Level II Trauma Center, LP Level III Trauma Center
- LP Pediatric Hospitalist Program
- LP 1st Multi-chamber NASA Certified-HBO

LAS PALMAS & DEL SOL HEALTHCARE

Acknowledgement

I certify that I have received the Las Palmas & Del Sol Healthcare “Quick Study Orientation” materials. I acknowledge that I am responsible for reading the material, asking questions if I don’t understand something, and following all policies and procedures of Las Palmas & Del Sol Healthcare/HCA. I also acknowledge that I understand that I will be held accountable for my conduct, actions and practice at all times.

Print Name: _____

Signature: _____

Month and Day of Birth (MMDD) : _____

School: _____

Instructor: _____

Date: _____

