



Core Orientation Booklet for Non-Employees

Trainees, Students, Without Compensation (WOC), Fee Basis and Contract
Employees

2012-13

Southern Arizona VA Health Care System
3601 S. 6th Avenue
Tucson, AZ 85723
(520) 792-1450
Ext. 6787 or 6453



Southern Arizona VA Health Care System (SAVAHCS)

Welcome

Welcome as a new staff member to Phase one of your orientation at SAVAHCS. The Education, Training, and Development (ETD) section is committed to providing you an informative orientation on policy, procedure and practice. We value your feedback while you are here and when you complete your rotation/appointment.

How are you oriented to the work site?

This booklet provides you Phase one of your orientations – information you need to know about working here at SAVAHCS, within the VHA. Phase two takes place at your actual worksite/work area.

How do I get computer training and Bar Code Medication Administration Training?

Some of you, including Nursing Staff will be required to participate in computer training in order to complete your routine duties here at SAVAHCS. Information on when Computer Login and VISTA Login training is offered for New Staff can be found from the Education Service at Ext. 6787 or 6453.

Some of you, including Nursing Staff will be required to participate in computer training in order to access patient records as a part of your duties. Information on when CPRS Level I and Level II computer trainings are offered for New Staff can be obtained from the Education Service at ext. 6787 or 6453. Nursing staff will also need computer training on Bar Code Medication Administration and Glucose Monitoring; Information on these trainings is also available from the Education Service at Ext. 6787 or 6453.

Table of Contents

Orientation Information.....	5
Prior to Beginning.....	5
Trainees, Students, Instructors, and other.....	6
Without Compensation (WOC) Check List.....	6
Contractors: Agency, Contractors, Fee Basis, Locum Tenum Checklist.....	7
Termination/Expiration of Contract.....	7
Additional Information about the Veterans Health Administration (VHA).....	10
The VHA Today.....	11
About Our Patients.....	11
Our Mission.....	12
Our Vision.....	12
Core Values.....	12
Organizational Profile.....	14
Southern Arizona VA Health Care Patient Care Programs.....	15
SAVAHCS Goals.....	16
Strategic Goals – P.A.C.C.T. Theme.....	17
Unique Health Risks.....	22
Issues of Special Concern in Veterans Health.....	22
Age/Population Specific Competency Training.....	23
Patient Rights and Responsibilities.....	28
Speak Up!.....	31
How do you ensure the patient’s right to confidentiality?.....	32
Patient Confidentiality.....	32
Computer Security.....	32
Restraints.....	32
VA's Culture of Customer Service.....	34
SAVAHCS Customer Service.....	35
Ethics, Rights, & Responsibilities (RI).....	38
Cultural Diversity.....	42
Discrimination.....	43
Sexual Harassment.....	44
Reporting Safety Concerns.....	48
Key SAVAHCS Hospital Phone Numbers.....	49
Infection Control.....	51
Patient Safety Goals.....	53
Adverse Drug Reaction (ADR).....	55
SAVAHCS Procedures.....	56
Influenza.....	57
Hand-Off Communication.....	61
Elder or Vulnerable Adult (and Child) Abuse.....	62
Restraint, Alternatives, and Seclusion.....	64
Needs of the Dying Patient.....	66
Impaired Professionals.....	70
Pain Assessment: The 5 th Vital Sign.....	72
Additional Training and Mandatory VA Training.....	75
Mandatory VA Training For Trainees.....	76
Statement of Commitment and Understanding.....	79
Acknowledgement of Training.....	81
Evaluation.....	83

Orientation Information

Please read through the information presented in this booklet.

Orientation must be completed **prior** to beginning your rotation/work at the VA

This represents the minimum information you need to work safely and provide good customer service.

You are responsible for knowing the information in this booklet.

Submit the signature page and certificates of training to Education Service (7-14A)

Questions? Call Education at

520-792-1450 x 6453 or 6787

Prior to Beginning

Trainees, Students, Instructors, and WOCs (Without Compensation appointments) are required to review and complete all items on the checklist located on **page 6**.

Those who are Contractors (Agency, Contractors, Fee Basis, Locum Tenum appointments) are required to review and complete all items on the checklist located on **page 7**.

Trainees, Students, Instructors, and other Without Compensation (WOC) Check List

The items on the checklist below must be completed and submitted to the **Education Office, Building 59, Room 116** at least **1 month prior** to the anticipated start date. Incomplete forms will be returned to the student or clinical instructor and may result in loss of a clinical rotation. **WOC appointees will not be permitted to begin a rotation/appointment until all appropriate paperwork below has been received and approved.**

WOCs means Without Compensation and they include: Trainees, Students, and Instructors

WOC appointments will not exceed a period of one year. When a license is needed, appointments will not exceed the expiration date of license, but may be extended upon verification of licensure renewal if it is within the one year appointment.

QUESTIONS? Contact the Education Office at (520) 792-1450 Ext. 6453, 6787 or 4231

Check List

One Month Prior to beginning your rotation/appointment at SAVAHCS

1. Without Compensations Forms (WOC Forms are sent to you separately from this booklet. They need to be completed and returned 1 month prior to your rotation/appointment at SAVAHCS)

By the first day of your rotation/appointment

2. Acknowledgment of Training, page 81, your signature on this page is your verification that you have read and completed the orientation/training included in this booklet.

3. Mandatory VA Training and Training for Trainees: pages 75-76

4. Statement of Commitment and Understanding, page 79

5. Fingerprint, Photo ID – contact John Beets Ext. 4361

6. Prior to first day at worksite complete any necessary computer training (CPRS, Vista, Bar Code Administration). Contact Education at Ext. 6787 or 6453 for dates/time.

All WOC appointees will be required to comply with all rules and regulations required of regularly appointed employees, including employee orientation, observance of Code of Conduct and ethics regulations, mandatory training (i.e., Standard Precautions, Fire & Safety, etc.) to meet The Joint Commission Standards and all other applicable requirements.

Contractors: Agency, Contractor, Fee Basis, Locum Tenum Checklist

The items on the checklist below must be completed and submitted to your area **Contract Specialist** prior to the anticipated start date. Incomplete forms will be returned to the contractor and may result in a delayed start date. **Contractors will not begin work until all appropriate paperwork below has been received and approved.**

Contractors include: Agency, Contractor, Fee Basis, Locum Tenum appointments

QUESTIONS? Contact your Contract Specialist

(The person that is your assigned point of contact here at SAVAHCS)

Check List

By the first day of your appointment

1. Acknowledgment of Training, page 81, your signature on this page is your verification that you have read and completed the orientation/training included in this booklet.
2. Mandatory VA Training, page 75.
3. Statement of Commitment and Understanding, page 79
4. Fingerprint, Photo ID – contact John Beets Ext. 4361
5. Prior to first day at worksite complete any necessary computer training (CPRS, Vista, Bar Code Administration, and Glucose Monitoring). Contact Education at Ext. 6787 or 6453 for dates/time.
6. Contractors who do not work in clinical areas or with patients do not need to complete the clinical training topics.

All those considered as Contractors will be required to comply with all rules and regulations required of regularly appointed employees, including employee orientation, observance of Code of Conduct and ethics regulations, mandatory training (i.e., Standard Precautions, Fire & Safety, etc.) to meet the Joint Commission Standards and all other applicable requirements.

Termination/Expiration of Contract

You are to return all government issued items on the last day of your contract (**ex. VA I.D., uniforms, keys, etc.**) **If government issued items are not returned a bill of collection will be issued.**



The VHA & SAVAHCS

Mission/Vision/Values

Population

Organizational Profile

Patient Care Programs

Goals

On his second inaugural address, **Abraham Lincoln** identified a new mission for the government:

*“To care for him
who shall have borne the battle
and for his widow and his orphan.”*



Following this call, and through the years, Congress has passed a number of laws that benefits and other services are provided to veterans, their dependents and beneficiaries. To ensure this mission is accomplished and administered properly, the US government created the **Veterans Administration (VA)** as an independent federal agency on July 21, 1930.

This arm of the Executive Branch of government became the **Department of Veterans Affairs (VA)** on March 15, 1989, and has grown into the second largest of the 15 Cabinet Departments. To best implement its mission, DVA is organized into three major components:

- **The Veterans Health Administration (VHA)**, which operates a nationwide program of health care and prevention
- **The Veterans Benefits Administration (VBA)**, which operates a nationwide program of financial assistance
- **The National Cemetery Administration (NCA)**, that operates a number of cemeteries reserved to honor the lives of individuals who served with honor in the military.

An **Under Secretary of VA** manages each one of these branches. Over 220,000 employees assist veterans in various roles throughout the organization. And despite many evolutionary changes, it is still the words of Abraham Lincoln that guide all activities carried out by these offices.

It is estimated that the veteran population includes **25.3 million individuals**, with more than three of every four veterans serving during a war or an official period of hostility. About a quarter of the nation’s population (approximately **70 million people**) are potentially eligible for VA benefits and services because they are veterans, family members or survivors of veterans.

During 2011, VA expects to treat 6.1 million patients, who will account for more than 800,000 hospitalizations and 83 million outpatient visits. VA has requested a \$125 billion budget for 2011 which will focus on three central issues that are critical importance to our Veterans – easier access to benefits and services, faster disability claims decisions, and Veterans’ homelessness. This request has includes \$24 Billion to be allocated for Veteran medical care.

Enhanced primary care for women Veterans remains one of the Department’s top priorities. The 2011 budget request provides for \$217.6 million to meet rapidly growing gender-specific health care needs of women Veterans.

Further information can be found on **Department of Veterans Affairs** (<http://www.va.gov/>)

Additional Information about the Veterans Health Administration

VHA

The idea of providing health care to soldiers dates back to colonial America. In 1776 the Continental Congress encouraged enlistment by providing pensions to those who became disabled.

During the Civil War, President Lincoln called upon congress and the American people **“to care for him who shall have borne the battle, and for his widow and orphan”**. This has become the motto of the VA.

During WWII, congress established new Veterans benefits including disability compensation, insurance, a family allotment program and vocational rehabilitation. The Veterans Administration was established in 1930 when congress authorized the President to consolidate

and coordinate government activities affecting war veterans. Initially this served over 4.7 million veterans.

During WWII it became necessary to expand the VA facilities to accommodate the vast increase in veteran population. The Korean and Vietnam era service added more Veterans. By 1982, the

Veteran population was estimated at 28.5 million. The VA currently operates hospital, clinics and nursing homes. In addition, the VA supports an outstanding medical research program that has made significant improvements in health care treatments.

The VHA is divided into geographic areas called Veterans Integrated Service Networks (VISN). The Southern Arizona VA Health Care System is part of VISN 18 (Southwest Network) and covers west Texas, New Mexico, and Arizona. VISN 18 provides a continuum of high quality care services to all eligible veterans. VISN 18 is built on a foundation of primary care and is accountable for community health, joint-venture initiatives with Department of Defense (DOD), major research initiatives and education affiliations.

The VHA Today

The VHA operates the largest healthcare delivery system in the United States. It employs over 299,000 people.

Historically the VA population has primarily been male. As a group, the VHA treats patients that are older, sicker, poorer and more likely to have social problems and mental illness. The VA is striving to improve services to women veterans. Currently approximately 8% of all Veterans are female. During 1996, nearly 180,000 women sought outpatient care and 16,000 sought inpatient care at VA facilities.

Currently the VA operates 153 hospitals, 783 community based outpatient clinics, 232 Vet Centers, 135 Community Living Centers, 48 residential doms, 45 residential rehabilitation treatment programs, 108 comprehensive home-care programs.

VA offers a wide variety of medical care to eligible veterans, including hospital and nursing home care, outpatient medical treatment, pharmacy services, and dental treatment. Eligibility and availability of services varies by facility.

