RWJBarnabas HEALTH

Annual Safety, Quality, Experience & HRO Education

2023

Topics You'll Learn About in the 2023 Annual Education

For All RWJBH Team Members

1. **RWJBH 2023 Safety, Quality & Experience Goals**
2. **Our Journey Towards High Reliability: Safety Together**
3. **Learning and Improving**
   - Your role in Performance Improvement
   - Reporting of Events
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   - Other Opportunities for Reporting Unresolved Quality or Safety Issues
4. **Human Connection: Patient Experience**
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   - Language Services
   - Americans with Disabilities Act (ADA)
5. **Protect Together: Workplace Safety**
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6. **Common Healthcare Diseases**
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7. **Keeping Ourselves and Our Patients Safe: Infection Prevention**
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   - Transmission Based Precautions
   - TB & Influenza
   - Bloodborne Pathogens Exposure
8. **Understanding Our Community: Social Determinants of Health**
9. **Emergency Management**
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   - Plain Language Alerts
10. **Promoting an Environment of Care**
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    - Fire Safety Management
    - Hazardous Materials and Waste Management
    - Utility Systems Management
    - Medical Equipment Management
    - Security Management

Additional for Clinical Staff Only

1. Ethics of Care
2. EMTALA
3. Pain Recognition
4. Opioid Administration Safety
5. Antimicrobial Stewardship
6. Downtime Procedures
7. Restraints & Seclusion

8. Sepsis Identification & Treatment
9. Safe Patient Handling
10. Growth & Development
11. Advance Directives
12. End of Life: Palliative Care vs Hospice
13. Organ Donation/The Sharing Network
14. National Patient Safety Goals 2023

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RWJBH 2023-2024 Safety, Quality & Experience Goals

Improve Patient Experience	Prevent Harm and Complications	Prevent Readmissions	Improve Survival Rate	Reputation
• Communicate with patients, keeping them informed and updated • Responding to patient needs in a timely manner • Treating patients with courtesy and respect	• Catheter Associated Urinary Tract Infections (CAUTI) • Central Line Associated Blood Stream Infections (CLABSI) • MDRO's/C. difficile • Hospital Acquired Pressure Injuries (HAPI) • Surgical Site Infections (SSI) • Ventilator Associated Pneumonia (VAP)	• Give patients the best opportunity to stay healthy in their place of chosen comfort	• Provide patients with safe and evidence-based care for best health outcomes	• US News & World Report • CMS Stars • Leapfrog Consumer Safety Grade

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Our Journey Towards High Reliability: Safety Together

What do I need to know?	• The RWJBH journey to high reliability started in 2018. This journey affects how we think, act, make decisions, respond to mistakes, learn, improve and ultimately, provide the best care and work environment! High Reliability means "getting it right, every time" or "performance as intended, consistently over time."
Why do I need to know this?	• Our commitment to high reliability and zero harm aims to reduce preventable harm, injuries (to you and our patients), and frustrations. • Working in a high reliability culture gives you the opportunity to bring your best self to work, feel safe to contribute to learning and improving and get recognized for jobs well done!
What's my role?	• High Reliability happens when we commit to, and work, as high-performing individuals and teams. • **Speak up** - When you have a concern! Escalate your concerns using **ARCC** (**A**sk a question, **R**equest a change, State your Safety **C**oncern, use your **C**hain of Command). • **Accurately Communicate** – Use clarifications, repeat-backs, **SBARs** (**S**ituation-**B**ackground-**A**ssessment-**R**ecommendation) and structured hand offs to prevent miscommunication. • **Focus on the Task** – Take a deep breath and bring your conscious attention forward to the task at hand. • **Exercise & Accept a Questioning Attitude** – If something doesn't seem right, find a trusted source for answers. When someone comes to you with a question, always make them feel safe to ask. • **Thoughtfully Interact** – Create safe spaces to connect and build relationships so we have trust in a positive environment. Respect and thank each other, always! • **You & Me, Together** – Cross-check each other and help catch mistakes before they happen.
Did you know?	RWJBH has reduced serious preventable harm to patients by over 35% from 2018-2023

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Learning and Improving: Your Role in Performance Improvement

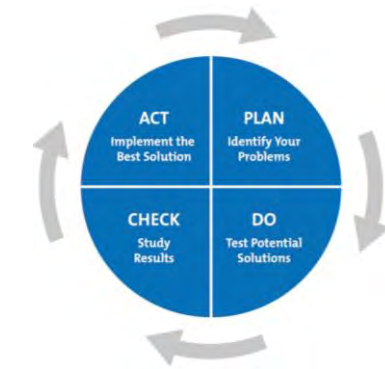|	
What do I need to know?	There is an easy-to-learn methodology for how to improve processes in your department! It's called PDCA **PLAN** – Identify your problem (*get feedback & data*) **DO** – Test potential solutions on a small scale **CHECK** – Study results (*return to "DO" to adjust*) **ACT** - Implement the best solution (*keep checking for improvement!*)
Why do I need to know this?	You have great experience, perspective, ideas and insights as to how processes can change for the better in your department!
What's my role?	When you experience a frustration, waste, or feel forced to "work around" (shortcut), think to yourself "How can I be part of the solution!?" • Put on your huddle board. • Tell your leader (use a tool like SBAR to explain!) • Bring to a shared governance council or other committee • Lead or participate in a Performance Improvement (PI) team
Did you know?	Every year, you have an opportunity for your PI projects to get recognized and celebrated by your organization and the entire system at the Quality Fair & Forum! Reach out to your Quality Director and ask for more info on how you can submit your project! YOU have the power to make change happen!

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Learning and Improving: Reporting of Events & Safety Issues

What do I need to know?	Sometimes things don't go as planned or we catch a mistake. When these "events" occur, we record them so we can learn and improve to prevent future similar situations. At RWJBH, we use **Verge** as the software database for patient events, non-patient events, employee safety events, patient relations (complaints & compliments) and workplace violence events. The appropriate leaders and Risk Management are notified via Verge.
Why do I need to know this?	Every one of us will witness or be a part of an unexpected circumstance, safety event, or near-miss event at some point at work - we all have to know how to report so that we can better prevent the same or similar issues from happening again!
What's my role?	➢ All RWJBH computers have an icon on the desktop called "Verge Safety Reporting" which will bring you to the reporting page. ➢ From there, choose the type of event and report the factual description of the events. ➢ You can also report anonymously if that makes you feel more comfortable. ➢ **Other events such as environmental hazards should be reported to your supervisor and safety management office immediately** RWJBH / VERGE SAFETY REPORTING — Patient Events, Non-Patient Events, Employee Events, Patient Relations, Workplace Violence
Did you know?	➢ In 2022, 42,000 patient safety events were reported in Verge at RWJBH! These events were reviewed and learned from, often resulting in improvements. ➢ More reports are better so we can ensure we are always learning and improving. ➢ We discuss events at huddles to raise risk awareness and learn together! ➢ Your leader and/or Risk Management, Quality & Safety Departments investigate each event.

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Corporate Compliance

- **What do I need to know?**
  - The Compliance Code of Conduct defines the RWJBH expectations of ethical conduct and compliance for all employees, and for those who do business with, or on behalf of, RWJBH. This includes Trustees, Medical Staff members, vendors and volunteers.

- **Why do I need to know this?**
  - To create and sustain a patient-centered culture of excellence;
  - To create the industry standard for quality care and patient satisfaction
  - To maintain high ethical standards and compliance with the law.

- **What's my role?**
  - Know the rules that apply to your job and follow them at all times.
  - Speak up if you become aware of an ethical or compliance issue.
  - Act with honesty and integrity in everything you do.
  - Abide by the Code of Conduct, as a condition of employment

- **Did you know?**
  - The Compliance Code of Conduct can be found at: https://thebridge.rwjbh.org/Resource.ashx?sn=codeofconduct
  - Compliance Policies and Procedures can be found at: https://thebridge.rwjbh.org/compliance/compliance-document-library.aspx
  - For more information on the Corporate Compliance Department, see https://thebridge.rwjbh.org/Compliance

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Corporate Compliance: Living the Commitment

What do I need to know?

- The purpose of the Compliance Code of Conduct is to serve as a guide to help you navigate through ethical decisions.

Why do I need to know this?

- The Compliance Department is supported by senior management and the Board of Trustees. The leadership team are well versed in health care laws and regulations and are here to help you.

What's my role?

- When you are confronted with a situation that makes it difficult to proceed down a path of integrity, you must voice your concerns.
- You are here to help the Compliance Department by being our partners at all our hospitals, departments and locations throughout the organization with the goal of helping us to remain ethical and legal at all times. By reporting actual or suspected violations, including of the Medicare or Medicaid Program, you help us to serve our patients and colleagues in the best way possible.

Did you know?

