Welcome to The Baptist Health System
Our BHS Mission

“We help people achieve *health for life* through *compassionate service inspired by faith*”

Our BHS Values

**COMPASSION**
We treat everyone with respect and dignity, caring for others, valuing the ideas and perspectives each individual holds.

**SAFETY**
We put safety at the heart of everything we do, working to create a safe environment for all who work here, our patients and their families.

**EXCELLENCE**
We will do the right thing, the right way, every time.

**ACCOUNTABILITY**
We take full ownership of our actions and their outcomes, living our values with openness, integrity and trustworthiness.

**INNOVATION**
We will embrace new ideas and thinking to improve what we do.

**FAITH**
We honor our BHS heritage of faith, trusting that God is working through us as we serve together for the sake of a better community and world.
Our Commitment

QUALITY
I WILL provide care to each individual that is based on evidence, science and the best information available at that time.

SAFETY
I WILL make my care environment a safe place that seeks to protect patients from preventable harm.

OUTCOMES
I WILL provide care that seeks to achieve the best possible health outcomes in partnership with patients and their families.

SERVICE
I WILL respect every individual with whom I interact and show dignity and compassion to those who seek my assistance. Through my actions, I will champion a culture of service.
The Joint Commission

- All BHS hospitals are accredited by The Joint Commission (TJC) reflecting a commitment to quality and performance standards nationally.

- Accreditation by TJC is recognized nationwide as a symbol of quality that reflects a commitment to meeting certain performance standards.

- Our facilities are regularly surveyed and inspected by The Joint Commission (TJC). Baptist Health System facilities are accredited by TJC, meaning we follow The Joint Commission standards as a framework for safe, quality care.
The Joint Commission

• Concerns about safety or quality of care provided in the BHS may be reported to The Joint Commission.

• BHS will take no disciplinary action because an employee, individual or other individual who provides care, treatment, and services reports safety or quality of care concerns to The Joint Commission.

• To report a patient safety event or concern about a healthcare organization, The Joint Commission request that an on-line form is used (http://www.jointcommission.org/report_a_complaint.aspx) or e-mail patientssafetyreport@jointcommission.org.
Stroke Recognition

The signs/symptoms of a stroke can be recognized by anyone!

**Face** = Sudden drooping to one side of the face. Ask person to smile. Does their face look uneven?

**Arm** = Sudden numbness, clumsiness, or weakness of ONE arm or leg. Ask person to raise both arms.

**Speech** = Sudden difficulty speaking or understanding language; slurred speech. Ask person to repeat a simple sentence.

**Time** = If you observe any of these signs, immediately get help! Inpatient call (55555) Rapid Response Team (RRT), Visitor/Other – encourage and assist person to ED.
Recognize Early Heart Attack

Immediately Respond...

• Out of Hospital: call 911 for pain lasting more than 5 minutes (or goes away and comes back)

• In Hospital: - seek help - call 55555 to activate Rapid Response Team
Patient’s Rights

• Every patient who is receiving care, treatment or services in the BHS has rights.

• These rights can be exercised on the patient’s behalf by the legal representative or surrogate decision maker, next available family member, parent or guardian if the patient lacks decision-making capacity, is legally incompetent or is a minor.
Advanced Directives

- Documents written in advance of the time when one is unable to make healthcare decisions
- Advance Directives may be changed or revoked at any time
- Types of Advanced Directives:
  - **Living Will**
    - Allows the patient to tell physician their wishes for treatment decisions when they are unable to. Includes withdrawing, withholding or providing life sustaining treatments.
  - **Medical Power of Attorney**
    - Designates a person to make healthcare decision on the patient’s behalf when they are unable to.
  - **Out of Hospital Do Not Resuscitate**
    - Allows patient to refuse treatments in any setting outside of the hospital, this includes time in the ER prior to admission. Once admitted to hospital a MD must write a DNR order to continue the wishes.
  - **Declaration for Mental Health Treatment**
    - Allows patient to tell MD choices for mental health treatment when you are mentally unable to make treatment. Expires in 3 years.
Concerns and Complaints

- Employees, staff, physicians, patients and the community may contact any of the following with concerns, questions and complaints regarding the health care system
  - **Baptist Health System Privacy Official**
    210-619-8845
  - **Tenet Corporate Compliance (confidential) hotline**
    1-888-895-9945
  - **Texas Department of State Health Services (TDSHS)**
    1-888-973-0022
  - **Texas Board of Medical Examiners**
    1-800-201-9353
  - **The Joint Commission Office of Quality**
    1-800-994-6610