In addition to providing medical care, the VA is the nation's largest trainer of Health Care professionals and has affiliations with medical schools, academic hospitals, and research institutions. VHA contributes significantly to education and training in more than 40 different associated health professions. The VA is a major national research asset conducting basic, clinical, epidemiological and behavioral studies across the entire spectrum of scientific disciplines.

About Our Patients



Nationwide, the number of patients cared for by the VHA has increased from 2.9 million in 1995 to approximately 8 million in 2009. Thirty-nine percent of the patients are over 65 years of age, of which a majority of these patients have an income of \$25,000 or less, and it is estimated that thirty percent do not have any health insurance.

All our patients have had military experience and may have been exposed to unique health risks that have affected their health status. Knowing the patient's military service history helps establish rapport and a working partnership with the patient. It also helps trainees better understand the Veteran's specific health needs.

Southern Arizona VA Health Care System



Our Mission

The Mission of the Veterans Health Administration and the Southern Arizona VA Health Care System is: Provide Quality Healthcare to Veterans in an environment of Compassion, Education, & Research

Our Vision

The vision of the Southern Arizona VA Health Care System VA Medical Center is: Be a model of clinical and organizational excellence.

Core Values

We dedicate ourselves to TRUST, RESPECT, COMMITMENT, COMPASSION and EXCELLENCE.

The Southern Arizona VA Health Care System

SAVAHCS

The Southern Arizona VA Health Care System (SAVAHCS) is headquartered in Tucson and previously was known as the Tucson VA Medical Center. This center opened its doors as Veteran's Hospital #51 on August 28, 1928. The SAVAHCS headquarters is a 283-bed teaching hospital located on 116 acres in South Tucson.

Currently the Southern Arizona VA Health Care System provides comprehensive health services for approximately 170,000 Veterans. These Veterans are from eight counties within southern Arizona and one county in western New Mexico. SAVAHCS provides acute medical and surgical care, extended care, ambulatory care and substance abuse treatment. In August 1993, the Women's Health Clinic opened with 200 females enrolled in our program at that time.

The Southern Arizona VA Health Care System VA has added outpatient clinics in Green Valley, Casa Grande, Safford, Sierra Vista, Yuma, Northwest Tucson Clinic, and most recently the Southeast Tucson Clinic.

Additionally, the Southern Arizona VA Health Care System in Tucson houses the Rehabilitation and Transitional Care Center and the South Western Blind Rehabilitation Center.

Organizational Profile

The Southern Arizona VA Health Care System (SAVAHCS) offers general medical and surgical inpatient care, day surgery, extended nursing home care, primary and specialty care, mental health services and substance abuse treatment to a population of 158,000 veterans in eight counties in Southern Arizona and one county in Western New Mexico. The organization has transitioned from a stand-alone hospital to a multi-facility health care system through the placement of community based outpatient clinics in medically underserved areas.

In fiscal year 2010, SAVAHCS treated approximately 8,000 inpatients and an excess of 665,000 outpatient visits occurred.

SAVAHCS is part of the Department of Veterans Affairs and primarily focuses on the health care needs of veterans who live in and around the Southern Arizona area and one county in Western New Mexico.

Tucson, the center of the service area, is a growing metropolis with a population over 1,000,000. The leading industries for the area are tourism, education, and high technology manufacturing. The surrounding rural areas served by the CBOCs also have an economy based on agriculture and have many areas that have been designated as medically underserved. SAVAHCS employs over 2138 health care professionals and support staff.

Product/How SAVAHCS Provided Service

Health care	<ul style="list-style-type: none">• 100 medical/ surgical beds: a 19-bed ICU, & 9 bed Step-Down Unit• Full-service primary and specialty outpatient clinic in Tucson• Community Based Outpatient Clinics in Green Valley, Casa Grande, Safford, Sierra Vista, Yuma, NW Tucson, and SE Tucson.• 95-bed Rehabilitation and Transitional Care Center• 34-bed Southwestern Blind Rehabilitation Center• Primary and Specialty care including mental health and substance abuse• Emergency Department (Tucson Headquarters only)
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Southern Arizona VA Health Care Patient Care Programs

Patient Care Programs at SAVAHCS

- Diagnostic/Imaging Services
- Home and Community Services
- Women's Health Care
- Administrative Medicine
- Surgery
- Medicine
- Rehabilitation Care/Home Telehealth Coordination
- Primary Care/Outpatient
- Mental Health
- Clinical Care Support

Specialty Clinics

- Cardiology
- Dermatology
- Optometry
- Audiology
- Pulmonary
- Pain
- Endocrinology
- Pre-operative
- Neurology
- Urology
- Hematology/Oncology
- Hemodialysis
- Traumatic Brain Injury
- Spinal Cord Injury

SAVAHCS serves as a regional referral center providing specialty services to the VISN 18 facilities located in Phoenix, and Prescott, Arizona; Albuquerque, New Mexico; and Amarillo, Big Spring, and El Paso, Texas for cardiothoracic surgery, angiography, cardiac catheterization, blind rehabilitation, imaging (tele-radiology), neurosurgery, nuclear medicine, telemedicine, and polytrauma.

SAVAHCS Goals



**Southern Arizona
VA Health Care
System
(SAVAHCS)**

**Overview of
Strategic Plan**

**FY 2010– FY 2012
P.A.C.C.T Theme**

Strategic Goals – P.A.C.C.T. Theme

Strategic Goal: Patient Safety

- Objective 1: Environment of Care
- Objective 2: Accreditation and Site Survey Readiness
- Objective 3: Emergency Preparedness

Strategic Goal: Access to Care

- Objective 4: Increase the Number of Veteran Users
- Objective 5: Expand and Develop New Programs and Services
- Objective 6: Capital Improvements
- Objective 7: Research Expansion

Strategic Goal: Customer Loyalty

- Objective 8: Quality Care
- Objective 9: Technology Opportunities
- Objective 10: Transformation to a Learning Organization
- Objective 11: Recruitment, Retention, and Succession Planning
- Objective 12: Patient Satisfaction
- Objective 13: Organizational Health

Strategic Goal: Cost Effectiveness

- Objective 14: Business Process Improvement
- Objective 15: Sharing Agreements / Revenue / Fee
- Objective 16: Compliance and Business Integrity Program
- Objective 17: Workload Capture and Resource Alignment

Strategic Goal: Throughput / Patient Flow

- Objective 18: Systems Redesign – Care Delivery Improvements
- Objective 19: Systems Redesign – Inpatient Flow Improvements

(SAVAHCS Strategic Plan FY 2010 - FY 2012)



Provision of Care, Treatment, and Services

Assessment & Care Services / Provision of Care, Treatment & Services (PC)

Care, treatment, and services are provided through the successful coordination and completion of a series of processes that include:

- Appropriate initial assessment of needs
- Development of a plan for care, treatment, and services
- Ongoing assessment of whether the care, treatment, and services provided are meeting the patient's needs
- The successful discharge of the patient, referral or transfer of the patient for continuity care, treatment, and services

How are the needs of patients known or identified?

Information about the patient's physical, psychological, social, cultural and spiritual status is obtained during the initial assessment, primarily by the nurse and physician caring for the patient but also by other members of the healthcare team such as case managers, social workers, dietitians, pharmacists, and rehabilitation or respiratory therapists. Care plans are dynamic and need to respond to current needs with follow-up to complete and documents actions.

What kind of patient is referred for additional assessment? (List is not inclusive)

Patients receiving parenteral (IV) nutrition or enteral nutrition (tube feeding). • Patients with kidney or liver disease, diabetes, high blood pressure, cancer, stomach / GI problems, difficulty eating/swallowing, or other lab values indicating they are at nutritional risk.

How are the assessment findings communicated to all members of the healthcare team?

Documentation in the patient chart progress notes, on multidisciplinary education forms / templates, communication through multidisciplinary rounds, care conferences, and consultation.

How are patients assessed and reassessed for nutritional needs?

Nursing conducts a Nutrition Screening within 24 hours of inpatient admission. Registered Dietitians or Diet Techs assess all patients within 72 hours of admission to determine nutritional status and future needs. Additionally, a consult may be entered by any caregiver when the status of the patient changes.

How are patient educational needs determined?

The learning needs of the patient and family are screened at each patient encounter - both inpatient and outpatient.

How are educational needs assessment findings used?

They are used to tailor the method of teaching to educate patients and family. The content covers what the patient and family wants and needs to know. The teaching method is adapted to be effective for that individual and confirmation of learning occurs through asking the patient to repeat back what they learned.

What topics are covered in patient education during the patient's stay/care and prior to discharge?

- Medication
- Nutrition
- Pain management
- Health practices
- Medical equipment use
- Rehabilitation techniques
- Patient rights
- Expectations and Next Step of Care

Do patients receive written instructions and phone numbers to call once they have been discharged?

Yes. This information is provided on the patient discharge sheet.

What resources are available for patient/family education?

Pharmacy education sheets (issued with each new prescription), Patient Education Resource Center, patient handouts and videos, specialty consultation, and education resources throughout the community.

How do you ensure patient/family Education resources are kept current?

Clinic material for patient/family education are reviewed and updated for currency and applicability on an annual basis or as needed. Additionally, we have an on-going source of new materials through the VA that get distributed to patient care areas.

When does patient discharge planning begin (inpatient or outpatient)?

On the patient's admission. Additionally, we conduct daily multidisciplinary rounds.

How often are inpatients reassessed?

At a minimum of every 24 hours, more frequent based on the patient's response to treatment.

Is there a Pre-anesthesia Assessment performed for each patient before anesthesia induction?

Yes. It includes assessing blood pressure, heart rate, and respiratory rate immediately before giving anesthesia.



Population & Age Specific Information

Unique Health Risks



As is true with all patients, the clinical interview must be geared to the special need of the patient. Individuals who have served in the **military may have been exposed to unique risks** that do not affect the general population. They may also have survived some **unique experiences** that must be investigated to fully understand the patient's condition. Trainees need to explore these areas of concern.

The following questions may help trainees focus on these special topics:

- Tell me about your military experience.
- What did you do?
- When and where did you serve?
- Did you see combat, enemy fire, or casualties?
- Were you wounded or hospitalized?
- How did your military experience affect you?
- Where you a prisoner of war?
- Did you participate in any experimental projects?
- Do you have a service-connected condition?