- Violations of the Compliance Code of Conduct may include:
- Antitrust Issues
- Coding and Billing
- Confidentiality
- Conflicts of Interest
- Discrimination
- EMTALA
- Financial Reporting
- Fraud, Waste and Abuse (in a Federal healthcare program such as Medicare or Medicaid)
- Gifts and Business Courtesies
- Improper Payments and/or Referrals
- Patient Relations
- Political Contributions
- Retaliation
- Vendor Relations
- Workplace Safety

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Corporate Compliance: Health Care Fraud, Waste and Abuse Prevent, Detect, Report

What do I need to know?	• You play a role in preventing and detecting fraud, waste and abuse.
Why do I need to know this?	• To protect the integrity of RWJBarnabas Health by reporting suspected behavior.
What's my role?	• Do the right thing! • Speak up if you become aware of a compliance issue. • Report health care fraud, waste or abuse concerns to the Corporate Compliance Department.
Did you know?	• **Fraud** includes obtaining a benefit through intentional misrepresentation or concealment of material facts. Examples of fraud: Knowingly billing for services not furnished, knowingly billing for supplies not provided, falsifying records, or falsifying claims. • **Waste** includes incurring unnecessary costs as a result of deficient management, practices, or controls. Examples of waste: overtreatment (overutilization/overuse); letting supplies expire and then disposing of them. • **Abuse** includes excessively or improperly using government resources. Example of abuse: billing for unnecessary medical services.

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Patient Privacy: Health Insurance Portability & Accountability Act (HIPAA)

What do I need to know?	• The Health Insurance Portability & Accountability Act (HIPAA) is a federal law and includes rules for privacy and data security of protected health information (often referred to as "PHI").
Why do I need to know this?	• HIPAA requires that all employees and volunteers be trained in privacy and security. The consequences for violating HIPAA privacy and security rules are significant for employees and for our organization.
What's my role?	• Report a potential privacy or confidentiality concern or violation to your local Privacy Officer. • Properly store, use, protect and dispose of PHI. • Take reasonable steps to protect confidentiality in communications.
Did you know?	Patient privacy is central to the care you provide to patients at RWJBH. Patients entrust you with their confidential information.

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Corporate Compliance: Our Commitment to Independence

What do I need to know?	• RWJBH does not allow gifts and gratuities to influence the way we treat our patients. • It is important for all employees and affiliates of RWJBarnabas Health to act with integrity and independence in all business dealings with patients, vendors, and third parties.

Why do I need to know this?	• We want you to make decisions that are always in the best interest of your patients. For that reason, we have rules addressing potential conflicts of interest. A conflict of interest is a relationship, something of value, and/or arrangement that could inappropriately influence your work, judgment, or decision making.
	• Examples of a potential conflict of interest:
	   ➢ A financial interest in a vendor with which RWJBarnabas Health does business
	   ➢ Receiving a gift from an entity or individual that could be viewed as trying to influence a decision on behalf of RWJBH
	   ➢ A department manager hiring a family member into the department

What's my role?	• Always disclose potential conflicts of interest and questions regarding other interactions to your supervisor, Human Resources, or the Compliance Department so that such conflicts are appropriately addressed, resolved and/or answered. • You may never accept cash or expensive gifts. • You may never solicit gifts from anyone.
Did you know?	• RWJBH has a zero-tolerance policy regarding retaliation for compliance issues or concerns reported in good faith. When you report an issue in good faith, it means that you are telling the truth as you know it.

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Corporate Compliance: Reporting

What do I need to know?	• RWJBH is committed to operating with honesty and integrity in all aspects of our business.
Why do I need to know this?	• You may come across a circumstance you suspect is a violation of the Compliance Code of Conduct, and you should be prepared for what to do next.

What's my role?	• **Voice your concerns.** If you suspect any violation of the Code of Conduct or instances of discrimination, harassment or a hostile work environment, speak with your supervisor, local Human Resources team, Employee Relations Task Force or Compliance Officer.
	• If you prefer, report your issue through the RWJBH Compliance and Discrimination Helpline or through the Helpline online reporting site.
	  ➢ **Call the Compliance and Discrimination Helpline**: 800-780-1140
	  ➢ **Report Online**: rwjbarnabashealth.ethicspoint.com
	• **If you are approached by an investigator:**
	  ➢ Contact the CORPORATE LEGAL DEPARTMENT.
	  ➢ Do not lie or make false or misleading statements.
	  ➢ Please note that employees are not authorized, at any time, to speak on behalf of the RWJBH, or represent that they have the authority to do so, unless authorized.

Did you know?	• The Compliance and Discrimination Helpline and online reporting site are anonymous and confidential avenues for you to raise concerns. They are available 24/7.

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Other Opportunities for Reporting Unresolved Quality or Safety Issues

Patients or team members may contact the following resources:

New Jersey Department of Health Complaint Hotline

Phone: 800-792-9770

DNV (Jersey City Medical Center only)

Phone: 866-496-9647

The Joint Commission

Online:
https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/

Mail:
Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

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Human Connection: Patient Experience & Patient Rights

What do I need to know?	• At RWJBH, we strive to provide a positive patient experience, always. Our patients are experiencing adversity due to illness, injury or disease and we need to provide the safest and highest quality care. We also need to connect, interact and meet the needs of patients and families as unique individuals and units. • The NJ Patient Bill of Rights is posted in all patient rooms, admitting and registration areas and can be found here: https://www.njconsumeraffairs.gov/bme/pages/patient-bill-of-rights.aspx
Why do I need to know this?	When we treat our patients and families with kindness, respect, give them information about their care, involve them in shared decision making and connect with them as unique individuals, they feel safer and well cared for.
What's my role?	• Thoughtfully interact – Acknowledge, Introduce, Duration, Explanation, Thanks (AIDET). • Show compassion – sit, listen, and respond with empathy. • Be present in the moment – reduce distractions of phone or computer. • Show your willingness to help - "Is there anything else I can do for you? I have the time." • In case we don't meet the expectations of a patient or family member – listen, resolve, and report. • Respect the patient's wishes for preferred names and pronouns. • Use interpretive services for patients and families with limited English proficiency (MARTTI device).
Did you know?	Research shows that when we show compassion, patients feel less pain, have improved recovery, and overall have better health outcomes. We, as the givers of compassion, also benefit – less burnout, higher work satisfaction and better quality of life. (Resources: Trecziak & Mazzarelli, 2019, Compassionomics; Trecziak & Mazzarelli, 2022, Wonder Drug)

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Limited English Proficiency – Language Services

What do I need to know?	• RWJBH has language services available for the safety of all patients requiring interpretation or translation services if English is not their preferred language.
Why do I need to know this?	• Patients have a fundamental right to effective communication related to healthcare needs • One in three New Jersey residents speaks a language other than English at home!
What's my role?	**M**y **A**ccessible **R**eal **T**ime **T**rusted **I**nterpreter • Utilize the MARTTI iPads every time a patient needs interpretation. • MARTTI iPads are visually identified with the orange casing and can be found throughout our facilities for instant access to interpretation services, 24/7. • If the MARTTI iPad is not available, utilize MARTTI services by phone or utilize the Language Line. • If you need assistance with Language Services, please contact your local Patient Experience/Quality Department to learn more. • ***There are multiple back up plans if a MARTTI iPad is not functioning/downtime, including a MARTTI telephone number (specific to site) and LanguageLine (access code per site required). Contact Patient Experience for more information if needed.***
Did you know?	• The Limited English Population (LEP) population is 40% more likely to suffer harm in healthcare • Greater than 25% of the LEP population is likely to return to the hospital within 30 days if no language interpretation services are provided

Americans with Disabilities Act (ADA)

What do I need to know?	The Americans with Disabilities Act (ADA) seeks to eliminate discrimination against individuals with disabilities; to make American society more accessible to those with a disability. The ADA requires access and equal treatment for all; service cannot be denied due to disability.
Why do I need to know this?	Our team members, patients and visitors may have an impairment such as hearing, vision or mobility challenges. It is our duty to ensure RWJBH is accessible and accommodating to make them feel safe and comfortable.

What's my role?

Assistance for Hearing Impairments
- MARTTI devices– Sign-Language interpreter available 24/7 via iPad
- SuperEar or other sound amplifier device available via patient experience department for hard-of-hearing
- Certified Sign-Language Interpreter – Face to Face
  - ➢ Language Services Associates: (866) 827-7028; Account Code: 50514003
  - ➢ 360 Translations International: (856) 356-2922
  - ➢ LanguageLine: (888) 225-6056; press 1 to schedule; enter your 6 digit client ID access code (see previous slide for codes)

Assistance for Vision Impairments
- Orient to surroundings
- Read information aloud
- Provide large print material
- Provide magnifiers
- Signs in Braille
- AIRA Explorer - visual interpreting app for iPhone & Android

Assistance for Mobility Impairments
- Designated parking; ramp access
- Accessible bathrooms
- Assistive devices (e.g. lifts)

Did you know?

Studies show that deaf patients, compared to hearing patients, make fewer visits to their primary care provider and make more trips to the emergency room, which is likely due to the lack of communication access.

https://www.bu.edu/sph/news/articles/2018/healthcare-language-barriers-affect-deaf-people-too/#:~:text=Studies%20show%20that%20deaf%20patients,the%20lack%20of%20communication%20access

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Protect Together: Workplace Violence Prevention

What do I need to know?	**Recognize signs of workplace violence (WPV):** • Unusual or aggressive behavior from colleagues, patients or outsiders. • Threats, verbal abuse and hate speech, or intimidation. • Suspicious individuals or unattended bags. • Familiarize yourself with company policies on workplace violence.
Why do I need to know this?	**Ensure a safe work environment:** • Protect your physical and emotional well-being. • Safeguard the safety of your coworkers. • Comply with company policies and legal requirements. • Mitigate risks and potential liability.

