



Medical, PA and NP Students Orientation **Handout**

MISSION

We are committed to customer-focused quality health care through excellence in practice, service, and leadership.

VISION

We will be a regional health center, the employer of choice, the provider of choice, the physicians' choice in which to practice, the leader in improving the community's health status, and a partner with other organizations to provide healthcare access

VALUES

We will incorporate our Values into every aspect of our organization. Our Values will provide the essence of who we are and how we achieve our Vision and Mission.

Integrity
Quality
Compassion

Collaboration
Stewardship
Innovation

1. Dress code

Medical/PA students must wear their White coats with name tag supplied by their school at all times, which identifies the medical school and the student's level.

ACCEPTABLE	NOT ACCEPTABLE
Neat and clean appearance at all times	Wrinkled or poorly groomed appearance
Dress Shirt and tie/Dressy blouse or dress	T-shirts, Hawaiian Shirts, etc.
Closed toe shoes	Sandals, Flip Flops
Stockings/socks	sockless
Dress slacks, trousers or skirt (woman)	Jeans, shorts

2. Codes

BLUE	Cardiac Arrest
YELLOW	Internal Disaster
RED	Fire Policy
GREEN	Bomb Threat
ORANGE	Out of control Patients, Visitor, or Staff
GRAY	Radiation Accident and/or Emergency
WHITE	External Disaster
PINK	Infant Abduction
PURPLE	Surge capacity leading to overflow

3. **Department Specific Infection Control and Safety**

- Department specific Infection Control and Safety
- Hand washing and standard precautions

SPREAD THE WORD...

NOT THE INFECTION!




THE EXPECTATION AT SVRHC IS: HAND HYGIENE WILL BE PERFORMED BEFORE AND AFTER ANY CONTACT WITH A PATIENT OR THEIR ENVIRONMENT

~ Hand antisepsis reduces the frequency of patient infections ~

Hand Hygiene

- Handwashing
- Alcohol hand sanitizer
- Surgical hand antisepsis

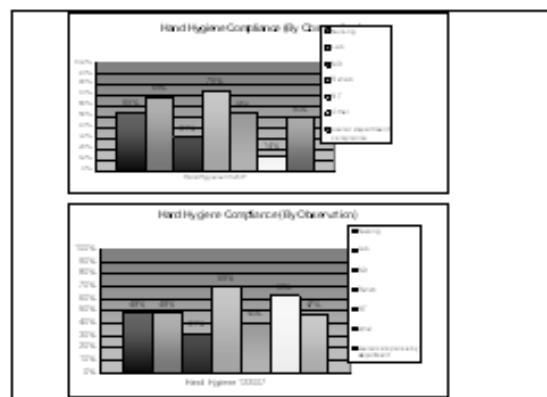


The Finer points of Alcohol Hand Sanitizer Use

- Do not use sanitizer if your hands are visibly soiled
- Hand washing, not hand sanitizer should be used to clean hands contaminated by a bacterial spore such as C. difficile
- Alcohols are flammable. There have been reports of flash fire. Let It Dry!

When should you perform hand hygiene?

- **Before** any direct contact with a patient
- **Before** contact with the patient's environment
- **Before** giving medication
- **After** contact with a patient's intact skin
- **After** contact with environmental surfaces near the patient
- **After** contact with body fluids or non-intact skin
- **After** glove removal



So Why All the Fuss About Hand Hygiene?

Transmission of Pathogens on Hands!

- **Spreading Antibiotic Resistant Organisms (MRSA)**
- **Causing healthcare acquired infections**

At SVRHC > 50% of all *S. aureus* is resistant to Methicillin

The Impact of MRSA Nationally

- Over 126,000 hospitalized persons are infected by MRSA annually
- Over 5,000 patients die as a result of these infections
- 9.1 days excess length of stay
- Over \$2.5 billion excess health care costs are attributable to MRSA infections
- "Staph fatalities may exceed AIDS deaths" JAMA 2007

The Impact of MRSA at SVRHC

- In 2006
 - 68% of all Staph isolates are resistant to at least one of the antibiotics commonly used to treat them
 - 22% of all surgical wound infections at SVRHC were caused by MRSA
 - 0.22% of all surgical cases became infected with MRSA.

That cost SVRHC \$180,000 last year!