The hospital will not take disciplinary or punitive action because an employee, physician or other individual who provides care, treatment and services reports safety or quality of care concerns to any of the contacts listed above.
Americans with Disabilities Act (ADA)

- A law to ensure people with disabilities have the same rights and opportunities as everyone else.
- The ADA applies to all hospital programs and services. Accommodations include hearing, visual, and physical impairments.
  - Interpretive aids are available in each facility
- Hospitals are required to provide access to people with disabilities including:
  - Patients
  - Family Members
  - Companions
ADA: Service Animals

- ADA recognizes Dogs and Miniature Horses as service animals to do work/perform tasks for people with disabilities (includes patient rooms, clinics, cafeterias, exam rooms, education facilities)

- When not obvious what service an animal provides, it is only appropriate to ask:
  1. Is the dog/miniature horse a service animal required because of a disability?
  2. What work or task has the dog/miniature horse been trained to perform?
ADA: Service Animals

- BHS Staff may NOT:
  - Ask about the person’s disability or medical documentation
  - Require a special ID card or training documentation for the dog/miniature horse
  - Ask that the dog/miniature horse perform the work or task

Contact ADA Rep for assistance (210) 297-8264
RM-PR-13 Service Animals – Americans with Disabilities Act (ADA).
Interpretive Services

- Effective patient-provider communication is necessary for patient safety
- Friends, family and/or companions are NOT appropriate for any form of medical interpretation
- Clinical Licensed bilingual staff may be used for interpretation needs in the daily operations, if the clinician is comfortable with the interpretation and it is accepted by the patient.
- **Non English speaking**
  - CyraCom –ClearLink –blue dual handset telephone
  - Onsight language Medical interpretation support- Worldwide Languages & Communications

- **Other interpretation services**
  - Telecommunication devices
  - American Sign Language interpreters
  - Video remote access interpretation
  - Amplified phones and telephone typewriter
  - Certified deaf-blind tactile interpreters
Cultural Competence

- **Recognize** cultural diversity, **integrate** cultural knowledge, and **act** in a culturally appropriate manner
  - Federally mandated
  - Enhances continuity of care and compliance with treatment
  - Requires an awareness of your own feelings and beliefs
Cultural Competence

• Knowledge about cultures and cultural beliefs, including recognition of your own cultural beliefs, is necessary to provide the highest level of care and safety to our patients.

• It is important for us to understand that our encounters with each other, patients, and patients’ families are affected by our own culture and beliefs, the culture and beliefs of those we interact with, and the setting in which the encounter takes place.
Cultural Competence

- Our care is incomplete if we fail to treat patients in a way that is understandable and comfortable to them.

- Recognizing cultural diversity, integrating cultural knowledge, and acting in a culturally appropriate manner assures that we will avoid *ethnocentrism*, which is the belief that our own cultural norms are superior, and be able to interact holistically in meeting the needs of others.
Safety Management Plan...

• To provide an environment that is safe, effective, and functional for everyone

• To assess and minimize risk

• To develop, coordinate, manage, and evaluate safety activities within BHS
Safety: It is EVERYONE’S Responsibility

What Is Your Role? See It, Say It, Fix It

Stop the Line

- Report threats/unsafe conditions to Security
- Call Security (5-5-5-5-5-5) any time you feel unsafe or uncomfortable
- Know your facility Safety Officer
- Know department’s emergency plan
Impaired Individual – See It, Say It, Fix It

- **Impaired Individual**- one who is unable to perform the clinical privileges that have been granted with reasonable skill and safety to patients or perform other duties according to their role, including licensed independent practitioners, physicians and staff.
  - Impairment may be due to
    - physical, mental, emotional disorders
    - Excessive use or abuse of drugs, alcohol or other chemicals

- Any employee, staff, licensed care provider or physician should report suspected impairment:
  - Contact your Supervisor
  - Submit occurrence report

MS-01 effective 4/09
**MIDAS**

Midas: a computer program to collect incident reports of unexpected outcomes, events, or near misses including employee injuries (alternative: call 77777)

**Injuries:**

- Report injury to supervisor *immediately*
- Complete Midas (occurrence) report in the BHS Intranet page
- If immediate treatment needed, go to ED if needed or follow up with Employee Health at your location as soon as possible.
OSHA- Hazards

- Occupational Safety and Health Administration
  - government entity for employee safety
- Hazards
  - Biological
  - Chemical
  - Psychological
  - Physical
  - Environmental/mechanical
Infection Prevention - GERMS

- Healthcare associated infection – infection which develops after contact with a healthcare system
- Organisms in the blood and body fluids may easily spread to other humans
- **Everyone is responsible**
  - Maintain vaccinations
  - Report unprotected exposures- needle stick
- If unsure, about a potential exposure or actual exposure- **report and ask questions!**