What's my role?	• Familiarize yourself with company policies on non-violence in the workplace.
	• Sign up for de-escalation training available on your hospital's learning platform.
	• Report suspicious behavior or threats.
	• Trust your instincts and report concerns promptly.
	• Provide accurate information to security or HR.
	• Follow emergency procedures:
	   ➤ Know evacuation routes and assembly points.
	   ➤ Understand Run-Hide-Fight and how to protect yourself during an armed assailant event.
	   ➤ Familiarize yourself with available services and contacts such as security contact info located on the bridge and E.A.P. Program.

Did you know?	• The Health Care Heroes Violence Prevention Act, also known as Bill A-3199, was signed into law by Governor Murphy on May 8, 2023. The act makes it a crime to intentionally threaten health care professionals or volunteers while they are on duty. It also sets additional penalties for people who commit acts of violence against health care professionals. • The act makes it a disorderly persons offense to knowingly and willfully make, deliver, or send a threat against covered health care workers. The offense is punishable by up to six months in prison and/or a fine of up to $1,000.

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Protect Together: Sexual Harassment Prevention

What do I need to know?	**Harassment can occur in various forms, not just explicit behavior:** • Understanding that sexual harassment can take many forms, including subtle behaviors, is essential for recognizing and addressing it effectively. **Recognize when it's unlawful:** • When it affects employment decisions or creates a hostile environment. • Regardless of whether it's directed at you personally.	**Sexual harassment types:** ➢ Verbal: Inappropriate comments, requests, or jokes. ➢ Visual: Display of offensive material. ➢ Physical: Unwanted touching or advances.
Why do I need to know this?	**Foster a respectful, harassment-free workplace:** • Promote a culture of respect and equality. • Create an environment where everyone can work comfortably. **Ensure compliance with laws and policies**	**Protect your rights and those of others:** ➢ Understand your rights under anti-harassment laws. ➢ Ensure you're treated fairly at work.
What's my role?	**Speak up if you witness or experience harassment:** • Report incidents promptly to your supervisor, HR, or designated reporting channels. **Report incidents to supervisors or HR:** • Provide details to facilitate investigations. • Maintain confidentiality to the extent possible. **Support a harassment-free environment:** • Encourage respectful behavior among coworkers. • Be an ally to those who may be targets of harassment.	
Did you know?	1 in 3 women and 1 in 5 men have experienced sexual harassment at work (EEOC). These statistics underscore the prevalence of sexual harassment and emphasize the need for awareness and prevention efforts in workplaces.	

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Protect Together: Victim Abuse

|	
What do I need to know?	There are many types of victim abuse including child abuse (physical and emotional), child sexual abuse, elder abuse and neglect, domestic violence, sexual assault and human trafficking
Why do I need to know this?	Unfortunately, a time may come when you suspect someone is being mistreated. Be prepared and know what to look for and how to respond.
What's my role?	**How to identify abuse or neglect:** ➢ **History**: injury is inconsistent with account (ex. poor health; multiple injuries in various stages of healing) and/or multiple visits to ED seeking care ➢ **Neglect**: basic needs are ignored (ex. food, shelter, health care) ➢ **Sexual Abuse**: evidence of bruising, bleeding (ex. difficulty walking, painful genitals) ➢ **Common Injuries**: bruises, head injuries, multiple injuries, odd burns, etc. usually seen in areas typically covered by clothing **If you suspect abuse, report to a supervisor or social worker. Further reporting is required:** ➢ Child physical, emotional or sexual abuse: mandatory reporting to DCP&P (previously DYFS) ➢ Elder abuse and neglect Mandatory Reporting: mandatory reporting to Adult Protective Services (APS) ➢ Domestic violence and sexual assault: at victim's request to police or domestic violence agency unless a firearm or other weapon is used in assault, must be reported to police.
Did you know?	Employees are protected by law for reports made in good faith

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Common Healthcare Diseases: Cardiovascular Disease

Heart attack and Stroke are two common cardiovascular (heart-related) diseases with common signs and symptoms.

What do I need to know?
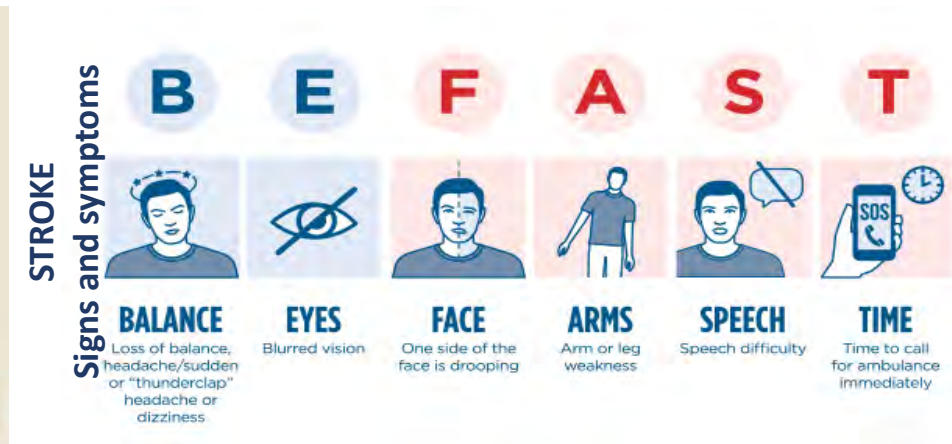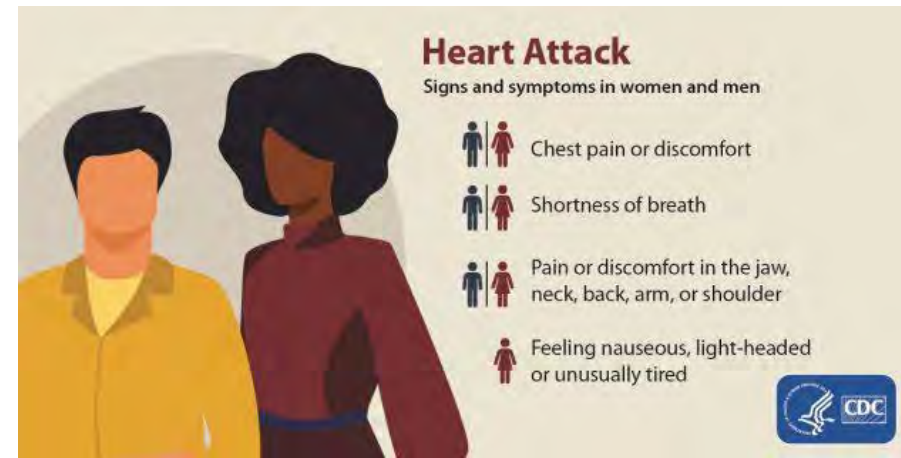
Why do I need to know this?

By knowing the warning signs, you can get help for yourself or others quickly!

What's my role?

- ➤ Know the symptoms of heart attack and stroke so that you can share with your friends and family, know for yourself, and help a patient, visitor or family member if they are experiencing warning signs!
- ➤ If you recognize any of these signs or symptoms while at work, notify a nurse or call an emergency medical alert.
- ➤ If you recognize any of these signs or symptoms while outside of work, call 9-1-1 immediately!
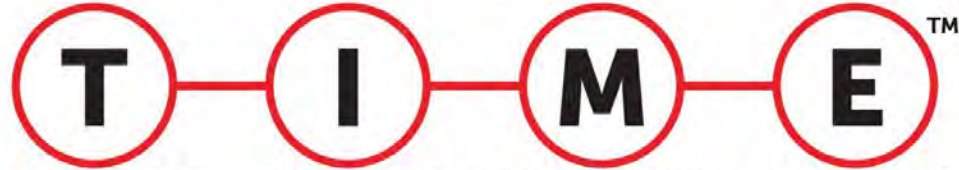
Did you know?

- • If stroke is detected or diagnosed early, the loss of death and severe damage to brain can be prevented in 85% cases! (Lee M., Ryu J., Kim D. 2020)
- • Early heart attack recognition and care saves lives and protects the quality of life -
   More then 85% of heart damage occurs within the first two hours of a heart attack.

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Common Healthcare Diseases: Sepsis

Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death.

What do I need to know?

When it comes to sepsis, remember *IT'S ABOUT TIME*™. Watch for:

T **I** **M** **E**™

TEMPERATURE higher or lower than normal

INFECTION may have signs and symptoms of an infection

MENTAL DECLINE confused, sleepy, difficult to rouse

EXTREMELY ILL severe pain, discomfort, shortness of breath

If you experience a combination of these symptoms: seek urgent medical care, call 911, or go to the hospital with an advocate. Ask: "Could it be sepsis?"

©2020 Sepsis Alliance   sepsis.org   SEPSIS ALLIANCE

Why do I need to know this? By knowing what to watch for, you can get help for yourself or others quickly!

What's my role?
- If you suspect a patient may have sepsis such as a change in their condition: Alert the nurse or call for a Rapid Response Team (RRT) member to initiate care quickly
- If you suspect sepsis outside of the hospital: Call 9-1-1 immediately

Did you know? 350,000 adults each year in the United States die from sepsis (sepsis.org)

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Keeping Ourselves and Our Patients Safe: Hand Hygiene

What do I need to know?