Issues of Special Concern in Veterans Health

As the military history is obtained, it is also important to recall that military personnel are vulnerable to conditions that are not common to the general population. Trainees need to recall these diagnoses and situations:

- Hepatitis C Virus
- Pain as the Fifth Vital Sign
- Homelessness
- Sexual Harassment and Trauma
- PTSD (Post Traumatic Stress Disorder)
- WWII: Infectious diseases, wounds, exposure to nuclear wastes
- Korea: Cold injury
- Cold War: Nuclear testing
- Vietnam: Exposure to Agent Orange, infectious diseases
- Gulf War: Exposure to smoke, chemical or biological agents
- Traumatic Brain Injury ** (Operation Enduring Freedom/Operation Iraqi Freedom Vets)

For more information on the above topics, visit the **VA Trainee Pocket Card** website at [\(http://www.va.gov/oa/pocketcard/\)](http://www.va.gov/oa/pocketcard/) or the **Veterans Health Initiative** website [\(http://www.va.gov/vhi/\)](http://www.va.gov/vhi/)

Age/Population Specific Competency Training

Objectives

- This course covers information about population - specific competencies, and discusses the difference between different age groups represented within the VA.
- By taking this course, you will learn:
 - Developmental tasks
 - Physical factors
 - Communication issues
 - Psychological concerns
 - Educational issues
 - Family involvement issues
 - Special considerations

America's Veterans - A Unique Population

Anyone who has been wounded or injured or has become ill while in defense of our country deserves the highest quality and most timely service possible from their Government

WWII Veterans

Average age of our WWII veterans is 85 years

Developmental tasks include:

- Reminiscence
- Wisdom
- Accepts death

Korean War Veteran

Average age of our Korean veteran is 80 years

- Developmental tasks include:
 - Recognition of declining physical status
 - Decreasing physical strength and health
 - Creativity

Vietnam War Veterans

Average age of our Vietnam veteran is 57 years

- Developmental tasks include:
 - Self Assessment
 - Redefines concept of time
 - Adjusts and handles increased demands of aging parents

Gulf War Veterans

Average age of our Gulf War veterans is 35 years

- Developmental tasks include:
 - Searches for meaning
 - Reassesses marriage
 - Reexamines work

- Relates to teenage children
- Reassesses personal priorities and values
- Problem solves
- Manages stress accompanying change

Iraqi Veterans

Average age of Iraq veteran is 22 years

Developmental tasks include:

- Selects mate and learns to live with a partner
- Gets started in occupation
- Starts a family
- Gets involved in community
- Achieves autonomy – breaks away from parents

Physical Factors - Adult (18-65)

- Body systems mature
- Hormonal production peaks and falls
- Gradual decalcification of bones
- Gradual decrease in elasticity, i.e., blood vessels, lung tissue
- 7 to 8+ hours of sleep generally needed
- Generally predictable outcomes of medications and other medical interventions

Physical Factors - Geriatric (65+)

All adult considerations with additional to:

- Loss of skin tone and elasticity (epidermal layer thins, easily damaged; loss of oils = skin is drier)
- Renal system changes = frequent urination, nocturia
- Calcium losses = brittle bone
- Osteoarthritis = joint stiffness, postural and gait change
- Visual changes = less effective sight (need brighter light, larger print, need to reduce glare – use white or light yellow paper with black print)
- Hearing changes = speak slowly and clearly, gradually increasing volume until heard; lower pitch of
- Dental changes may affect ability to chew contributing to poor nutrition
- Taste and smell changes alter appetite
- Tactile sensation changes = pain, pressure, heat sensations affected
 - Subcutaneous fat loss = increased susceptibility to hypothermia
 - All body system changes radically affect medication usage by the body

THIS MUST BE TAKEN INTO ACCOUNT WITH DOSING AND MONITORING OF EFFICACY AND SIDE EFFECTS

Communications Issues - Adult (18-65)

- Capitalize on adult learning strengths—active discussion, role playing
- Provide conducive environment—privacy, reduced environmental interruptions
 - Address as Mr., Mrs., Ms., etc., unless given permission to use first name **Communications Issues -**

Geriatric (65+)

All adult considerations with the additional ones following:

- Use clear, low-pitched speaking voice
- Give extra time for processing of information and response
- Match vocabulary to patient's abilities
- Define terms carefully

Psychosocial Concerns - Adult (18-65)

- Value ideas, opinions, concerns
- Involve in care and care decisions
- Stressors:
 - Caregiver roles
 - Fulfillment of responsibilities
 - Maintenance of relationships
 - Attainment of productivity level

Psychosocial Concerns - Geriatric (65+)

- All adult considerations with additional ones following:
- Ego integrity important—avoid comments that can be misinterpreted as belittling
- Stressors:
 - Coping with advancing end of life issues
 - Changing environmental surroundings
 - Increasing cognitive demands related to healthcare experience—too much, too fast

Educational Factors - Adult (18-65)

- Consider Health Lifestyle Education needs (smoking, diet, weight, exercise, disease control)
- Use a combination of learning tools/methods that take into account different learning styles (visual, auditory, kinesthetic, etc.)

Educational Factors - Geriatric (65+)

All adult considerations with the additional ones following:

- Consider need to understand changing nutritional needs including, fiber, calcium, fluid intake, etc.
- Address exercise needs
- Give adequate time for understanding and response to teaching. Use repetition and reinforcement in teaching
- Consider visual changes (use bright colors, large print, each in well-lighted area)
- Consider environmental safety issues (influenza and pneumonia immunization, etc.)

Family Involvement Issues - Adult (18-65)

- Level of family involvement varies widely
- Assess family involvement issues individually

Family Involvement Issues - Geriatric (65+)

All adult considerations with the additional ones following:

- Consider absence of same/similar age cohorts
- Consider children's needs
- Consider caregiver exhaustion factors

Special Considerations - Adult (18-65)

- Support decision-making by providing complete information
- Respect individual choice
- Support attempts to clarify information
- Monitor for signs of abuse, neglect, etc.

Special Considerations - Geriatric (65+)

- All adult considerations with the additional ones following:
- Support ego integrity (active listening, encourage reminiscing, validate concerns, reinforce contributions to society, etc.)
 - Recognize life experiences impact abilities
- Recognize certain abilities may be limited (short term memory tasks, inductive reasoning, relational tasks)
 - Cognitive tasks may take more time to complete/learn
 - Changes in vision, hearing, balance may increase risk of falls—address environmental hazards (cluttered environment, spills, light levels, glare, etc.)
- Monitor for increased potential/signs of abuse, neglect, etc.

Remember to SPARKLE!

- Speak slowly and clearly in a low tone
- Plan time for slowed actions and reactions
- Avoid confusion, noise, and other distractions
- Reduce glare and use highly contrasting colors
- Keep areas free of clutter and spills
- Layout instructions/signs in large, bold letters
- Expect changes that go with aging

Summary

In this module, you should have learned the following:

- Developmental tasks for both 18-65 year olds and the elderly
- Physical factors for both 18-65 year olds and the elderly
- Communication issues for both 18-65 year olds and the elderly
- Psychological concerns for both 18-65 year olds and the elderly
- Educational issues for both 18-65 year olds and the elderly
- Family involvement issues for both 18-65 year olds and the elderly
- Special considerations for both 18-65 year olds and the elderly

Credits

Special thanks to the VAMC Hampton for their contribution in the development of this training module



Patient Rights

Speak Up

Confidentiality

Restraints

SAVAHCS Patient Rights and Responsibilities-Speak Up

A Commitment to Our Veterans:



Respect and Nondiscrimination

- You will be treated with dignity, compassion and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. We will seek to honor your personal and religious values.
- You or someone you choose has the right to keep and spend your own money. You have the right to receive an accounting of VA held funds.
- Treatment will respect your personal freedoms. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep you or others free from harm have not worked.
- As an inpatient or long-term care resident, you may wear your own clothes and keep personal items. This depends on your medical condition.
- As an inpatient or long-term care resident, you have the right to social interaction and regular exercise. You will have the opportunity for religious worship and spiritual support. You may decide whether or not to participate in these activities. You may decide whether or not to perform tasks in or for the Medical Center.
- As an inpatient or long-term care resident, you have the right to communicate freely and privately. You may have or refuse visitors. You will have access to public telephones. You may participate in civic rights.
- As a long-term care resident, you can organize and take part in resident groups in the facility. Your family also can meet with the families of other residents.
- In order to provide a safe treatment environment for all patients and staff, you are asked to respect other patients and staff and to follow the facility's rules. Avoid unsafe acts that place others at risk for accidents or injuries. Please immediately report any condition you believe to be unsafe.

Information Disclosure & Confidentiality

- You will be given information about the health benefits that you can receive. The information will be provided in a way you can understand.
- You will receive information about the costs of your care, if any, before you are treated. You are responsible for paying for your portion of the costs associated with your care.

Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law (for example, State public health reporting). You have the right to information in your medical record and may request a copy of your records. This will be provided

except in rare situations where your VA physician feels the information will be harmful to you. In that situation, you have the right to have this discussed with you by your VA provider.

- You will be informed of all outcomes of care, including any injuries caused by our medical care. You will be informed about how to request compensation for injuries.

Participation in Treatment Decisions

- You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. Refusing treatment will not affect your rights to future care but you have the responsibility to understand the possible results to your health. If you believe you cannot follow the treatment plan, you have a responsibility to notify the treatment team.
- As an inpatient or long-term care resident, you will be provided any transportation necessary for your treatment plan.
- You will be given, in writing, the name and professional title of the provider in charge of your care. As a partner in the healthcare process, you have the right to be involved in choosing your provider. You will be educated about our role and responsibilities as a patient. This includes your participation in decision making and care at the end of life.
- Tell your provider about your current condition, medicines (include over-the-counter and herbals) and medical history. Also, share any other information that affects your health. You should ask questions when you don't understand something about your care. This will help in providing you the best care possible.
- You have the right to have your pain assessed and to receive treatment to manage your pain. You and your treatment team will develop a pain management plan together. You are expected to help the treatment team by telling them if you have pain and if the treatment is working.
- You have the right to choose whether or not you will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be no pressure for you to participate.
- You will be included in resolving any ethical issues about your care. You may consult with the Medical Center's Ethics Committee and/or other staff knowledgeable about health care ethics.
- If you or the Medical Center believes that you have been neglected, abused or exploited, you will receive help.

Complaints

- You are encouraged to seek help from your treatment team and/or a patient advocate if you have problems or complaints. You will be given understandable information about the complaint process available to you.
- You may complain verbally or in writing, without fear of retaliation to SAVAHCS management. Please call the SAVAHCS Patient Safety Line at 520-792-1450 x6500.
- If your issues are still unresolved, you are welcomed to contact the Joint Commission on Accreditation of HealthCare Organizations (JCAHO) to comment on patient safety issues.

The phone number is 1-800-994-6610 or www.jcaho.org.

- SAVAHCS provides brochures to patients on the Joint Commission “Speak UP” campaign.

Department of Veterans Affairs
Washington DC 20420
IB 10-160

**To prevent health care errors,
patients are urged to...**

Speak^{UP}™



Everyone has a role in making health care safe. That includes doctors, health care executives, nurses and many health care technicians. Health care organizations all across the country are working to make health care safe. As a patient, you can make your care safer by being an active, involved and informed member of your health care team.

Southern Arizona VA Health Care System
3601 S. 6th Ave, Tucson, AZ 85723

To contact SAVAHCS regarding concerns related to patient care and safety that have not been addressed, please call the Patient Safety Line:
(520) 792-1450 ext. 6500

If your concerns remain unresolved, you may contact the Joint Commission at:
1-800-994-6610
www.jcaho.org

Speak up if you have questions or concerns. If you still don't understand, ask again. It's your body and you have a right to know.

Pay attention to the care you get. Always make sure you're getting the right treatments and medicines by the right health care professionals. Don't assume anything.

Educate yourself about your illness. Learn about the medical tests you get, and your treatment plan.

Ask a trusted family member or friend to be your advocate (advisor or supporter).

Know what medicines you take and why you take them. Medicine errors are the most common health care mistakes.

Use a hospital, clinic, surgery center, or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission's quality standards.

Participate in all decisions about your treatment. You are the center of the health care team.



How do you ensure the patient's right to confidentiality?

- Covering patients during transport
- Knocking before entering a room
- Keeping doors closed during treatments and times of care
- Refraining from discussing patient information publicly or at home
- Discussing care only in the presence of the patient or in the presence of others with permission from the patient
- Proper disposal of PHI (Protected Health Information = includes any piece of paper with patient ID information, such as name, birth date, address, social security number, account or medical number, diagnosis, employer, etc) in appropriate locked receptacles / shredders.

All patient information should be accessed on a “need to know” basis, whether the information is accessed from a computer, by paper, or by spoken word.

Patient information should never be discussed in hallways, in elevators, in your home, in other public places, or with staff who are not involved in the patient's care.