MRSA Transmission Prevention

- Frontline strategies:
 - Hand Hygiene program
 - Contact precautions

Contact Precautions

These apply to EVERYONE who enters a MRSA room

- **Private room**-Assign infected or colonized patients a single-patient room, if possible. If not available, cohort patients who are infected/colonized with the same pathogen
- **Gloves/Gown**- Wear gloves and gown whenever entering the room to avoid contamination of hands and clothing by contact with the patient or environmental surfaces.

Invasive Devices

- ❖ Wear full sterile barriers (sterile gloves and gown, mask and hair cover) when placing central lines. Use Chloroprep skin prep
- ❖ Remove invasive devices (CVL, ET tubes, Foley cath) as quickly as possible. Patients are at increased risk of infection when they have invasive devices.

4. Location of MSDS Manual

MSDS is short for Material Safety Data Sheet. The primary source for a MSDS is by calling 1-800-451-8346. Provide a fax number or e-mail address and you'll be sent your requested MSDS. An alternate source for an MSDS is to call security at 417-4530

5. Location of Policy and Procedure Manual

Policies & Procedures manual is available on SVRHC INTRA -NET under Policies & Procedures

6. Location of Administrative Policy and Procedure Manual

Administrative Policy and Procedure manual is available on SVRHC INTRA -NET under Policies & Procedures

7. Location of Sexual and other Unlawful Harassment Policy

Sexual and other unlawful harassment policy is available on SVRHC INTRA – NET under Policies & Procedures (Policy Number HR 132)

8. Complaint/ Compliment Report Forms

Compliant/Compliment report forms are available on SVRHC INTRA – NET under Event Reporting/Event Report

9. Location of Confidential Incident Report Forms

Confidential Incident report forms are available on SVRHC INTRA-NET under Event Reports

10. Use of telephones

Phone Directory is available on SVRHC INTRA – NET under Phone Directory

11. Computer Access

Log in example:

John Smith

User Name: smitjo (first four of last name and first two of first name)

Cerner Password: smitjo (same as user name)

Network password: [p@ssw0rd](#) (always the same) (0 is the number not the letter)

12. Confidentiality Policies

A hard copy will be supplied to you in the Medical Staff Office.

13. Department Resources Available for Translation/Meeting Needs of Various Cultures

- Dial 1-800-523-1786
- Information to give representative
- Client ID#244198
- Company Name: Sierra Vista Regional Health Center
- Language needed
- Department name
- Brief the interpreter
- Add the non-English speaker
- Say "end of call" to the interpreter when the call is completed.

14. Review National Patient Safety Goals

Sierra Vista Regional Health Center
2009 National Patient Safety Goals

Note: Changes to the Goals and Requirements are indicated in **bold**.

Goal 1: Improve the accuracy of patient identification.

* Use at least two patient identifiers when providing care, treatment or services.

***Eliminate transfusion errors related to patient misidentification**

Goal 2: Improve the effectiveness of communication among caregivers.

*For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order

or test result by having the person receiving the information record and "read-back" the complete order or test result.

*Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

*Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.

*Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

Goal 3: Improve the safety of using medications.

*Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization and take action to prevent errors involving the interchange of these drugs.

*Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

*Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

Goal 7: Reduce the risk of health care-associated infections.

*Comply with current World Health Organization (WHO) or Centers for Disease Control and Prevention hand hygiene guidelines.

*Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function related to a health care-associated infection.

***Implement evidence-based practices to prevent: health care associated infections due to multiple drug-resistant organisms in acute care hospitals, prevent central line-associated bloodstream infections, and prevent surgical site infections.**

Goal 8: Accurately and completely reconcile medications across the continuum

of care.

*A process to compare the patient's current medications with those ordered while under the care of the organization.

*A complete list of the patient's medications is communicated to the next provider of service within or outside the organization.

***The complete list of medications is also provided to the patient on discharge from the facility.**

***Modified medication reconciliation processes are performed in settings where medication are used minimally or used for a short duration; such as ED or Outpatient settings and services.**

Goal 9: Reduce the risk of patient harm resulting from falls.

*Implement a fall reduction program including an evaluation of the effectiveness of the program.

Goal 13: Encourage patients' active involvement in their own care as a pt safety strategy.

*Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

Goal 15: The organization identifies safety risks inherent in its patient population.

*The organization identifies patients at risk for suicide. [Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.]

Goal 16: Improve recognition and response to changes in a patient's condition.

*The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.