1. The 5 Moments of Hand Hygiene →
2. Alcohol based sanitizer is a good method for cleaning hands in most clinical situations. Rub all hand surfaces until dry.
3. Wash hands using friction with soap and water for at least 15-20 seconds: before eating, after using the restroom, if hands are visibly soiled or contaminated, or when a patient is on enteric contact precautions (i.e. C. difficile, norovirus, rotavirus).
4. Nails must be natural and kept short
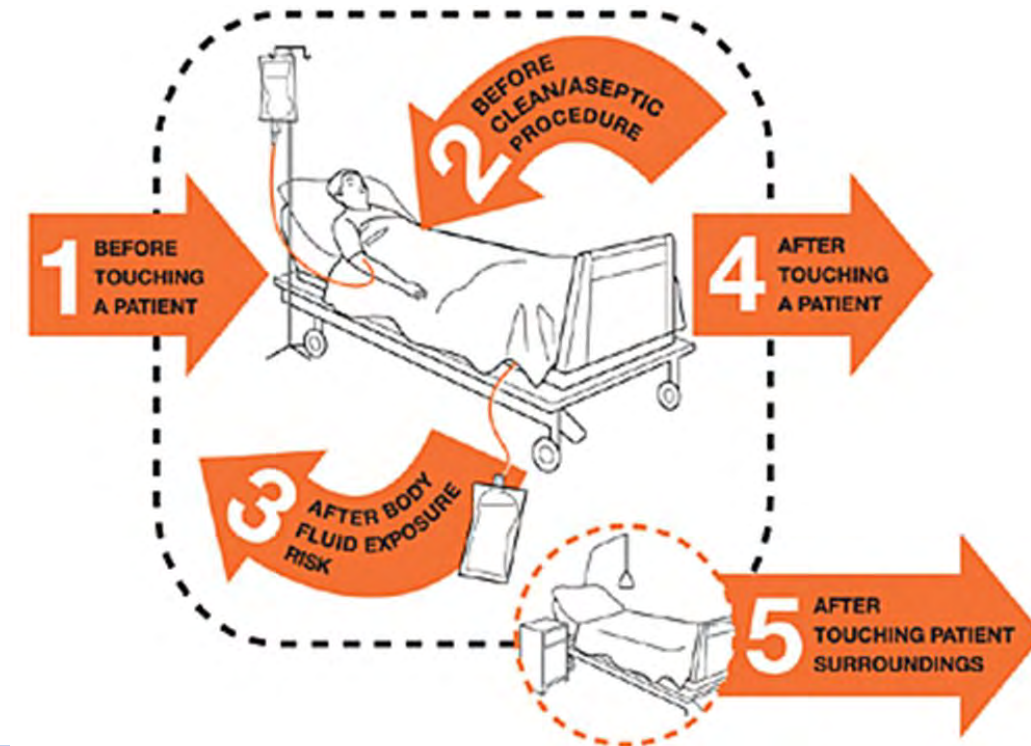
Why do I need to know this?

CDC reports that proper hand hygiene reduces transmission of antimicrobial resistant organisms and reduces overall infection rates

What's my role?

Healthcare related infections may be decreased by good hand hygiene and environmental cleaning practices. Everyone in healthcare plays a role in prevention.
Visit https://www.cdc.gov/handhygiene/index.html for more information on hand hygiene

Did you know?

According to the CDC, on any given day, 1 out of every 31 patients has at least 1 healthcare associated infection.

Keeping Ourselves and Our Patients Safe: Infection Prevention with Transmission Based Precautions

What do I need to know?	• When a patient has an infection that is transmissible, they will be placed on transmission-based precautions.
Why do I need to know this?	• Different bacteria, virus, parasites or fungus require different types of precautions.
What's my role?	• Know the transmission based precautions and PPE required (*see next slide*) • Follow infection prevention and transmission based precautions. • Help visitors and family members to follow the precautions when they are visiting.
Did you know?	• You can visit https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html to find out more about transmission based precautions in the hospital!

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Isolation	Reason	Common Infection	PPE Required
Contact Precautions	Known or suspected infections that spread through direct/indirect contact (hands, surfaces)	MRSA, VRE, scabies and multiple drug resistant organisms (MDROs)	➢ Disposable gown and gloves
Droplet Precautions	Known or suspected infections spread by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking	Meningitis, influenza, mumps, pertussis	➢ Surgical mask upon entry ➢ Eye protection if you anticipate contact with infectious secretions
Airborne Precautions	Known or suspected infections that spread through the airborne route	Measles, pulmonary tuberculosis	➢ Negative pressure room ➢ N95 or CAPR/PAPR
Special Droplet/Contact Precautions	Known or suspected infections that spread by small respiratory droplets that are generated by a patient who is talking ,sneezing or talking and by direct/indirect contact (hands, surfaces)	COVID-19	➢ Negative pressure room if aerosol generated procedures are being performed
Enteric Contact Precautions	Known or suspected infections that spread through direct/indirect contact (hands, surfaces) and bacterial spores are large	C. difficile, norovirus, rotavirus, and diarrhea of unknown origin	➢ Disposable gown and gloves ➢ Handwashing with soap and water only (no alcohol-based hand rub)

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Keeping Ourselves and Our Patients Safe: Tuberculosis

What do I need to know?	• Tuberculosis (TB) is caused by a bacterium called Mycobacterium tuberculosis. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal.
Why do I need to know this?	• You may encounter a patient with active or latent TB in the hospital. • TB bacteria spread through the air from one person to another. When a person with TB disease of the lungs or throat coughs, speaks, or sings, TB bacteria can get into the air. People nearby may breathe in these bacteria and become infected.
What's my role?	• Visit https://www.cdc.gov/tb/default.htm to learn about TB Basics, Latent TB infections, Treatment, Guidelines, Testing & Diagnosis, and Drug-Resistant TB. • Visit https://www.cdc.gov/tb/topic/infectioncontrol/default.htm to learn more about TB in the Health care setting. • Adhere to airborne precautions for patients with suspected or confirmed TB.
Did you know?	• TB case counts and incidence rates have steadily decreased in the United States since 1992. • In 2022, there were 8,300 reported TB cases in the United States (a rate of 2.5 cases per 100,000 persons).

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Keeping Ourselves and Our Patients Safe: Influenza

What do I need to know?

- Flu is a contagious respiratory illness caused by an influenza viruses that can infect the nose, throat, and sometimes the lungs.
- Flu can cause mild to severe illness and at times can lead to death.
- The best way to prevent flu is by getting a flu vaccine each year.

Why do I need to know this?

- You may encounter a patient with influenza in the hospital.
- Most experts believe that flu viruses spread mainly by tiny droplets made when people with flu cough, sneeze, or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose or possibly their eyes.

What's my role?

- Visit https://www.cdc.gov/flu/about/keyfacts.htm to learn more about flu symptom, flu season, how flu spreads, the burden of flu, preventing flu and the importance of flu vaccines.
- Adhere to droplet precautions for patients with suspected or confirmed influenza.

Did you know?

- On average, about 8 percent of the U.S. population gets sick from flu each season

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Keeping Ourselves and Our Patients Safe: Bloodborne Pathogens Exposure

What do I need to know?	We are committed to protecting you against health hazards related to bloodborne pathogens. Three serious blood borne pathogens that healthcare workers are at risk for exposure include: HIV, Hepatitis B and Hepatitis C.
Why do I need to know this?	You have the potential to be at risk of exposure to blood or body fluids so you should know how to protect yourself and what to do! ➢ Wash the exposed area immediately with soap and water. ➢ Flush the exposed mucus membrane with water. ➢ Report the incident immediately to your supervisor or to the shift supervisor, do not wait! ➢ Enter the event/exposure into Verge Employee module. ➢ Get medical attention immediately from either Employee Health/Corporate Care Service or the Emergency Department (If Employee Health is not open). *Note: Employee Health/Corporate Care will provide the required post-exposure evaluation and follow-up.*
What's my role?	➢ Use appropriate PPE every time it's indicated. ➢ Dispose of contaminated sharps in sharps container marked with biohazard symbol. ➢ Place other contaminated wastes in a leak proof biohazard container/bag. ➢ Never reach into trash to retrieve an object. ➢ Keep equipment and work surfaces clean with an approved disinfectant. ➢ Call Environmental Services to report sharps containers that are 3/4 or more full and spills of blood or body fluids.
Did you know?	You can visit https://www.osha.gov/bloodborne-pathogens for more information!

5 WAYS TO PREVENT SHARPS AND NEEDLESTICK INJURIES

1. Plan safe handling and disposal before any procedure.
2. Use safe and effective needle alternatives when available.
3. Activate the device's safety features.
4. Immediately dispose of contaminated needles in OSHA-compliant sharps containers.
5. Complete bloodborne pathogens training.

osha.gov/sharps

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Understanding our Community: Social Determinants of Health & Health Related Social Needs

What do I need to know?

- Social Determinants of Health (SDOH) and Health Related Social Needs (HRSN) – represent the economic, psychological, educational, environmental and social barriers that limit healthy behaviors, access to care and adherence to treatment resulting in poor health outcomes and affecting overall health, well-being, and quality of life.

Why do I need to know this?

- There is evidence that socioeconomic factors such as the lack of access to adequate income, housing , food, transportation and education are fundamental causes of a wide range of health outcomes.

What's my role?

- SDOH/HRSN have a major impact on health outcomes, especially for the most vulnerable populations, and must be considered when providing treatment and care.
- Ask and understand patient's SDOH/HRSN so that they can be referred to needed resources, especially upon discharge.
- Recognize how SDOH/HRSN impact patient's safety and ability to achieve their optimal health outcomes
- Improving health related equity is now a Joint Commission National Patient Safety Goal (NPSG.16.01.01)

Did you know?