Patient Confidentiality

All patient information is considered confidential. This includes the electronic (computer) patient record. Breach of patient confidentiality is not tolerated and will result in disciplinary action. **Anyone** with access to patient information must complete the VHA Privacy Training; see page 76.

Computer Security

Access to the hospital computer system is restricted to authorized users. Unauthorized use of a computer will be reported to the Information Security Officer (ISO). **Anyone** granted computer access must complete the Information Security Awareness Training; see page 76.

Restraints

The Southern Arizona VA Health Care System makes every effort to be restraint free. Use of restraints/restraining devices occurs only after all alternate methods have been exhausted; restraints/restraining devices are a last resort in the facility and their use is closely monitored and reported through the Performance Improvement process; see page 64 for more information.



Customer Service

VHA Core Values

SAVAHCS Guidelines

Patient Education

VA's Culture of Customer Service

Core Values

The culture of customer service is founded on these VHA core values:

Trust

Trust means having a high degree of confidence in the honesty, integrity, reliability and sincere good intent of those with whom we work, the services that we provide, and the system that we are part of. Trust is the basis for the caregiver-patient relationship and is fundamental to all that we do in healthcare.

Respect

Respect means honoring and holding in high regard the dignity and worth of our patients and their families, our co-workers, and the system we are part of. It means relating to each other and providing services in a manner that demonstrates an understanding of and a sensitivity and concern for each person's individuality and importance.

Commitment

Commitment means dedication and a promise to work hard to do all that we can to provide service to our co-workers and our patients that is in accordance with the highest principles and ethics governing the conduct of the healthcare professions and public service. It is a pledge to assume personal responsibility for our individual and collective actions.

Compassion

Compassion means demonstrating empathy and caring in all that we say and do. It means sharing in the emotions and feelings of our co-workers, our patients and their families, and all others with whom we are involved.

Excellence

Excellence means being exceptionally good and of the highest quality. It means being the most competent and the finest in everything we do. It also means continually improving what we do.

SAVAHCS Customer Service

Along with VHA Core Values, SAVAHCS includes these guidelines for Good Customer Service

Good customer service

- Address the person by his/her name
- Follow through on what you promised to do
- Introduce yourself
- Never say, "That's not my job".
- Practice good telephone etiquette; try to answer by the 3rd ring
- Keep patients informed of their care
- Ask patients for ways we can improve care/services

VA Standards of Customer Service

- We will treat you with courtesy and dignity
- We will provide you with timely access to health care
- One health care team will be in charge of your care
- We will involve you in decisions about your care
- We will strive to meet your physical comfort needs
- We will take responsibility for coordination of your care.
- We will strive to provide information and education about your health care in a way you can understand.
- We will provide opportunities to involve your family if that is your choice
- We will provide smooth transition between your inpatient and outpatient care.

Staff Responsibilities

- Treat each patient with respect and compassion
- Treat staff and students with respect and courtesy
- Provide appropriate privacy
- Assure reasonable protection from harm

Patient Education



SAVAHCS is committed to Patient Education

Patient education is an important component of customer service and patient care. Information provided to patients needs to be clear and understandable to the patient. Patients may need to be asked to repeat back to you in his/her own words the information just provided, to verify that the patient perceived your message correctly.

Patients also have access to a wealth of health information via the Internet. Health care providers may also use these sites to obtain patient education material suitable for patients:

<http://medlineplus.gov>

<http://www.health-evet.va.gov/healthinfo/HealthGateBeWell.asp> Where

can I find more information?

The Patient Education Resource Center (PERC) can be found on the 2nd floor of Building 80, next to the Saguaro Clinic Waiting Room. The PERC has a variety of materials that are free. The PERC can also provide up-to-date information on patient educational offerings. For more information, call the Patient Education Nurse at Ext. 6449 or the PERC at Ext. 6516.



Ethics

Ethics, Rights, and Responsibilities Overview

Integrated Ethics

Ethics, Rights, & Responsibilities

The goal of the Ethics, Rights, & Responsibilities standards is to improve care, treatment, services and outcome by recognizing and respecting the rights of each patient and by conducting business in an ethical manner. These standards ensure that care, treatment, and services are provided in a way that respects and fosters dignity, autonomy, positive self respect, civil rights, and involvement of patient. Family is involved in care, treatment, and service decisions with the patient's approval.

Health Insurance Portability and Accountability Act (HIPAA) went into effect April 14, 2003.

This federal law requires that all hospitals and other entities providing healthcare to protect patient information.

How are patients informed of their rights and responsibilities?

Handouts, posters, and verbally by staff

Who is responsible for assuring that the patient's rights are respected and maintained at all times?

Everyone!

How do you obtain an interpreter for a patient or family member?

The SAVAHCS Language Bank (LANG) composed of bilingual employees is maintained by the Equal Employment Opportunity (EEO)/Diversity Advisory Committee. Any employee may access the Language Bank by entering ^LANG in VISTA. To volunteer, contact:

SAVAHCS EEO Program Assistant: Karen Hebda, (520) 629-4754

Who would you call if your patient or family member/significant other needs spiritual or pastoral support?

SAVAHCS Chaplain Service is at ext. 1843

If a patient, family member or significant other has a complaint, how do you assist them?

The goal in managing patient complaints is early and immediate intervention and resolution. Complaints should be resolved at the level closest to the patient whenever possible. Unresolved issues are forwarded to the Department Director and/or Patient Representative. The Patient Advocate reviews complaints to ensure they are resolved and appropriate action(s) are taken to prevent future occurrences.

SAVAHCS Anonymous Patient Safety Hotline (Confidential) ext. 6500

SAVAHCS Patient Safety Officer Patrick Powers ext. 5904

SAVAHCS Patient Advocates Vicki McManaman ext. 5794

Bradley Hogue ext. 6960

If the SAVAHCS leadership is unable to solve the issue, patients and/or staff may contact Joint Commission or the Office of the Inspector General (OIG) without fear of reprisal.

What do you do if there is an ethical concern about patient care decisions?

Anyone can enter an Ethics Consult on a patient. SAVAHCS has a multidisciplinary

Ethics Consultation Advisory Committee. Everyone can also call the anonymous Patient Safety Hotline x 6500 or the Compliance Officer x 6539.

Does a patient have a right to refuse treatment?

Yes, our standards promote the patient and family/significant other's involvement in all aspects of their care, including refusal of care. Competent patients have the right to determine which treatment options they will accept or decline.

Of particular importance is the patient's right to develop an **Advance Directive** in which they determine what degree of care they want, at the end of life. The intent of the Advance Directive is documented as part of the initial patient assessment and is incorporated into the patient's individualized plan of care.

- If the patient has an Advance Directive and has it present, it is copied and scanned in the inpatient medical record. (CPRS)
- If the patient has an Advance Directive, but no copy is available on admission, the patient and/or family/significant other is asked to bring it in.
- If the patient does NOT have an Advance Directive, nursing staff, case managers, social worker, and/or chaplains offer the patient written information.

The Ethics Consultation Advisory Committee may assist in reviewing individual cases upon a consult request. Anyone can enter a consult request in the patient's medical record. (CPRS)

For more information and details, see SAVAHCS Memorandum Advanced Directives 07-XX-92.

Does a patient have a right to have their family member or significant other present?

Absolutely! SAVAHCS considers family members and significant others key members of

the health care delivery team. Their presence can be beneficial, but information can only be shared if the patient has given consent. There may be special circumstances that have to limit the number or time of family members or significant others attendance. See SAVAHCS Facility Memorandum 00-XX-41, Accompanied Patient Examinations/Interviews.



What is Integrated Ethics?

Integrated Ethics is an innovative national education and organizational change initiative designed to transform traditional ethics committees into integrated programs that better meet the challenges of today's complex health care environment. The initiative offers a systematic, comprehensive approach and a wide variety of tools to improve ethics quality in health care.

Integrated Ethics addresses ethics quality at all levels—at the level of decisions and actions, at the level of the systems and processes that drive decision making, and at the level of the values, environment, and culture that shape ethical practices overall.

What are the benefits of Integrated Ethics?

When ethics quality in an organization is high, the organization benefits in many ways: through increased employee morale, higher patient satisfaction, and greater productivity and efficiency. Ethics consultation can even help reduce length of stay and costs among high risk patients.

What are the functions of the Integrated Ethics program?

The Integrated Ethics program responds to ethics concerns on a case by case basis, addresses ethics issues on a systems level, and fosters an environment and culture that is conducive to ethical practice.

The program has three core functions:

- ethics consultation
- preventive ethics
- ethical leadership

In addition, an Integrated Ethics Program Officer is responsible for day-to-day operations and an Integrated Ethics Council coordinates ethics-related activities across the organization.

Integrated Ethics Contacts

Donna Wilson, Privacy Officer -- Integrated Ethics Leadership Coordinator
Diana S. Kellermeyer, LCSW -- Integrated Ethics Program Officer
Maria Bishop, MD -- Clinical Consultations
Maria Bishop, MD -- Clinical Consultation Advisor
Linda Condrich – Preventive Ethics Coordinator

[Request an Ethics Consultation*](#)

**Please do not submit patient identifying information*

For More Information

Visit the National Center for Ethics in Health Care at <http://vaww.ethics.va.gov/integratedethics/>



Cultural Diversity
Discrimination
Sexual Harassment

Cultural Diversity

SAVAHCS patients and employees are made up of a richly diverse group of ethnic and cultural origins.

What is Diversity?

Diversity is what makes each of us unique including:

Our appearance, ethnicity & culture, age, family life, values, religious/spiritual beliefs, physical/mental abilities, educational background, and language

Diversity Helps Each of Us By

Providing us with new insights and outlooks, the opportunity to work with varied talents to meet common goals, and to learn about the uniqueness each of us brings to the environment.

What is Cultural Sensitivity?

Having respect and being open to differences in verbal language, body language (personal space, eye contact), communication styles, working styles, personal views and beliefs.

Diversity in Health Care

Take the time to learn about your patients and their views on health care and illness.

Learn what their primary language is (There is a list of interpreters located in the Language Bank on the Vista Menu or call the EEO Office at Ext. 4754 for assistance.)

Be open to differences, show respect, actively listen, and never assume.



Discrimination

VA does not tolerate discrimination against an employee on the basis of race, age, sex, national origin, color, physical or mental handicap, or sexual orientation. In addition, VHA has created **Special Emphasis** programs to support employees in identified minorities, including: Women, Asian/Pacific Islanders, Hispanic, Native American, Persons with Disabilities and Blacks.

Each facility has an **Office of Equal Employment Opportunity**, with an identified officer who assists employees who believe they suffer from discrimination, or reprisal for having participated in protected EEO activity. EEO staff will confidentially discuss concerns and explore possible avenues for resolution, through traditional and alternative dispute resolution techniques.

These guidelines protect employees and trainees, as well as the people trainees and employees come in contact with. Trainees are encouraged to identify situations of possible discriminatory action. The name and phone number of the local EEO Officer is Karen Hebda at Ext. 4754.

Sexual Harassment

Sexual Harassment is a form of discrimination. VA does not tolerate sexual harassment in the workplace. Engaging in this misconduct may result in termination of training at any VA site.

Unwanted, unwelcome, or unsolicited sexual conduct imposed on a person who regards it as offensive or undesirable, defines sexual harassment. When the person receiving these advances communicates that the conduct is unwelcome, the action becomes illegal.

Sexual harassment includes **repeated and deliberate** unwanted sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when such conduct has the purpose or effect of unreasonable interference with an individual's work performance or creating an intimidating, hostile, or offensive working environment. **Sexual jokes** and remarks with **sexual innuendo** can also be a form of sexual harassment and are not acceptable in a professional work environment. The key word in defining sexual harassment is unwelcome.