*Biological*

*HIV- TB- MRSA- HepC –HepB*
Infection Prevention

- Environmental Hygiene—How do we clean equipment?
  - **Purple** top Super Sani-cloths – germicidal wipes
    - Require **2 minutes WET contact time**
    - Do not leave accessible to patients and families
    - Used for cleaning hard surface.
    - NOT for PATIENT SKIN
  
  - **Orange** top Bleach Sani-Cloths
    - Require **4 minutes WET contact time**
Hand Hygiene

- It is the first step toward keeping patients safe
- **Soap and water** - at least 15-30 sec. Must use for visibly soiled hands and/or a patient with known or suspected C-difficile.
- **Alcohol based gels** — apply enough to cover all surfaces and rub together until dry (about 15 sec)

- When coming to or going from work
- Before and after eating
- Before and after entering a patient’s room
- After coughing or sneezing
- After using the restroom
- After removing gloves
- After any contact with patient equipment (ex. IV pumps, bed rails, etc.)

When posted, follow infection precautions sign on doors
Personal Protective Equipment (PPE)

- Wear appropriate PPE as dictated by the type of infectious organism(s) you may encounter.

- Be aware of signage:
  - Gloves
  - Protective clothing
  - Goggles
  - Face Shields
  - Respiratory protection (masks and respirators)

- Please don’t hesitate to ask if you have questions!
Chemical
Toxic or Irritating Materials

- Be sure to properly label containers
- Know the chemical used in your department
- Pay attention to warning signs
- If moving a chemical from an original container, labeled new container with:
  - Product name,
  - Hazard warning
  - Name/address of the manufacturer

Detergents- Solvents-Disinfectants.
Safety Data Sheets “SDS”

In the event of a spill or other hazardous situation involving that chemical, “SDS” (Safety Data Sheet) information can be easily located

- Consistent 16-section format with pictograms
- Quick reference to information on chemicals, their dangers, safe handling, and disposal
- Procedures for handling or working with that substance in a safe manner
- Available from Online link
Radioactive Hazards

If your role requires that you be around radioactive materials or equipment, minimize your exposure by using

- **Time** Limit the amount of time you are exposed to radiation.
- **Distance** Put as much distance as possible between you and the radiation source.
- **Shielding** Use shields or protective devices.

Follow CAUTION Signs-
- on containers
- on doors

Do not touch and If unsure, stop and ask!
Electrical Safety

We are **ALL** responsible to ensure electrical devices are safe for use:

- Outside equipment inspected by Maintenance before being put into use
- Remove and report electrical hazards
  - Frayed cords
  - Overloaded circuits
  - Keep floors dry
- Broken equipment reported to Maintenance, tagged, removed from service
- Report safety concerns to your Safety Officer
Medical Gases

• Note the cylinder colors of the compressed gases.
  • Secured at all times in designated racks or approved holders
  • Stored in assigned location
    • Full and Empty tanks **MUST** be stored in separate labeled carts
    • Never place an empty or partially full oxygen tank in a “full” rack
    • No more than 12 stored “E” oxygen cylinders per smoke compartment

All medical gas cylinders that do not come with a pressure gauge showing volume will be marked with a tag showing status (Full, Empty, In Use).
Life Safety Code (LSC)

- A set of standards that specify construction and operational conditions to minimize fire hazards and provide a system of safety in case of fire
  - Exit routes clearly lit and not blocked with equipment
  - Evacuation routes posted and visible
  - Fire drills at least quarterly
  - Directions for alternate routes during construction
Environmental and Mechanical Safety

B.A.C.K. Safety

Did you know....

• Ergonomics- designing work to fit the natural movements of the human body
• The average weight of a hospitalized patient has been estimated to be 200 lbs.
• The cumulative weight lifted by a nurse in one typical 8 hour shift can add up to 1.8 tons!

Before any patient handling, watch your ‘B.A.C.K.’