- Only 20% of a person's overall good health is due to access to quality health care. The remaining 80% is due to social factors (SDOH/HRSNs) such as education, job status, family support, community safety, income, tobacco and alcohol use, sleep habits, diet & exercise, social connectedness, air/water quality, and housing.

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Emergency Management

What do I need to know?	• An emergency could be any incident that causes loss of infrastructure or creates a patient surge such as a natural disaster, mass casualty incident, terrorist act, or chemical, biological, radiological, nuclear, or explosive hazard. • Emergencies may be caused by either Internal or External events • Emergencies are managed utilizing a standardized Incident Management System
Why do I need to know this?	• Your knowledge of plans and procedures help us to respond quickly and effectively to any emergency
What's my role?	• Complete educational requirements • Know your role in an emergency • Locate your department's Emergency Operations Plan • Follow policies for emergency management • Report deficiencies • Participate in drills and exercises
Did you know?	• RWJBH has a multi-level backup communications plan including emergency and satellite phones, portable and mobile radios and an interoperable communications system that allows connectivity with local, County and state partners.

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Resuscitative Services at RWJBarnabas Health

What do I need to know?

At RWJBarnabas Health, we utilize medical alerts and specialized response teams for medical emergencies and resuscitative emergencies. We use plain language to communicate these emergencies. Anyone can initiate an emergency, no matter their role. A medical alert may be initiated for:

- Cardiac arrest (no heartbeat)
- Respiratory arrest (not breathing)
- Stroke
- Heart attack
- Patient rapid deterioration requiring immediate attention (Rapid Response)

Why do I need to know this?

There are times when a team member, patient, visitor or family member in our organization may experience an emergency requiring resuscitative services and you should know what to do next!

What's my role?

If you experience a coworker, patient, family or visitor medical emergency, call your local internal emergency phone number (differs by site) and give your name and extension. Then state the emergency using this script:

A. Type of Alert (Facility, Security, Medical)
B. Type of Emergency (e.g. Fire, Missing Person, Stroke)
C. Detailed Location of the emergency
D. If needed, specific directions

The operator then announces the alert overhead or via the appropriate communication mechanism

Did you know?

What used to be called a "Code Blue" is now "Medical Alert, Adult Cardiac Arrest"
What used to be called a "Pediatric Code Blue" is now "Medical Alert, Pediatric Medical Emergency"

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RWJBH Uses **PLAIN LANGUAGE** Emergency Alerts at all Sites

Previous Code Utilized	Current Alert Utilized @ RWJBH
Code Atlas (trauma)	Medical Alert - Trauma Alert by Ground - Emergency Department - Directions
Code 10 (non admitted medical emergency)	Medical Alert - Medical Emergency Response Team- Location - Directions
Code 62 (emergency C-section)	Medical Alert - Obstetrical Emergency Response Team - Location - Directions
Code Blue (multiple meanings)	Medical Alert - Adult Cardiac Arrest - Location - Directions
Code Chill	Medical Alert - Hypothermia Response Team - Location - Directions
Code Clear	Medical Alert - All Clear - Location - Directions
Code Fast (stroke)	Medical Alert - Stroke Response Team - Location - Directions
Code Green (Sepsis)	Medical Alert - Sepsis Response Team - Location - Directions
Code Heart	Medical Alert - Cardiac Response Team - Location - Directions
Code MH (Malignant Hyperthermia)	Medical Alert - Malignant Hyperthermia Response Team - Location - Directions
Code MI	Medical Alert - Cardiac Response Team - Location - Directions
Code MTP (Mass Transfusion Protocol)	Medical Alert - Mass Transfusion Protocol - Location - Directions
Code Neuro (stroke)	Medical Alert - Stroke Response Team - Location - Directions
Code OB	Medical Alert - Obstetrical Emergency Response Team - Location - Directions
Code Pink	Medical Alert - Neonatal Resuscitation - Location - Directions
Code Purple	Medical Alert - Medical Emergency Response Team- Location - Directions
Code RRT	Medical Alert - Rapid Response Team - Location - Directions
Code S.M.A.R.T. (sepsis)	Medical Alert - Sepsis Response Team - Location - Directions
Code Sepsis	Medical Alert - Sepsis Response Team - Location - Directions
Code STEMI	Medical Alert - Cardiac Response Team - Location - Directions
Code Stroke	Medical Alert - Adult Stroke Response Team - Location - Directions
Code Stroke Peds	Medical Alert - Stroke Response Team - Location - Directions
Code White	Medical Alert - Pediatric Cardiac Arrest - Location - Directions
Cardiac Alert	Medical Alert - Cardiac Response Team - Location - Directions
Massive Transfusion	Medical Alert - Mass Transfusion Protocol - Location - Directions
Trauma Alert By Air	Medical Alert - Trauma Alert by Air - Emergency Department - Directions
Trauma Alert By Ground	Medical Alert - Trauma Alert by Ground - Emergency Department - Directions
Trauma Code By Air	Medical Alert - Trauma Code by Air - Emergency Department - Directions
Trauma Code By Ground	Medical Alert - Trauma Code by Ground - Emergency Department - Directions

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Environment of Care – Safety Management
Managing YOUR Safety: Slips, Trips & Falls

What do I need to know?	People slip, trip or fall when distracted, or walking faster than is safe. They may lose their balance because they aren't tuned into the task of walking.
Why do I need to know this?	If not corrected and properly addressed, things that contribute to slipping, tripping or falling will continue to have a potential to cause injuries such as sprains, strains, bruises, bumps, fractures, scratches, and cuts.
What's my role?	The following are some key best practices for slip, trip and fall prevention: • Be on alert and use our "safety eyes" to scope out wet and/or slippery floor hazards. • If a spill is identified, immediately place a wet floor warning sign, and contact housekeeping. • Report any hand sanitizer dispensers that do not have drip trays so a work order may be submitted. • Check that any cords or wires are not in the pathway of walkers. • Ensure walk-off mats are at entryways, but also near ice machines or beverage dispensers. • Report any walk-off mat where the edge is not flat on the ground. • All employees should wear slip-resistant footwear. • Prevent entry into areas that are wet. • Ensure that drains are not clogged with debris and the drain cover is properly secured. • Use handrails when walking up and down steps. • **Report all employee injuries to Employee Health/Corporate Care (or Emergency Room during off hours)**
Did you know?	• The average person takes between 3,000 to 5,000 steps a day (often over one million steps a year!) • Be mindful of your cellphone use both on and off the job! Injuries caused by being distracted due to using a cellphone while walking has been added as a category to the National Safety Council's statistical report, Injury Facts, which tracks data on the leading causes of unintentional injuries.

Environment of Care – Safety Management
Managing YOUR Safety: Office Ergonomics

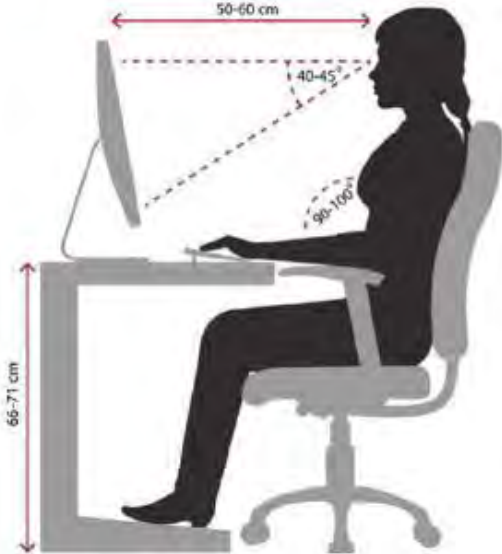|	
What do I need to know?	You could unintentionally injure yourself based on your body posture, positioning and movement at work, especially over time.

Why do I need to know this?	• Injuries could be caused by:
	  ➢ Poor posture ➢ Lack of general fitness
	  ➢ Poor lifting techniques ➢ Stress
	                        ➢ Repetitive motions

What's my role?	• Place the computer screen directly in front of you • Maintain comfortable eye/monitor distance (20-24 inches) • Position top of screen at or just below eye level • Move mouse close to centerline of your body • Place feet on the ground or a footrest • Place keyboard at approximately seated elbow height • Work with wrists straight • Use adjustable furniture with padded wrist rest and/ or arms on chair **Report all employee injuries to Employee Health/Corporate Care (or Emergency Room during off hours)**
Did you know?	• Ergonomic positioning is not a one-time thing. As your needs and work habits change, it's important to revisit your workstation and make any necessary adjustments.

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Environment of Care - Fire Safety Management

What do I need to know?

- How we respond to fires – close all doors, clear corridors and listen for PA announcements

R	Rescue	Move patients to safe area
A	Alarm	Pull the alarm, call operator using site specific #
C	Confine/ Contain	Close all doors
E	Extinguish/ Evacuate	Extinguish small fires; Evacuate patients and team

P	Pull	Pull the extinguisher's pin
A	Aim	Aim extinguisher nozzle at base of flames
S	Squeeze	Squeeze extinguisher trigger while holding upright
S	Sweep	Sweep the nozzle of extinguisher from side to side

- **Fire Extinguisher types**: https://www.usfa.fema.gov/prevention/home-fires/prepare-for-fire/fire-extinguishers/

Why do I need to know this?