Sexual harassment may occur in the interaction with a patient. If a trainee initiates this action, it is considered **patient abuse** and subject to discipline and **immediate termination** of training at the VA site.

Emphasis is usually made on trainees not subjecting others to sexual harassment. However, it is also very important to note that this situation is reciprocal. Trainees are **protected** from sexual harassment from employees and from patients.

Trainees who believe that comments, gestures, or actions of a VA employee, patient or training supervisor constitute sexual harassment should **communicate** to that person that such behavior is unwelcome. Any trainee who believes he or she has been sexually harassed or who witnesses this type of behavior has a responsibility to report it immediately to a supervisor. The supervisor is responsible to initiate an immediate investigation to determine the validity of the complaint and bring it to Karen Hebda, **EEO Officer**, Ext. 4754.



Environmental Risks

Emergency Procedures & Codes

Hazardous Materials

Disasters

Safety

Key Phone Numbers

SAVAHCS Emergency Procedures & Numbers

Code Blue

A **Code Blue** is called in the event of a medical emergency such as cardiac or respiratory arrest. **Code Blue** buttons are located along the walls in patient rooms and in the clinical areas.

Outside the clinical area:

Dial **222** to alert the operator to announce a **Code Blue**.

Remember to include your location. Repeat the message at least twice!!

Code Red

A **Code Red** is called in the event of a fire drill or actual fire.

Know what RACE means:

R = Rescue anyone in danger

A = Alarm. Pull the fire alarm and call the operator.

C = Contain. Close room doors.

E = Extinguish or Evacuate. Extinguish the fire if possible. Prepare to evacuate.

Dial **222** to alert the operator to announce a code Red.

Announce the location of the fire. Repeat twice.

Code Green

A **Code Green** is called when assistance is needed to handle a disruptive or assault situation. **Dial 222**. Announce your location. Repeat twice. **Code Green** buttons are located in the clinical and patient care areas.

Code Yellow

A Code Yellow is called when someone has a weapon. The VA police will respond to these situations. **Dial 222**. Announce your location. Repeat twice.

Code White

A Code White is called when a patient is missing. **Dial 222** Give the name and a description of the patient. Call the ward if you find the missing patient.

Code Adam

A Code Adam in the event that there is an infant or child who is missing: any person who is younger than 21 years of age is missing; whose whereabouts become unknown to his/her parent, guardian, or responsible person. **Dial 222** Give the name and a description of the missing infant or child. The VA police will respond. A preliminary search of the facility and grounds will be performed. If you find the missing child during the search; notify the police immediately by dialing 222 Give your name, location and tell the operator you have found the missing infant or child so that the infant or child may be reunited with the parent or legal guardian as soon as possible.

Code Orange

A **Code Orange** is announced when there is a disaster (internal or external) or a disaster drill. Follow the directions of your supervisor or the nurse manager or charge nurse. There is a **Code Orange** manual in every department that describes the role of each of us during a disaster.

Code Black

A **Code Black** is a Bomb Threat. Remember to *remain calm*. Use the Bomb Threat protocol. Keep the caller on the telephone and complete the **Bomb Threat Check List**. Post the Yellow Bomb Threat sign in a visible area. During evacuation remain calm; follow the directions of your supervisor or the nurse manager.

	Code Red	Fire Alarm
	Code Blue	Medical Emergency
	Code Yellow	Person with a weapon
	Code Orange	Disaster or Disaster Drill
	Code Green	Disruptive Situation
	Code White	Missing Patient
	Code Black	Bomb Threat
	Code Adam	Missing Child

Remember, the Hospital Emergency Number is: 222

In the event of a disaster, threat, or suspicious telephone call, or other emergency, dial “222” for the operator and state the exact situation. The operator will notify the appropriate personnel.

Hazardous Materials

Healthcare facilities use a number of chemical products, including cleaners, solvents, reagents, caustic acids and flammable products. Large chemical spills may require the services of the city HAZ-MAT team. If you observe leaks or any unsafe practices or activity, please notify Facilities Management Ext. 1840 or the Industrial Hygienist, Jeanne Nordstrom, Ext 6070 or Pager 466-4946. For more information: Material Safety Data Sheets (MSDS) can be located on TucNet under documents in the Administration Folder.

Reporting Safety Concerns

Reporting of Safety Concerns for Quality of Care

SAVAHCS educates its staff that any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission.

All SAVAHCS staff are reminded and encouraged to report any and all patient safety concerns. You are encouraged to discuss these concerns with your supervisor or unit manager without fear of retaliation.

Should your concerns remain unresolved: You may complain verbally or in writing, without fear of retaliation to SAVAHCS management. Please call the SAVAHCS Patient Safety Line at 520-792-1450 x6500.

If your issues are still unresolved, you are welcomed to contact the Joint Commission on Accreditation of HealthCare Organizations to comment on patient safety issues. The phone number is 1-800-994-6610 or <http://www.jointcommission.org/>

Reporting Safety Concerns for Quality of Facility

For Safety concerns within SAVAHCS facilities and on SAVAHCS grounds, please notify your supervisor or manager about your concern and contact the SAVAHCS Safety Officer at Ext. 1840.

Key SAVAHCS Hospital Phone Numbers

VA Police	0
Main number	792-1450
On Station Emergency	Dial 222
Senior Clinical Officer	Ext. 1426
Education	Ext. 4655
Employee Health	Ext 6681
Human Resources	Ext 1803
EEO Officer	Ext 4754
Safety Officer	Ext 1840
Patient Care Areas:	
3 North	Ext. 6486
3 East	Ext. 6995
2 South	Ext. 6451
ICU	Ext. 4608/4609
Emergency	Ext. 66 13/6625
Operating Room	Ext. 6585
RTT-E	Ext. 4656/6482/5304
RTT-W	Ext. 4657/5202
Hospice	Ext. 5317
SWBRC	Ext. 4643/6390



Patient Safety

Infection Control

Joint Commission Patient Safety Goals

Adverse Drug Reaction (ADR)

Procedures

Influenza

Infection Control

Surveillance, Prevention & Control of Infection (IC)

The goal of surveillance, prevention and control of infection is to identify and reduce the risk of acquiring and transmitting infections among and between patients, visitors, and all SAVAHCS staff members.

What are the Infection Control Programs at SAVAHCS?

- Hand hygiene: using alcohol-based hand rub, washing hands (National Patient Safety Goal #4)
- MRSA (methicillin-resistant Staph Aureus bacteria) Program. POC. Linda Groetken, RN, X6240 & Phyllis Kennedy, RN, X5415
- OR and SPD monitor sterilization of instruments
- Posters reminding patients, family, visitors about IC. Respiratory Etiquette Stations

Who do I contact for more information?

Contact the SAVAHCS Hospital Infection Control Practitioner: Carolyn Bernheim, RN, X5036

What are standard Precautions?

Standard Precautions are precautions designed to protect yourself and others by treating all blood, body fluids, contaminated surfaces, and excretions and secretions as infectious.

What should I do to protect myself and others from infection?

- Intact skin is the first line of defense against infections
 - Inspect hands for cuts or open areas
 - Cover open areas
 - Staff are Not to wear acrylic or fake fingernails to work
 - No Chipped nail polish (preferably no nail polish should be worn)
- **Hand washing** is the most effective way to stop the spread of infections
 - Use an alcohol-based hand rub product such as Purell Instant Hand Sanitizer Foam when your hands are not visibly dirty. Use an antimicrobial soap to wash your hands when they are visibly dirty or are contaminated with body fluids or blood, or have been in contact with contaminated objects or equipment.
 - When using an alcohol-based product, apply the product to the palm of your hands; scrub your hands together making sure the product covers your hands and fingers completely. Do this for about 10 seconds or until your hands are dry. Do not rinse your hands.
 - When using an antimicrobial soap use warm running water, lather, and friction to wash your hands for at least 10-15 seconds (about the time it takes to sing the birthday song). Make sure the lather covers your hands and fingers completely. Remember to clean under and around fingernails and the ends of the fingers.

When should I wash my hands?

- Wash your hands
 - Before and after contact with contaminated equipment
 - After contact with contaminated objects
 - As you enter and leave a patient's room, a clinic or procedure room
 - Before and after direct patient contact
 - After removing gloves
 - Before donning sterile gloves, and after removing them
 - After using the bathroom.
 - Before and after eating

What is Personal Protective Equipment (PPE)?

- Personal Protection Equipment (PPE) consists of the following:
 - Gloves
 - Masks, face shields, goggles
 - Gowns
 - Do NOT enter isolation rooms unless properly trained
 - Always use appropriate PPE when entering isolation rooms

How do I dispose of needles?

- Dispose of needles in puncture resistant (sharps) containers
- Do not recap needles or syringes
- If you have a needle stick: Wash the area immediately with soap and water, notify your supervisor, go to the Emergency Department

How do I handle specimens?

- When handling specimens; treat them as if they were infectious.

What if there is a body/blood spill?

- Clean up any body/blood spills promptly. If you are unfamiliar with the procedure, ask nursing or housekeeping for assistance.
- Dispose of any soiled linens properly

What are bloodborne diseases?

Bloodborne diseases are those that are spread by contact with infected blood, such as:

- Hepatitis – transmitted through contact with infected blood. Some varieties of hepatitis can live for up to 7 days outside the body.
- HIV – transmitted through direct contact with infected blood or other infected body fluids.

What are airborne diseases?

Airborne diseases are those that are spread by contact with infected airborne droplets, such as:

- Tuberculosis – spread by inhaling TB infected airborne droplets.
- The SAVAHCS uses the 3 M N-95 particulate respirator masks as the primary PPE in Respiratory Isolation rooms. The masks come in regular and small sizes and are available on the nursing units.

Infection Control is Everyone's responsibility.

Patient Safety Goals

The Joint Commission 2012 National Patient Safety Goals

SAVAHCS: Where patient safety is everyone's responsibility

Improve the Accuracy of Patient Identification

I will ask the patient to state their full name and full Social Security Number (SSN), or their date of birth (all programs)

I will label specimens in presence of patient (all programs)

I will match blood product to order, match patient to blood product and use two person verification of two Patient Identifiers prior to transfusion (H)

Improve Communication Among Caregivers

I will report timely critical results of test and diagnostic procedures; recipient to read back results to reporter (H)

Improve Medication Safety

I will label all medication and solution containers to include syringes, medicine cups and basins on and off the sterile field (i.e., OR/procedures) (H)

I will reduce harm associated with the use of Anticoagulation Therapy; use Anticoagulation Therapy Program protocols and educate staff/patients/family (H & LTC)

I will maintain and communicate accurate patient medication information (all programs)

Reduce Healthcare-Associated Infections

I will wash hands for at least 15 seconds or use alcohol-based hand rub before & after delivering care; prevent Multi-Drug Resistant Organism Infections (all programs)

I will follow all isolation precautions and cleaning/disinfection protocols; follow central line and surgical site protocols to prevent surgical site and central line infections; educate staff/patients/family as needed about healthcare associated infections (H & LTC)

I will implement evidence-based practices to prevent indwelling catheter-associated infections (H & LTC)

Reduce Risk of Harm from Patient Falls

I will follow Fall Reduction Program protocols and educate patients/family (LTC & HC)

Prevent Healthcare Associated Pressure Ulcers

I will conduct systemic risk assessment, create a plan, reassess and take action to address any identified risk for pressures ulcers (LTC)

I will educate staff on how to identify risk for and prevention of pressure ulcers (LTC)

Identify Safety Risks

I will identify patients at risk for suicide
(Local Crisis Pager: 5555-4875; National Suicide Prevention Lifeline 1-800-273-8255) (H & BH)

I will conduct a home oxygen safety risk assessment that addresses (HC)

- ✓ "Oxygen In Use" Signage posted
- ✓ Other fire safety risks such as the potential for open flames
- ✓ Functioning smoke detectors

Universal Protocol

I will conduct a Pre-Procedure Verification Process (all invasive procedures) (H)

I will make procedure site (H)

I will perform a time-out (H)

TJC NPSG Standards:

H= Hospital, LTC= Long Term Care, HC=Home Care, BH= Behavioral Health

Prohibited Abbreviations

Prohibited Abbreviation

Reason to Prohibit Approved Notation

IU

Mistaken for IV or 10 Units

U, u

Mistaken for 0 Units

QD, QOD, Q.O.D., Q.D, qd, qod, q.d., q.o.d.