• Be aware of good body mechanics- use good posture, use lifting equipment, keep tools close to you- do not reach
• Assess the area, the patients, and the needs
• Communicate your needs, ask for help, use lifting equipment
• Know how to use equipment and use it
Slips, Trips & Falls - employees

- **Slips** - loss of friction
- **Trips** - loss of footing
- **Falls**
  - Appropriate lighting
  - Slip resistance shoes
  - Safety signs for slip hazards - wet floors
Psychological

Work Place Violence

- Recognized, respond and report harassment, aggressive behavior and warning signs
  - Tension-listen, acknowledge frustration
  - Disruptiveness-set clear limits
  - Loss of control-remove yourself
  - **Code Green**- if it escalates
Emergency Codes

- Dial **5-5-5-5-5** if in hospital for any emergency in the physical building (for patients, employees, visitors)
- **9-1-1** outside hospital
- Identify yourself, your location, and type of code
  
Blue: Cardiopulmonary Arrest
Code Gray: Disaster
Code Black: Bomb Threat
Code Pink: Infant / Pediatric Abduction
Code Purple: Missing Adult Patient
Code Orange: Hazardous Chemical Exposure
Code Red: Fire
Code Green: Disturbance/Combative Person
Code White: Active Shooter

“Rapid Response Team” – for any concerns about a Patient’s physical well-being
Code Blue

- Cardiopulmonary Arrest
  - Know your role
  - Be familiar with equipment
  - Code carts are standardized throughout the system
  - Begin CPR immediately if indicated
Code Gray

- Disaster
  (Internal, External, or Standby)
  - Follow directions of your supervisor
  - Initiate callback roster
  - Report to labor pool if not essential to patient care

Emergency Incident Plan
A Command Center is established at each hospital to:
- Communicate with the city-wide command
- Coordinate facility response
- Delegate assignments to the Personnel Pool
- Communicate with ED medical officer or designee
During a Disaster

- During a disaster - the Disaster Preparedness Plan is implemented
- Possible system failures - utilities: phones, water, gas, sewer, medical gas/vacuum, electricity, elevators, and computer systems
  - During emergency power, we have limited lighting and power to RED outlets only
  - Know the location of medical gas shut-off valves in your department

Who can tell you to shut off medical gases during an emergency?
The senior clinical person having knowledge of the emergency and the effect it will have on the patients may order the medical gases to be shut off.
Code Black

- Bomb Threat
- Keep caller on phone
- Use the yellow Threat Procedure Checklist (near each phone)
- Be prepared to assist search for suspicious devices or packages
- Keep Calm
Rapidly locate wandering/missing patients who have departed their floor/unit without permission/communication. This is not a patient that has left “AMA”.

- All exit points monitored by staff
- Entrance only allowed through the ED
- Persons not fitting description are allowed to leave at the discretion of the door monitor.
- All personnel shall await overhead page or radio advising “All Clear”.

Code Pink

Infant/Child Abduction

Code Purple

Missing Adult
Code Orange

- Hazardous Chemical Spill/Exposure
- Used to notify personnel of patient(s) entering hospital following exposure
  - Decon/HazMat team responds accordingly

- **Hazardous Materials:** Any item or agent biological, chemical, physical) which has the potential to cause harm
  - Use proper container labeling
  - Warning signs
  - If unsure, ask questions!
Code Yellow

For immediate response to patient falls
• 5-5555 activates Code Yellow Response Team
• Provides immediate assessment/intervention of patient
• Identifies factors leading to fall
• Implements actions to prevent fall recurrence
Code Red

Fire
- Rescue
- Alert / Alarm
- Confine / Contain
- Extinguish
  - Pull the pin on the fire extinguisher
  - Aim at the base of the fire
  - Squeeze the handle
  - Sweep the nozzle side-to-side at base of fire
Know the department’s fire plan
  • Emergency exits
  • Fire extinguisher
  • Fire alarm pull station
  • Fire doors and partitions

Keep corridors free of equipment
  • Keep workstations uncluttered
  • Minimum 18” between stored items and overhead sprinkler heads
  • Staff owned cooking equipment, fans, other electrical equipment are not permitted.
Code Green

Disturbance/Combative Person

- Be aware of changes in normal behavior
- Position yourself for exit
- Never turn your back or allow anyone behind you
- Call Security (5-5555) if threatened, unsafe, uncomfortable
- Call before a situation gets out of hand
Active Shooter

- **DO NOT RESPOND TO SHOOTER LOCATION**

- Provide as much information as possible (location, shooter description, last direction traveled, number of victims)

- Go to locked or barricaded room, turn off lights, close blinds/windows/doors

- Stay out of sight and adequately shielded by block walls, thick desks, etc.
Performance Improvement (PI)

- Best-practice processes aimed at adherence to national standards that have been shown to be “best practice” (ex. core measures)
  - This is to improve patient outcomes

- Know the PI projects and how you impact the results
Service Recovery

Think “CARE”

• **C**onnect with the patient
• **A**pologize for the situation, not the act
• **R**epair (According to your scope: correct, get help, ensure there is follow up)
• **E**xceed expectations

It’s important to address issue before the customer leaves the hospital