Your immediate response to fire will prevent loss of life and property damage

What's my role?

Know your specific responsibilities:
- How to respond to a fire at the scene of the fire and when away from the scene.
- Know your facility Fire Plan and where it is located.
- Know your area/department specific Fire Plan.
- Know the location of fire extinguishers, pull stations, exit and fire doors. These MUST NEVER be blocked.
- Keep hallways clear.
- Respiratory or nursing is responsible for oxygen shutdown during a fire. Know how to turn off the oxygen to your unit or department.

Did you know?

- When a fire alarm is pulled, the alarm sounds (bell or horn), fire doors close (smoke and fire doors) and the fire department is alerted
- Compartmentation is the best way to prevent the spread of fire - fire walls, fire/smoke doors, automatic closing doors, self-closing doors and patient room doors

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Environment of Care – Fire Safety Management Smoke Free Policy

What do I need to know?	• "Smoking" means the burning of, inhaling from, exhaling the smoke from, or the possession of a lighted cigar, cigarette, e-cigarettes, vaping, pipe or any other matter or substance; tobacco and tobacco related products including, but not limited to, cigarettes, cigars, chewing (smokeless) tobacco, snuff, and pipe smoking, or any other matter that can be smoked.
Why do I need to know this?	• **ALL RWJBH facilities are smoke-free.** • For safety and health reasons RWJ Barnabas Health has implemented a smoke free environment policy that applies to all hospital owned property, including all offsite locations, all owned and/or leased property and/or equipment by the RWJ Barnabas Health, walkways, sidewalks, driveways and parking areas/parking garages.
What's my role?	• Know the RWJBH Smoke-Free Policy & Procedure found here: https://thebridge.rwjbh.org/Uploads/FileOutput/cf4da0ee-1004-4632-91dd-c3dddebe8db7/f95b2c4d-3c9b-4147-b6d0-6cce884bf571-06-13-2023-3-3.pdf and https://thebridge.rwjbh.org/Uploads/FileOutput/b2c7b6a3-0835-4f18-bc13-890273b3d2e2/2175f91a-7be9-49db-ad4b-735af6f6c49d-06-14-2023-3-3.pdf
Did you know?	• Interested in quitting smoking? We can help! • **RWJBarnabas Health Employee Assistance Program**: 1-800-300-0628 • **NJ Quit Line**: 1-866-NJ-STOPS • **Quit Net**: www.nj.quitnet.com • **National Hotline**: 1-800-QuitNow

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Environment of Care – Fire Safety Management Evacuation

Horizontal Evacuation	• This level involves moving patients in immediate danger away from the threat, but keeping the patients on the same floor of the hospital as the they are evacuating. • Horizontal evacuation typically involves moving patients to an area of refuge in an adjacent smoke/fire zone or in some cases, at the opposite side of the building. • Most evacuations of single departments or patient care units can be done horizontally, which is the fastest option and facilitates the simplest re- entry process.
Vertical Evacuation	• This level refers to the complete evacuation of a specific floor in a building. • In general, patients and staff evacuate towards ground level whenever possible to prepare for evacuation outside, should it become necessary. • For most localized incidents, vertically evacuated patients and staff are sent to an area of refuge elsewhere in the hospital typically at least 2 floors away from the incident floor (Fire Department will direct).
Total or Full Evacuation	• This level involves a complete evacuation of the facility and is used only as resort.

Environment of Care - Hazardous Materials and Waste Management

What do I need to know?

Types of Hazards
- Flammables – combustible, explosive material
- Corrosives – acids, caustics, and irritants
- Toxins – poisons to the body's organs
- Reactives – unstable materials when mixed produce heat/gas/explode (i.e., bleach and ammonia)

Routes of Entry
- Inhalation – lungs
- Absorption – skin
- Ingestion – digestive system
- Injection – puncture or open wound

Forms of Hazardous Materials
- Solids
- Liquids
- Dust
- Gases
- Fumes

Types of Containers
- Medical waste (red bag; "biohazard" label)
- Regular waste (white, clear, black bag)
- Sharps (rigid container; "biohazard" label)
- Chemo waste (yellow container; "chemo waste" label)
- Prescription waste (blue/black rigid container; labeled)
- Recycling (blue container; "recycling" label)
- Chemical waste (labeled per OSHA/EPA requirements)
- Radioactive waste (handled by Nuclear Medicine Department)

Why do I need to know this?
- Protect yourself, team and patients from exposure to hazardous chemicals.

What's my role?
- Utilize your PPE to protect your eyes, skin and respiratory system – department procedures will state what PPE is required
- Know procedures for spills.
- Small hazardous spill as established by your facility – department clean-up.
- Large hazardous material spill – outside contractor clean-up.
- Chemotherapy agent spill – person who administered/mixed the chemo drug are also trained on how to clean up via chemo spill.
- Biohazard spill (blood or certain body fluids) – Environmental Services clean-up.
- Mercury spill (RWJBH hospitals are mercury free, except for the Lab) – lab personnel are trained to clean up the spill.

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Environment of Care - Hazardous Materials and Waste Management; Compressed Gas

What do I need to know?
- Gas is highly pressurized.
- Cylinders are color coded (i.e. oxygen – green) and stored separately to avoid confusion.

Why do I need to know this?
- Compressed gas cylinders can be very dangerous.
- It can become a projectile object and cause serious injury.

What's my role?
- DO transport cylinders in an approved cylinder carrier or holder.
- DO always store/secure cylinders with chains or holder.
- DO read the label on the gas cylinder before using it.
- DO call the Respiratory Care Dept. to report any damaged or leaking cylinders or if you are unsure of what to do regarding gas cylinders.
- DO store EMPTY Oxygen containers separate from FULL.

Did you know?
- Oxygen tank PSI levels

Full	Partial	Empty
2,000 PSI	500-1,999 PSI	Less than 500 PSI

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Environment of Care – Hazardous Materials and Waste Management; SDS & PPE

- SDSs contain information about the products (which list the specific hazards of chemicals):
- Identification (physical and chemical)
- Hazardous ingredients
- Emergency and first aid procedures
- Recommended control measures
- Physical and health hazards
- Safe handling procedures/protective equipment
- Manufacturer's name and phone number
- All staff must know the location of the SDS Sheets for their department. The master list is located in the Safety Department and online.
- Note: Label all containers of hazardous materials.

EYES

Safety Glasses   Splash Goggles   Face Shield

SKIN

Gloves   Boots   Protective Apron   Suit

RESPIRATORY

Face Mask   N95 Mask

* Department procedures will state what PPE is required.

Environment of Care - Utility Systems Management

What do I need to know?	• Utility systems are designed to keep our environment comfortable for everyone. • Utility systems includes electric, water, elevators, telephone, medical gas systems, HVAC, nurses call system, pneumatic tube systems and vacuum/suction system.
Why do I need to know this?	• Utility systems may fail when a disruption in a utility occurs, everyone must be familiar with procedures for maintaining a safe environment.
What's my role?	• What to do if the system malfunctions. • Procedures for reporting problems. • Use and location of emergency shut-off. • Whom to contact in an emergency. • How to perform clinical interventions if a system fails (Department Specific Procedures).
Did you know?	Emergency Power: • Initiates automatically within 10 seconds in buildings on emergency generator back-up. • Emergency outlets/lighting in main corridors and patient care areas. • Emergency outlets are red - all life sustaining equipment is plugged into the red outlets.

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Environment of Care - Medical Equipment Management

What do I need to know?	All medical equipment must be safe and effective for patients and team members before and during use.
Why do I need to know this?	You will receive training in the safe operation of all equipment in your department, however there are some universal requirements among medical equipment that will keep you and your patients safe.

What's my role?	• All medical equipment shared among patients must be sanitized between patients.
	• All medical equipment must be inspected prior to use.
	    ➢ Equipment will have an inspection sticker.
	    ➢ If expired, do not use and contact BioMed.
	• Use three prong or grounded equipment only (medical equipment).
	• Inspect cord and plug before use.
	• Avoid the use of extension cords.
	• Report medical equipment problems to Bio-Med Department.

Did you know?	• When removing a plug, always grasp the body of the plug, don't pull on the cord.

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Environment of Care - Security Management

What do I need to know?	RWJBH Security Team supports programs designed to protect property extending beyond our buildings to include patient property, equipment, medicine and medical devices, assets, patient health information, company innovations, vehicles, and data.
Why do I need to know this?	RWJBH Security Team's mission is, "To compassionately protect and help the people, property, and quality of our health system, together." Every team member can help support Security and Protect Together.
What's my role?	• Maintain a high level of **situational awareness** and **report** safety and security concerns. • Wear your **ID badge** and ensure it is visible at all times (report immediately if missing) • Ensure you have your **most recent cell phone** number in PeopleSoft as we may contact you through Send Word Now in an emergency. • **Know the location** of any panic devices, fire extinguishers, and pull stations near your workspace. • **Save the number** to your 24/7 on-site security team in your cell phone. • Know that the **Employee Assistance Program** (EAP) is always available at 1-800-300-0628 for you or a co-worker in need. • Always be mindful of the **nearest two exits** from your workspace. • **Secure** personal valuables. • At all facilities, everyone, including employees, patients, visitors, and vendors should **feel empowered to call security or 9-1-1 directly in an emergency** *(note: most facility telephones require a "9" before 9-1-1 to reach an outside line; in this case dial 9-9-1-1).*
Did you know?	• Security does hourly rounds to parking areas & campus exterior • Security escort is available from the hospital to the parking areas at all sites if needed

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Please continue if you are a clinical team member (medical staff, nursing, allied health personnel)

Ethics of Care

What do I need to know?