Mistaken for each other Daily, every other day

Trailing zero (x.0)²

Decimal point is missed Never write zero after decimal

Absence of leading 0 (X.mg)

Decimal point is missed Write 0.X

MS, MSO₄

Confused with Mag Sulfate, Morphine (sulfate), Multiple Sclerosis, Mitral Stenosis

Sclerosis, Mitral Stenosis

MgSO₄

Confused with Morphine Magnesium (sulfate)

The following abbreviations, while not prohibited, are to be used with caution and writers should be aware of the possible errors that can occur with their use.

They are:

Abbreviation

Reason for Concern Preferred

CC

Mistaken for U Milliliters (ml)

AU, AS, AD

Confused with eyes (OU, OS, OD) Both ears, left ear, right ear

SQ/SC

Mistaken for sublingual, Subcutaneous, Service Connected

SAVAHCS - February 2009/2009 Joint Commission National Patient Safety Goal: Hospital

For additional information, please see System Memorandum 11-07-59, Authorized and Prohibited Medical Abbreviations, dated October 2007.NPSG.02.02.01: Standardize a list of abbreviations, acronyms, symbols and dose designations that are not to be used throughout the organization.

Adverse Drug Reaction (ADR)

What is an ADR (adverse drug reaction)?

Unintended, undesirable, or unexpected effects of prescribed medications or of medication errors that require discontinuing a medication or prolonged hospitalization. Another way to define it as stated in our SAVAHCS Memorandum 13-08-14: An adverse drug reaction (ADR) is defined as any untoward noxious reaction associated with the use of over-the-counter, prescription and investigational/research drugs. This definition includes adverse events occurring from drug overdose, whether accidental or intentional, drug abuse, drug withdrawal and significant failure of expected pharmacological action.

What do you do if you suspect an ADR?

- Stop the Medicine
- Treat and monitor patient
- Notify Provider
- Notify Pharmacy

How are Adverse Drug Reactions identified and reported?

ANY staff member or physician can report an ADR. ADRs are reported by entering an ADR in VISTA / CPRS or calling pharmacy for evaluation of an ADR. ADRs are reported by nursing, physicians, pharmacists, other staff, and patients/family. To enter an ADR on a patient, go to the CPRS cover sheet and right click on the allergies box. The Pharmacy & Therapeutics Committees tracks / trends ADRs.

Do you report medication errors? If so, how?

Yes, all staff members are expected to report medication errors. Our non-punitive culture encourages error reporting. Medication errors are reported by either entering an Incident Report in VISTA (through VISTA menu option ^INC Incident Report Menu) or calling the Patient Safety Anonymous Hotline x 6500.

What has been done to reduce the risk of medication errors in your area?

- Identification of dangerous “Do not use” abbreviations.
- Unit dose packaging
- Limited concentrations of medications are available
- Additional precautions for high-risk medications (separating, TALLman letters)
- Identifying patients using 2 unique identifiers – full name and full SSN (if refuse, use date of birth and if decreased level of consciousness use ID band / ID card)
- Use of Bar Code Medication Administration (BCMA) to correctly identify the patient, his medication, and the medication order before administering.

SAVAHCS Procedures

SAVAHCS Procedure Site Verification

What procedures are conducted in your area?

We typically think of procedures being conducted in the Operating Room, but some procedures take place in non-OR settings including bedside procedures: all biopsies (including skin), joint injections, dental procedures, chest tube insertions, central line placements, and spinal taps.

What is Universal Protocol?

Wrong site, wrong procedure, wrong person procedures can be prevented. This Universal Protocol is intended to achieve that goal.

Verbal and written verification of the correct person, procedure, site, and equipment should occur during the following:

- At the time the surgery/procedure is scheduled
- At the time of admission or entry into the facility
- Any time the responsibility for care of the patient is transferred to another caregiver
- With the patient involved, awake and aware, if possible
- Before the patient leaves the preoperative area or enters the procedure/surgical room
- FINAL VERIFICATION / TIME OUT occurs in the procedure room, with all staff involved in the procedure attending, reviewing before breaking the skin.

What is a Final Time Out?

During this time-out process, the procedural nurse (e.g., OR circulating nurse) will state the name of the patient, the procedure to be performed, the location of the site, including laterality if applicable, and the specifications of the implant to be used if applicable. After the statement, ALL other members of the team participating in the procedure verbally state that they concur with this information before the procedure begins.

The following is reviewed prior to the start of the procedure:

- Relevant documentation (e.g. H&P, consent)
- Relevant images, properly labeled and displayed
- Any required implants and special equipment

Marking the site: Completed by the person performing the procedure, with an X, while the patient is awake and interacting.

Influenza

Introduction

In the United States epidemics of influenza (flu) typically occur during the winter months and have been associated with an average of approximately 36,000 deaths per year in the United States during 1990-1999 and 226,000 hospitalizations annually during 1979-2001. Influenza vaccination (flu shot) is the primary method for preventing influenza (flu) and its severe complications.

What are the Clinical Signs and Symptoms of Influenza?

Influenza (flu) viruses are spread from person to person primarily through large particle respiratory droplet transmission (when an infected person coughs or sneezes in close proximity to an uninfected person). Contact with respiratory-droplet contaminated surfaces (door handles, sink handles, etc.) is another possible source of transmission.

Why should SAVAHCS staff members be vaccinated against influenza (flu)?

There are several reasons why employees and volunteers should be vaccinated against influenza every year. Employees and volunteers can get the influenza virus from their patients resulting in absence from their worksite. Employees and volunteers can acquire influenza infection and not have any symptoms, but still be able to transmit the disease.

Employees and volunteers who are ill with influenza often continue to work and spread the virus to other employees, volunteers, patients and family members. Unvaccinated employees and volunteers have caused influenza outbreaks in healthcare settings. Getting the influenza vaccine (flu shot) protects you, your loved ones and your patients.

Where can I get the influenza vaccine (flu shot)?

SAVAHCS annually offers all staff members including volunteers, WOCs, and Students the influenza vaccine (flu shot). If you are interested in receiving the influenza vaccine, please contact Employee Health at Ext. 6681 for more information on times and dates or for further information on deciding if the influenza vaccine is right for you.

Additional Information:

If you begin to exhibit influenza like illness (ILI) symptoms while on duty – you need to contact your supervisor.

If you begin to exhibit ILI symptoms while off duty – you need to contact your supervisor to request sick leave – be sure to tell your supervisor if you have any ILI symptoms.

Influenza Like Symptoms may include:

- Fever, 100⁰ F or greater
- Cough
- Fatigue
- Muscle Aches
- Sore Throat
- May also include vomiting and diarrhea

Flu Prevention at work, home, and school – it's important for everyone!



SAVAHCS

General Information

Parking and Traffic Violations/Incidents

There are several parking lots located around the facility. Parking in areas reserved for patients is prohibited. Parking lots are clearly marked for employee parking. Parking lots are routinely patrolled by the VA Police. Student parking is permitted in areas marked for employees. You can get a parking sticker for your vehicle from the VA Police Office, located in Building 2 behind the Volunteer Desk.

Any legal action related to traffic accidents, theft of government property, weapons violations, etc., may be referred to the Federal Court system.

Weapons

Weapons are prohibited within Federal facilities. Violators will be prosecuted.

Dress Code

SAVAHCS staff members are required to wear their I.D. badge at all times while on duty. The badge must be worn above the waist with your picture/name showing. Students may wear their own student badges. Students will wear their school uniform as mandated per their individual programs.

The SAVAHCS footwear memorandum of understanding reminds staff to wear a closed- box type of shoe for their own safety. SAVAHCS prohibits staff from wearing flip flops or any other loose type footwear while on duty. This includes: any shoes that are open- toe, open- side, open-back without a strap, or are perforated on the top or side.

Cell Phones

Cellular phone frequencies can interfere with life support equipment such as cardiac monitors, telemetry units, ventilators and computerized equipment. Please follow the instructions on signs posted in restricted areas.

Smoking

The Southern Arizona VA Health Care System is a smoke free facility. Smoking is permitted only in designated areas and never within 25 feet of an entrance.

SAVAHCS Library

The SAVAHCS Library and Information Services (Medical Library) is located on the north side of the rose garden; building 4 in room 101. Operating hours are Monday-Friday from 8:00 AM - 4:30 PM. The phone extension is 1836. Students have access to library materials during normal operating hours. Students may not remove or check out library materials.



Clinical Training

SBAR (Hand-Off Communication)

Elder or Vulnerable Adult (and Child) Abuse

Suicide Prevention Program

Restraint, Alternatives, and Seclusion

Needs of the Dying Patient

Fall Prevention Program

Impaired Professionals

Pain Assessment: The 5th Vital Sign

Additional Training Information

Hand-Off Communication

Hand-Off Communication (SBAR)

Is a standardized approach to “hand-off” communication, which allows time for questions

What is the communication process for transferring a patient to a different level of care? (Patient Hand Off)

Hand off is the interactive communications process for safely transferring patient care responsibility. This includes clear complete communications describing care, treatment and services from one medical environment to another. During this process interruptions are limited to prevent loss of information. There is a verification process and the opportunity to review information and ask questions. This includes, but is not limited to, the patient’s medical condition, diagnosis, prognosis as well as any recent or anticipated changes.

Safe, effective clinical care depends on reliable, flawless communication between caregivers. Communication breakdowns between health care providers are a central feature in episodes of avoidable patient harm. Because clinical teamwork often involves hurried interactions between human beings with varying styles of communication, a standardized approach to information sharing is needed to ensure that patient information is consistently and accurately imparted. This is especially true during critical events, shift handoffs, or patient transfers.

Utilized across SAVAHCS, and originating from the nuclear submarine service, SBAR stands for:

- S Situation:** What is happening at the present time?
- B Background:** What are the circumstances leading up to this situation?
- A Assessment:** What do I think the problem is?
- R Recommendation:** What should we do to correct the problem?

SBAR creates a shared mental model for effective information transfer by providing a standardized structure for concise factual communications among clinicians, nurse-to-nurse, doctor-to-doctor, or between nurse and doctor. Other tools like critical language, psychological safety, and effective leadership are central to providing safe care.

Elder or Vulnerable Adult (and Child) Abuse

What are the indicators of patient abuse (elder abuse, domestic abuse, sexual abuse, child abuse) and how would you report patient abuse?

You recognize victims of abuse by assessing their story and actual injuries for signs and indicators of abuse. Possible Signs of Physical Abuse:

- Cuts, lacerations, puncture wounds, bruises, welts, discoloration
- Any injury incompatible with history or properly cared for
- Poor skin condition or hygiene
- Dehydration and / or malnourished without illness-related cause
- Loss of weight

Learn and Practice the ABCDES of Patient Care for Physical Abuse:

A - Alone Reassure the victim that s/he is not alone, that there have been others in his/her position before, and that help is available.

B - Belief Articulate your belief in the victim – that you know the abuse is not his/her fault and that no one deserves to be hurt or mistreated.

C - Confidentiality Ensure the confidentiality of the information that is being provided and explain the implication of mandatory reporting laws, where applicable.

D - Documentation Descriptive documentation with photographs, taken with the victim's permission and a verbatim account from the patient's perspective is helpful to accurately capture and record the nature and extent of injuries.

E - Education Education about community resources can be life-saving. Know where you can refer a victim for help and have information about local shelters readily available. Also ask if s/he knows how to obtain a Restraining Order.

S - Safety One of the most dangerous times for the victim is the point at which they decide to leave. Tell the victim to call 911 if s/he is in imminent danger, and to consider alerting neighbors to call the police if they hear or see signs of conflict.

Family Violence Prevention Fund www.fvpf.org or www.endabuse.org

National Coalition Against Domestic Violence www.ncadv.org

National Domestic Violence Hotline, www.ndvh.org or call 800-799-SAFE (24 hours)

The practitioner who discovers or suspects the abuse is responsible for informing other appropriate members of the health care team, including the physician, social worker, nurse and VA Police. VAF10-2633 electronic form may be entered through VISTA menu option ^INC (Incident Report Menu).

For more information, see the SAVAHCS Policy - Assessment and Reporting of Cases Involving Child or Vulnerable Adult Abuse 03-XX-08.

SAVAHCS Suicide Prevention Program

How do you identify patients at risk of suicide?

Don't be afraid to ask patients if they have now or in the past thought about ending their own life. Asking about feelings of hopelessness is also a significant indicator.

All patients who are seen in any location primarily for a mental health problem need to be screened for suicide risk.

- All clinicians to screen for suicide risk. "Are you feeling hopeless about the present or future?"
If yes, ask- "Have you had any thought about taking your own life?" If yes, positive screen. All patients need to be screened at the time they present or no later than 24 hours.
- If they are at risk, refer for a mental health evaluation right away or within a time frame appropriate to their situation.
- Any patient who requests a mental health evaluation, refer to mental health provider and they will be seen within 14 days at the latest.

Suicide/Parasuicide is a high risk process carefully monitored overall by multidisciplinary committees and discussed daily in the morning report with senior leadership for immediate process improvements based upon patient cases from the previous 24 hours.

Patient Safety Program gathers staff perceptions / opinions are gathered through case analysis as well as anonymous incident reporting to identify root cause analyses that may have been systems contributing factors. Any employee may enter a Patient Incident Report electronically through VISTA menu option ^INC (Incident Report Menu).

Cases of off-site suicide attempts and completions are reported by community partners and patient/family perceptions and opinions of care. These cases are immediately assessed by a multidisciplinary team for potential process improvements.

Thus, we have a formal and informal system of performance improvement based upon objective and subjective data collection and analysis.

- National Suicide Prevention Lifeline 1-800-273-TALK (1-800-273-8255)
- The VA's 24-hour Suicide Prevention Crisis Center, located at the Canandaigua VA Medical Center in upstate New York, is a National Suicide Prevention Lifeline resource.

If a patient presents with suicidal ideation, page the Mental Health Urgent Care Crisis Pager at 555-4875.

Restraint, Alternatives, and Seclusion



What is SAVAHCS' philosophy on restraining patients?

SAVAHCS recognizes the right of individual patients to be free from restraints of any form that are not medically necessary. All patients are treated with the least restrictive measures, consistent with their individual safety, and the safety of the others in the environment.

What is the definition of restraint?

Any method of restrictive measures to maintain a patient's safety. For example, by using the following: Environmental modifications; alternative activities; companions/supervision by family or others; modifying staffing. Note: Restraints are involuntarily applied. SAVAHCS' goal is to work toward a restraint-free environment. The least restrictive measure(s) and device(s) will be used.

Do we use seclusion at SAVAHCS?

Yes, on the inpatient Mental Health ward (1W), we have a seclusion room that is used very rarely by the trained Mental Health staff. Seclusion is the involuntary confinement of a patient who is alone in a room behind a locked door or otherwise physically prevented from leaving. Cases are reviewed and reported to leadership for evaluation.

When do we restrain a patient?

When less restrictive alternatives are ineffective in protecting the safety of the patient or others. Restraints must be used for the safety of the patient and/or the staff. Restraints should be discontinued at the earliest possible time. Clinical justification for the use of restraints and other requirements must be documented.

What is considered Clinical Justification/Criteria for Restraints?

Physical restraints are used as a last resort when: there is an emergent, dangerous behavior with suspected intent for self-harm and/or personal injury. For protecting a patient from harming other patients or staff. When there is a behavior that impacts patient safety or the ability of the staff to provide care.

Can I apply restraints?

Only registered nurses may implement the use of physical restraints and are responsible for obtaining orders from a licensed independent practitioner (LIP) except for procedural restraint, which will be explained.

The RN applying restraints must have validated competency.

What are alternative methods?

Only after positive and less restrictive methods are attempted such as:

Bed check Mattress on Floor Seat Belt Camera mounted room
Room Sitter Bed & Chair alarms Floor cushions Patient comfort measures
1:1 observation Distraction activity Wedge pillow

Assessment for physical causes of agitation/confusion

When is someone considered to be restrained?

If a patient cannot get out of a device, it is considered a restraint

Restraints Are Never Used

- As a punishment
- For the convenience of staff
- As a substitute for other activities or treatments
- When application is more detrimental to the patient than lack of application

What is necessary when placing a patient in restraints?

1. Determining the reason for restraints may include:

- a. Medical/surgical needs (disruption of lines/tubes; mentally based confusion/agitation that impacts safety or care).
- b. Presents a threat to self or others
- c. Interferences with medical treatment

2. Obtain a physician's order. The order must include:

- a. Justification/reason for the treatment
- b. Duration/time/date – may not exceed 1 calendar day

3. Assessment/monitoring parameters:

- a. Reassessment is done and documented at least every two hours and includes: the justification for continued use, respiratory status, circulatory status, the patient's current behavior and state of wellbeing.
- b. When removed, document the restraint has been discontinued

For more information, see SAVAHCS Memo 07-XX-84 Use of Restraints for Behavioral Health and Memo 07-XX-89 Use of Restraints for Medical Surgical Reasons.

Needs of the Dying Patient

As a patient care provider, you may be involved with the care of a dying patient and his/her family or loved one. You have a unique opportunity to create an experience that has meaning and purpose for you and the dying patient. Here are a few important tips to help you through this important, intense, and sometimes challenging care experience:



1. As a patient approaches death, he/she may experience physical, social, emotional, self, relationship and spiritual changes and losses in preparation for death.
2. Family members and hospital/ hospice staff may go through changes and losses of their own at the same time.
3. The dying patient (and their family) will be working through completion and closure regarding:
 - a. Life & Worldly Affairs (fiscal, legal, social responsibilities)
 - b. Relationships with Community (business, work, church, neighborhood)
 - c. Personal Relationships (family, friends, colleagues)
 - d. Experiences of love of Self and others (forgiveness, affirmation)
 - e. Acceptance of the Finality of Life (totality of personal loss, letting go)
 - f. Meaning of Life (Life review and appreciation)
 - g. Bereavement (Loss, mourning, grief)
4. At the end of life, the dying will ask questions about their lives, their suffering, and perhaps their afterlife. They may experience many emotions. They may need to tell their special life stories, a process known as life review. Compassionate, courageous and attentive listening may be required of the care giver or maybe just “being there” will be enough.
5. Be with the dying patient as he works towards peaceful life closure and be present when he is actively dying and at the time of death. It will be an opportunity *for you* to experience a moment of contemplation and sense of awe about life, death, and a connection to something greater than oneself.

How do you meet the needs of patients and families for End of Life Care?

Interventions are addressed as appropriate:

- Patient and family comfort
- Dignity (privacy)
- Psychological, emotional and spiritual (consult Chaplain Service, Social Work Services)
- Respect Advance Directives
- Hospice/Palliative Care Team
- Ethics Consultation Advisory Committee for ethics consults
- Do Not Resuscitate (DNR) orders

Where can you get more information?

SAVAHCS offers many resources to assist your work with dying patients and their families. Ask your charge nurse or unit supervisor to put you in touch with Chaplain Service, Social Work Services, or Hospice Staff. The Medical Library also offers materials and resources. In addition, a more in-depth on-line training “The Needs of the Dying Patient”, written by Rachael Brink, LCSW, is available through the SAVAHCS Learning Management System (LMS).

SAVAHCS Fall Prevention Program



The SAVAHCS Fall Prevention Program for inpatients includes

- Fall Risk Assessment of all patients using the Morse Fall Scale
- Fall Care Planning
 - Universal Fall Precautions for ALL inpatients
 - High Risk Fall Interventions for High Risk inpatients

The Fall Prevention Program is monitored and evaluated for effectiveness using Patient Incident Reports

Risk Assessment Tool: Morse Fall Risk Scale

- The tool selected by the Veteran's Health Administration for inpatient fall risk assessment is the Morse Fall Risk Scale.
- The Morse Scale assesses gait, secondary diagnosis, use of assistive devices, presence of an IV, mental status, and most important, history of falls.

Best Predictor of Falls

The best single predictor of a future fall is history of a fall.

Assessment and Reassessment

In Acute and Critical Care:

- Admission
- Every shift
- Transfer
- Change in condition

In GRC

- Admission
- Daily for 3 days following admission
- Weekly following 3 day charting
- Post Fall and for 3 days following on the afternoon shift
- Change in condition (includes changes in medications)
- Transfer

Quality Monitoring

- All patient falls are entered into VISTA using the Patient Incident Report
- The Patient Safety Coordinator, Clinical Nurse Managers, Clinical Nurse Leaders, and Nurse Executives monitor individual fall incidents and quarterly statistics evaluating frequency, injuries, and related factors such as staffing related to fall incidents

Fall Aggregate statistics are provided for each unit so staff can monitor how effectively they are implementing the Fall Prevention Program

Morse Fall Risk Assessment Tool

The tool can be found in on CPRS as a template. It is important to review each box of the template and check all that are appropriate for the individual patient. The tool will then 'score' the patient's fall risk.

Morse Code Fall Risk Codes

The higher the Score the higher the risk

Patients with a score of 50 points or below

Category = Standard Fall Risk

All Patients Receive Universal Fall Precautions as needed

Remember to individualize the Universal Precautions as needed

Patients with a score of Greater than 50 points

Category = High Fall Risk

Start with Universal Fall Precautions

Add High Risk Fall Precautions according to the individual patient's risk factors

Example of a Morse Score

- 25 points for history of falling within 3 months
- 15 points for secondary diagnoses
 - PBH, nocturia, frequency, arthritis
- 30 points for furniture walking
 - Inconsistent use of walker
- 20 points for IV access
- 20 points for impaired gait
 - Knee buckles per patient report
- 15 points for overestimation of abilities

TOTAL = 125 = HIGH FALL RISK

What should I do if a Patient Falls?

- Address the immediate care needs of the patient.
- Notify the physician of the fall using an SBAR (Situation, Background, Assessment, Recommendations) format, including the following information:
 - Description of fall (staff observations, patient and/or witness statements) ○
How patient was discovered
 - Fall prevention interventions in place at the time of the fall
 - Assessment including vital signs, pain assessment, changes in mentation, signs/symptoms of physical injury
- Carry out any physician orders following fall
- Complete an incident report prior to the end of the shift using the VISTA Patient Incident Reporting System
- Complete post-fall documentation in the CPRS system.
- Evaluate and revise fall prevention care plan to address any changes post fall.

What else do I need to know/do for Fall Prevention?

- Multidisciplinary, multifaceted fall prevention care plans are the most effective.
- Involve Physical Therapy, Pharmacy and Social work as soon as possible in anticipation of discharge for patients who will continue to be at high risk for falls following discharge.
- Make sure education is always a part of your fall prevention program.