- In making decisions about health care, patients, families, physicians and other health care professionals often face difficult, potentially life-changing situations.
- Such situations can raise ethically challenging questions about what would be the most appropriate or preferred course of action.

Why do I need to know this?

- We are all responsible for ensuring that patients are treated justly and humanely by addressing moral issues in healthcare when they arise.

What's my role?

- Know how to communicate with your Ethics Committee who can offer assistance in addressing ethical issues that arise in patient care and facilitate sound decision making that respects participants' values, concerns, and interests.
- Learn more at https://code-medical-ethics.ama-assn.org/ethics-opinions/ethics-committees-health-care-institutions

Did you know?

- Each hospital has a multidisciplinary bioethics committee which assists others in the making of difficult decisions with the treatment plan (committee also contributes to policy and procedure development, review, and approval regarding ethical concerns, education and case review).
- Anyone can refer a case to the Ethics Committee.

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Emergency Medical Treatment and Labor Act (EMTALA)

What do I need to know?	**IT'S THE LAW** If you have a medical emergency or are in labor, you have the right to receive, within the capabilities of this hospital's staff and facilities: ➢ An appropriate medical screening examination ➢ Necessary stabilizing treatment (including treatment for an unborn child) and, if necessary, ➢ An appropriate transfer to another facility *Even if you cannot pay or do not have medical insurance or you are not entitled to Medicare or Medicaid.*
Why do I need to know this?	We are required by federal law to provide emergency treatment to all regardless of age, race, religion, sex, gender, disability, sexual orientation, insurance coverage or ability to pay
What's my role?	➢ We cannot turn away patients with medical emergencies or who are in labor without screening and stabilizing ➢ Medical screening and stabilization treatment is not to be delayed in order to obtain payment information. ➢ The transfer of patients to another health care facility must be based on the reason that their health care needs cannot be provided at the original facility
Did you know?	The Department of Health and Human Services (HHS) Office of the Inspector General (OIG), may impose a civil monetary penalty on a hospital ($119,942 for hospitals with over 100 beds, $59,973 for hospitals under 100 beds/per violation) or physician ($119,942/violation) for violating EMTALA

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Pain Recognition

What do I need to know?	• All patients are initially screened for pain whether inpatient or outpatient.
Why do I need to know this?	• Patients have the right to have their pain managed and we should know the medication and alternative ways (positioning, mobility, heat/ice, conditions of the environment, etc) to manage pain.
What's my role?	• We must assess our patients using the most appropriate tool or scale recognizing age, ability to self report, cultural differences and medical condition will affect which scale /tool we utilize. • Upon the presence of pain, we must do a full assessment, intervene, and do a follow up re-assessment within 1 hour. • It is important to consider any personal (gender, upbringing), cultural, spiritual and/or ethnic beliefs that may impact the patient's perception of pain and communication about pain.
Did you know?	• Human connection can modulate the pain that people experience in measurable ways. But how?...endogenous opioids play a large role...Endogenous opioids are molecules produced naturally by the body in response to a number of potential triggers, one of which is receiving compassion from others. • Physical touch – such as holding the hand of loved one – has proven to statistically significantly reduce pain ratings. – Trzeciak, S., Mazzarelli, A., & Booker, C. (2019). Compassionomics: The revolutionary scientific evidence that caring makes a difference (pp. 69-70). Pensacola, FL: Studer Group.

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Opioid Administration Safety

What do I need to know?	• We monitor all patients, including post-operative patients, on opiates for their safety. • We utilize an assessment tool for pain, and the efficacy of pain medications, including opioids, that is easily accessible. • RWJBH prescribing practitioners and pharmacists have access to, and utilize, the Prescription Drug Monitoring Program (PDMP) databases. • We educate patients and families about pain management upon their discharge
Why do I need to know this?	• The primary adverse effect of opioids is respiratory depression – when administering and monitoring opioid use in the hospital, we are required to keep patient safe through diligent monitoring and assessment. • Research and clinical guidance on pain management are evolving. • Over 75% of the nearly 107,000 drug overdose deaths in 2021 involved an opioid (*CDC, Understanding the Opioid Overdose Epidemic, 2023*).

What's my role?	• Provide non-opioid, non-pharmacologic pain management whenever possible.
	• Screen, assess and monitor patients appropriately and safely.
	• Provide written education to patients who are prescribed opioids upon discharge to include information on: pain management plan, side effects of treatment, impact on activities of daily living, and safe use, storage, and disposal of opioids.
	• Provide patient referrals to the RWJBH Peer Recovery Program (PRP) which provides recovery support services for all inpatients who present with substance use disorder, as well as individuals reversed by Naloxone in emergency departments. Brochure can be accessed here: https://thebridge.rwjbh.org/Uploads/Public/PeerRecoveryProgram_IFPR.pdf
	   o The program serves participating RWJBH hospitals 24 hours a day, 7 days per week through full-time, hospital-based recovery specialists.
	   o Contact the Institute for Prevention & Recovery at 833.233.IFPR (4377)

Did you know?	• More about the RWJBH Institute for Prevention & Recovery https://www.rwjbh.org/treatment-care/institute-for-prevention-and-recovery/ • The Joint Commission – Pain Assessment & Management - https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/leadership-ld/000002161/#:~:text=The%20Joint%20Commission%20requires%20hospitals,on%20supplemental%20oxygen%2C%20etc • You can find out more about opioid safety at the CDC Opioids - https://www.cdc.gov/opioids/index.html

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Antimicrobial Stewardship

What do I need to know?	• Antibiotics don't work for viral infections, only certain infections caused by bacteria • When antibiotics aren't needed, they won't help and the side effects could cause harm • Antibiotic overuse leads to antibiotic resistance
Why do I need to know this?	• Like all medications, antibiotics have serious adverse effects, which occur in roughly 20% of hospitalized patients who receive them. • Patients who are unnecessarily exposed to antibiotics are placed at risk for these adverse events with no benefit. • The misuse of antibiotics has also contributed to antibiotic resistance, a serious threat to public health. • The misuse of antibiotics can adversely impact the health of patients who are not even exposed to them through the spread of resistant organisms and *Clostridioides difficile* (*C. difficile*). (CDC, Antibiotic Prescribing and Use, https://www.cdc.gov/antibiotic-use/core-elements/hospital.html)
What's my role?	• If you believe a patient is prescribed an antibiotic that does not follow antibiotic stewardship guidelines, speak up to the prescriber • Teach patients about antibiotic use, misuse, and side-effects • Guide patients to follow the directions for the antibiotic they are prescribed and speak to their doctor before stopping therapy
Did you know?	• 30% of antibiotics prescribed in U.S. hospitals and 50% of antibiotics prescribed in outpatient settings are either unnecessary or suboptimal (CDC, Antibiotic Prescribing and Use, https://www.cdc.gov/antibiotic-use/core-elements/hospital.html)

Downtime Procedures

What do I need to know?

- A downtime is when an electronic system or device (such as EMR, registration system, interpretation system) is inoperable, causing us to have to revert to another system, device or plan
- Downtimes may occasionally be a planned event in order for electronic systems to receive upgrades or testing.
- Downtime procedures are found within your local policy and procedures file on the Bridge.

Why do I need to know this?

- Despite our best efforts to maintain reliable information and electronic systems, there is always a risk of experiencing an interruption that would make systems such as our electronic medical record (EMR) and others inaccessible, requiring us to revert to downtime procedures.

What's my role?

- Know the downtime procedures that affect your department's electronic systems
- If and when there is a downtime, utilize the appropriate procedures

Did you know?

- Despite the best efforts of RWJBH IT leaders, it is inevitable that some IT systems may experience unplanned downtime events

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Restraints & Seclusion

What do I need to know?	• Any manual method or physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to freely move his arms, legs, body or head. • This also includes any drug or medication, when used as a restriction to manage the patient's behavior or restrict freedom of movement and is not a standard treatment for the patient's condition. It is not a restraint when medication is used to treat specific conditions caused by mental illness.
Why do I need to know this?	• The State of NJ prohibits the use of medication as a restraint, however medication should be used appropriately to treat the symptoms the patient is experiencing, such as hallucinations or severe anxiety.
What's my role?	• Refer to the RWJBH policy and procedure for "Restraints – Violent (behavioral) and Non-Violent, Non-Self Destructive (medical)" • Utilize alternatives: ➢ Frequent observation/companionship ➢ Increased family visitation ➢ Continuous observation ➢ Bed and chair alarms ➢ Diversional activities ➢ Needs anticipation • Use restraints as indicated for prevention of harm to self/others/environment and disruption of treatment only when alternative interventions have been *documented* as ineffective. • A face-to-face physician or LIP order is required within 1 hour of application and is only good for 24 hours for a medical restraint and 4 hours for a behavioral health restraint for all adult patients • If restraints are placed, then a 1:1 watch must be initiated • Patient assessment is required at minimum, every 2 hours
Did you know?	Restraints are always used as a last resort and always require a face-to-face evaluation.