Impaired Professionals



Definition

An impaired professional is generally defined (a code of ethics) as one unable to fulfill professional or personal responsibilities because cognitive, interpersonal or psychomotor skills are affected by alcoholism or drug dependency.

How Do You Recognize An Impaired LIP?

- Warning signs that may indicate LIP impairment:
- Making rounds late – or inappropriate behavior during rounds
- Decrease in quality of performance
- Behavior changes
- Unavailability for emergencies or inappropriate responses to telephone calls
- Attending emergency patients while under the influence
- Frequently late for meetings
- Deterioration in appearance and dress habits

Other Signs to Be Aware Of:

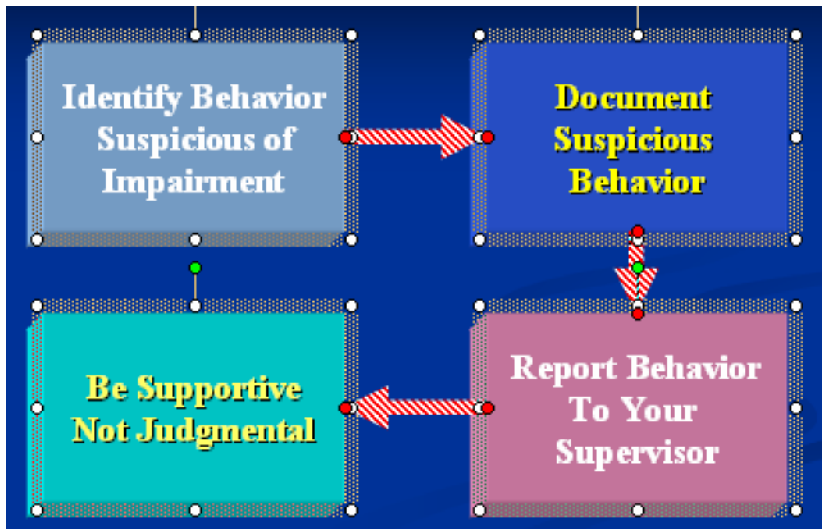
- Disruption of appointment schedule
- Hostile, withdrawn, or unreasonable behavior towards patients or staff
- Patient complaints
- Unexplained absences
- Inappropriate orders, prescriptions or treatments
- Denial
- Self-treatment
- Occupational success
- General disdain and lack of knowledge of substance abuse and psychiatric conditions

What do I do/how do I report my concern?

- Report the suspected behavior to your supervisor.
- Document accurately and completely any suspicious behaviors or incidents that have occurred.
- Be supportive, not judgmental; Substance abuse is an illness.

Remember:

- If any individual working in the hospital has a reasonable suspicion that a Licensed Professional appointed to the medical staff is impaired, they must send a written report to the Chief of Staff or the Medical Center Director.



Pain Assessment: The 5th Vital Sign



What Is PAIN?

- An unpleasant sensory and emotional experience associated with actual or potential tissue damage.

Pain Is What The Patient Says It Is!!

What is the role of the nurse in pain management?

- To include Pain as the 5th Vital Sign in every assessment.
- To use the Pain Scale “0-10” with every pain assessment.
- To insure that pain interventions are appropriate and timely and that pain reassessment and evaluation of interventions are conducted to make appropriate adjustments.

When are patients assessed and reassessed for pain?

- Upon admission, or initial check-in, or each outpatient visit
- After receiving pain medication
- Every 4 hours or per unit protocol.
- Every 30 minutes after parental pain medication.
- Every 60 minutes after oral pain medication.
- As needed at a minimum of every 24 hours
- Prior to discharge

Pathophysiology of Pain

- Somatic-Localized, Dull, Sharp, Gnawing, Inflammatory Process (Incision and Wound Pain)
- Visceral-Vague Pressure, Cramping, Referred
- Neuropathic pain is the most under treated!! Symptoms include electrical, stinging, burning sensation that radiates from site of origin.

Pathophysiology of Pain in the Critically Ill Patient

- Cardiovascular Effects
- Respiratory Effects
- Fluid and Electrolyte Abnormalities
- Gastrointestinal Effects
- Metabolic Effects
- Emotional Effects

PAIN ASSESSMENT

The Big Three

- Patient Self-Report
- Pain Rating Scales
- Misconceptions

What is the Basis for Assessment?

- Intervention
- Advocacy
- Communication

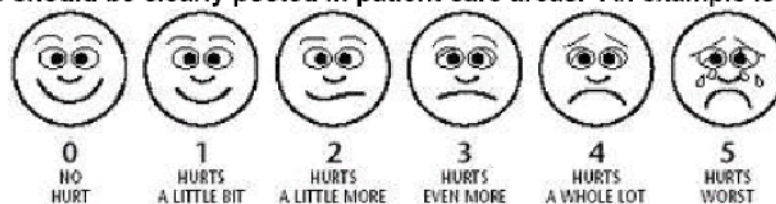
Components of Assessment

- Patient perceptions
- Physiological responses
- Behavioral responses

Pain Indicator

- “The single most reliable indicator of the existence and intensity of pain is the PATIENT’S SELF-REPORT”

Your pain scales should be clearly posted in patient care areas. An example is shown below:



Patient Perceptions

- Location
- Intensity
- Quality
- Duration
- Precipitate
- Alleviate

How do I assess when a patient reports chronic pain?

It is important to remember that a pain assessment is needed when a patient presents with chronic pain. It is important to assess if the patient considers their chronic pain to be tolerable or acceptable OR not. If the response is tolerable or acceptable then this needs to be documented as such. If the pain is not tolerable then the pain assessment needs to be documented with the patient’s responses/concerns in order for appropriate intervention for the intolerable pain to occur.

When a patient with chronic pain presents with pain other than their chronic pain (non-chronic pain) such as: Patient has chronic back pain, today reports with right shoulder pain.

The chronic pain needs to be assessed and documented AND the reason non chronic (right shoulder pain) needs to be assessed and documented.

Physiological Responses

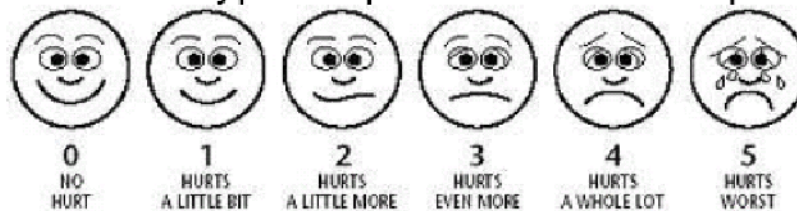
- HR
- RR
- BP

What is the Fifth Vital Sign? - Pain Rating is the 5th Vital Sign

- HR
- RR
- BP
- Temp
- PAIN RATING: Every time VS are taken, assess the patient for pain

Numerical Rating Scale - Tips for Using Pain Scales

Your pain scales should be clearly posted in patient care areas. An example is shown below:



- Review scale with patient and family.
- Use visual representation.
- Return demo: Ask patient and family to explain the scale.
- Agree on an acceptable level of pain.
- Timing of assessments includes initial and ongoing vital signs.

Patient Education - Teach the patient/family that:

- Pain reports are valuable and important information.
- The patient is the most important player on the team.
- Treating pain has a cascade effect that promotes other dimensions of healing.

What are some common Patient Concerns?

- “I didn’t want to bother you.”
- “I don’t want to become addicted to that stuff.”
- Past use, side effects, allergies, groggy, overmedicated.

What are some common misconceptions?

- Healthcare Worker (HCW) knows more than the patient.
- HCW can determine credibility of patient’s report of pain.
- Validity of known versus unknown cause of pain.
- Lack of patient expression even when in pain.
- Everyone feels the same intensity of pain from the same stimuli causing the pain.
- Experience with pain will increase coping skills.

Remember: Pain Assessment is an important and ongoing part of every patient’s care provided here at SAVAHCS

Additional Training

The offerings in this booklet are the minimum training offerings to assist you in performing your duties here at SAVAHCS.

Individual work areas may request that you attend/complete additional trainings specific for your area; some of these are:

- BLS
- ACLS
- Moderate Sedation
- Point of Care Testing
- Critical Values and Critical Tests
- BCMA (Bar Code Medication Administration)
- Unit Based Standards of Practice (SOP)

Mandatory VA Training

Required VHA Training/Web-based VA Training Site

VA Privacy and Information Security Awareness and Rules of Behavior FY12 or FY 13 web training is required for **ALL** non-student WOCs, fee basis, and contract workers.

If you are a new user you will need to register with the TMS site. For instructions on registering, please contact your contract specialist or supervisor.

When you are registered and logged-in to the TMS you will be able to complete the

VA Privacy and Information Security Awareness and Rules of Behavior FY12 or FY 13

Upon completion of the training you will be given the opportunity to print your completion certificate. It is suggested that you print one copy to turn in and one to keep for your records.

You will need to submit your completion certificate to your contract specialist or supervisor here at SAVAHCS.

You will NOT be permitted to start until you have completed your orientation trainings.

Mandatory Training for Trainees

Required VHA Training for Trainees and Students

***All Trainees and Students must also complete the Mandatory Training for Trainees (MTT) online training.

You will receive separate instructions from your school or the SAVAHCS Education Office for registering on the TMS site. Once you are registered and logged-in, you will be allowed to complete the online training.

Remember to print out your completion certificate.

It is suggested that you print one copy to turn in and one to keep for your records.

You will need to submit the certificate along with your student application packet to SAVAHCS Education Office, Building 59, Room 116.

You will NOT be permitted to start your training experience until this training has been completed.

SAVAHCS Education Office Number: 520.792.1450, X4231, 6453, or 6787

For Questions or Comments

Contact

Southern Arizona VA Health Care System

Education, Training, & Development

520.792.1450

Extension 6787, 4231 or 6453

Southern Arizona VA Health Care System Core Orientation for Non-Employees

Reviewed February 28, 2011



Statement of Commitment and Understanding

As an employee of the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which VA employees and applicants have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of veterans and their families, I have completed both the annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the annual VA Cyber Security Training. I know that I should contact my local Privacy Officer, Freedom of Information Act Officer, Information Security Officer, or Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about veterans and their families, and VA employees and applicants.

I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that VA may also impose administration sanctions, up to and including removal, for violation of applicable confidentiality and security statutes, regulations and policies.

I certify that I have completed the training outlined above and am committed to safeguarding personal information about veterans and their families, and VA employees and applicants.

Print your name

Signature

Position Title

Date

Acknowledgement of Training

By signing below, I acknowledge that I have read and understand the training handbook, Core Orientation for Non-Employees: Trainees, Students, Without Compensation (WOC), and Contract Employees.

Print Your Name: _____

Student: _____ Trainee: _____ WOC: _____

Contract: _____ Locum Tenum: _____ Other: _____

Signature of Individual Completing the Training

Date

Sign and Return this form to SAVAHCS Education Service (7-14A), Building 59, Room 116.

This record may be included in your personnel/training file.

Core Orientation Booklet for Non-Employees Evaluation

Your anonymous responses to the following questions are appreciated in helping to improve this training booklet. Please answer by filling in the number on this form that tells how you feel about each statement:

Excellent = 5

Very Good = 4

Good = 3

Fair = 2

Poor = 1

_____ How would you evaluate the overall booklet?

_____ How would you evaluate the *course content* (e.g. topics, materials, organization)?

_____ How would you rate the usability of the training booklet?

Please respond yes or no to the following question:

_____ Would you recommend this training booklet to others?

If your answer is no, please comment:

Thank you for completing this evaluation.

Please return this page to the SAVAHCS Education Office, Bldg. 59, Room 116, or mail stop 7-14A.