Sepsis Identification & Treatment

What do I need to know?	**In the adult patient, the following criteria is used to identify potential sepsis:** Systemic Inflammatory Response Syndrome (SIRS) + Organ Dysfunction + Infection NOTE: SIRS is the presence of at least two of the following: Temperature >101.3 or <96.8, Tachycardia, Tachypnea, Leukocytosis **In the pediatric population, the following is used to identify potential sepsis:** Tachycardia and/or hypotension, fever or hypothermia with either poor capillary refill, altered mental status, skin color, or abnormal pulse quality and a source of infection
Why do I need to know this?	• Early identification and treatment of sepsis can save patients lives.
What's my role?	• Combination of electronic alerts and clinical judgement identifies potential sepsis. • Huddles with the team evaluates the data and makes a determination if the patient is septic or the symptoms are related to another cause. • Know how to access the treatment algorithm for sepsis. Can also be found on the Sepsis Alliance https://www.sepsis.org/sepsis-basics/treatment/ • 1 hour bundle: https://www.sccm.org/sccm/media/PDFs/Surviving-Sepsis-Campaign-Hour-1-Bundle.pdf

Did you know?	• It can be a challenge to identify sepsis in laboring and post-partum women. Physiologic changes related to pregnancy can mask sepsis indicators normally seen in the general population.
	  ➢ Tachycardia, tachypnea, elevated WBC or fever may be normal during labor/delivery or immediate postpartum.
	  ➢ When combined with hypotension, fever, hypothermia, change in mental status or labs (clotting issues) and a source of infection then increased urgency is required.
	• For more info, visit https://www.sccm.org/SurvivingSepsisCampaign/Guidelines/Adult-Patients

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Safe Patient Handling

What do I need to know?	At RWJBH, we utilize patient transfer and lifting devices to protect ourselves from injury and improve the comfort, dignity, safety and experience of our patients requiring assistance mobilizing.
Why do I need to know this?	• Lifting and transfer of patients are among the leading causes of injuries to healthcare team members. • You may workout and feel strong, but you should not rely on your physical strength when lifting or transferring a patient. • Some examples of patient handling tasks that may be identified as high-risk include: transferring from toilet to chair, transferring from chair to bed, transferring from bathtub to chair, repositioning from side to side in bed, lifting a patient in bed, repositioning a patient in chair, or making a bed with a patient in it.
What's my role?	• Know how to locate and safely utilize all safe patient handling equipment • Keep safe patient handling equipment in a convenient and accessible location (and charged if necessary!) • Never put yourself at risk of an injury – take a STAR moment and assess the situation, ask for help and utilize appropriate equipment • Attend training and practice using the safe patient handling equipment so that you're familiar and comfortable with it • Share your thoughts and ideas with your leader on safe patient handling improvement opportunities!
Did you know?	In New Jersey, The Safe Patient Handling Act was enacted in 2008 requiring hospitals to minimize unassisted patient handling by utilizing assistive patient handling technology in order to decrease the number of job-related musculoskeletal injuries suffered by health care workers and to improve the comfort, dignity, satisfaction and quality of care for patients. (*January 3, 2008, N.J.S.A. 26:2H-14.8*)

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Growth & Development: Mobility

What do I need to know?	• Mobility while hospitalized is important across all ages.
	• Consider the patients feeling of security and engagement depending on the stage of their growth and development *from infant to oldest adult patients.*
	• Create a plan together to:
	  ➢ Set mobility goals with patient.
	  ➢ Schedule mobility activities around the patient's interest.
	  ➢ Help patients manage pain so mobility is possible.
	  ➢ Involve loved ones to encourage movement.
	  ➢ Encourage dangling at edge of bed even when getting OOB isn't possible.
	  ➢ Provide positive reinforcement.
	  ➢ use mobility devices.

Why do I need to know this?	You have an influence over the motivation of your patients. Your encouragement, education and scheduling can positively impact their mobility outcomes.
What's my role?	• Promote mobility with patients of all ages by creating an individualized mobility plan with each of your patients. • Ensure patient safety and encourage mobility at the same time.
Did you know?	The old adage of resting for many days when sick is no longer recommended. Immobility for prolonged periods can actually be unsafe, unhealthy and prolong the recovery process. Patients are at higher risk of falls, pneumonia, pressure ulcers, urinary tract infections and increasing muscle weakness if they remain immobile.

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Advance Directives

What do I need to know?	• An advance directive is a legal document that a patient completes that can help ensure their preferences for various medical treatments are followed if they become unable to make their own healthcare decisions. • Advance directives only go into effect if a physician has evaluated the patient and determined that they are unable to understand their diagnosis, treatment options or the possible benefits and harms of the treatment options.
Why do I need to know this?	• During an emergency or at the end of life, patients may face questions about their medical treatment and not be able answer them. An Advance Directive helps to ensure the patient's wishes are followed.
What's my role?	• Ask your patients if they have an Advance Directive – document in EMR. • Educate your patients if they want more information on Advance Directives. • You can direct patients or go yourself to https://www.nj.gov/health/advancedirective/ad/forums-faqs/ for Forms & FAQs related to Advance Directives or to https://www.nia.nih.gov/health/advance-care-planning-advance-directives-health-care for further information.
Did you know?	• In one study, people guessed nearly **one out of three** end-of-life decisions for their loved one **incorrectly.** • Advance care planning is not just for people who are very old or ill. At any age, a medical crisis could leave a patient unable to communicate your own health care decisions. (https://www.nia.nih.gov/health/advance-care-planning-advance-directives-health-care)

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End of Life: Palliative Care vs. Hospice
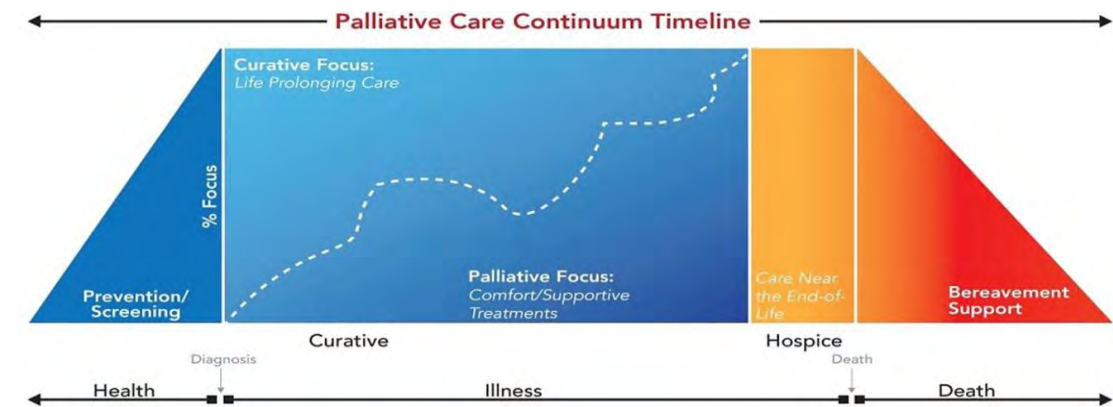
What do I need to know?	• **Palliative Care** is a medical subspecialty focused on providing relief of the symptoms and stress of serious illness. • Goal of **palliative care** is to improve quality of life for the patient and family • **Hospice** is a form of Palliative Care but is not all-inclusive of what Palliative Care has to offer. • **Hospice** is a package of services to keep someone comfortable at the end-of-life. • **Hospice** can be provided in many locations: home, long-term facility, stand alone facility, hospital.
Why do I need to know this?	• **Palliative Care** is appropriate at any age and any stage of illness and can be provided along with all other medical treatments • **Hospice** is an appropriate option to consider for patients who have a predicted prognosis of six months or less and are no longer receiving disease directed medical treatments
What's my role?	• If you feel your patient would benefit from palliative care or hospice, discuss with their care team and the patient's physician can order a consult • Understand the Palliative Care continuum timeline
Did you know?	Referral to Hospice can help ensure that family members get compassionate grief support after the death of a loved one.

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The Sharing Network: NJ Organ & Tissue Donation Services

What do I need to know?	• The Sharing Network's team members operate 24/7/365 to recover and place donated organs and tissue. • Sharing Network needs to be notified prior to any discussion with the family. • Sharing Network is responsible to approach the family about donation of organ or tissue.
Why do I need to know this?	• You may be present at a patient's death and should be prepared to know what to do.
What's my role?	• Refer all deaths including brain death regardless of age or diagnosis by calling 1-800- 541-0075 • Review RWJBH organ donation policy: https://thebridge.rwjbh.org/Resource.ashx?sn=OrganTissueDonationPolicy • Review RWJBH organ donation procedure: https://thebridge.rwjbh.org/Resource.ashx?sn=OrganTissueDonationProcedure
Did you know?	• One organ and tissue donor can save 8 lives and enhance the lives of over 75 others (njsharingnetwork.org)

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2023 Hospital National Patient Safety Goals

The Joint Commission

Identify patients correctly

NPSG.01.01.01 — Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01 — Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01 — Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01 — Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01 — Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01 — Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01 — Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

Identify patient safety risks

NPSG.15.01.01 — Reduce the risk for suicide.

Improve health care equity

NPSG.16.01.01 — Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.

Prevent mistakes in surgery

UP.01.01.01 — Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01 — Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01 — Pause before the surgery to make sure that a mistake is not being made.

https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2023/hap-npsg-simplified-2023-july.pdf

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Thank you! If you have any questions or concerns, please follow up with your local Quality leader.

Please ensure you complete the additional mandatory annual education on:

- HIPAA
- Human Trafficking
- All other assigned

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