# Thomas Jefferson University Hospital
# Department of Nursing
# Online Pool/Traveler/Agency Orientation

**Welcome to Thomas Jefferson University Hospital Department of Nursing Online Pool/Traveler/Agency Orientation.** You are required to complete the online curriculum before participating with any onsite orientation:

Read this curriculum and watch all required videos.
Register and complete Pool/Traveler/Agency Nurse post-test.
A passing grade of 80% or higher is required with no more than two attempts.

## Purpose

Our online curriculum is meant to provide you with a foundation for <u>service, safety, and practice initiatives</u> as a staff nurse at Thomas Jefferson University Hospital (TJUH).  As a Magnet – designated facility we emphasize our Professional Practice Model as well as Nursing Department and hospital performance improvement activities.

### Thomas Jefferson University Hospital Mission Vision, and Values

#### Mission
**We Improve Lives**

#### Vision
Reimagining health, education and discovery to create unparalleled value.

#### Values
        The behaviors our employees demonstrate daily to patients and students enable Jefferson to continue achieve its mission. Jefferson's values define who we are as an organization, what we stand for, and how we continue the work of helping others that began here nearly two centuries ago. These values are:

**Put People First**
Service-Minded, Respectful & Embraces Diversity

**Be Bold & Think Differently**
Innovative, Courageous & Solution-Oriented

**Do the Right Thing**
Safety-Focused, Integrity & Accountability

## Department of Nursing
## Mission, Vision and Philosophy

### Mission

The Department of Nursing at Thomas Jefferson University Hospitals shares the organization's dedication to improving the health of our patients and communities through the mission Health is All We Do. The Department of Nursing continues to provide excellent, safe, compassionate, and high quality care to our patients; to continually seek to improve nursing care through research and evidence-base practice; and to be positive role models and teachers to students and other healthcare providers.

### Vision

As leaders in nursing, we will create an environment of excellence and innovation in which Thomas Jefferson University Hospitals are nationally recognized as the best places to receive and deliver nursing care and provide exemplary clinical settings that support the education of future health care practitioners, both as individuals and as members of the collaborative health care delivery team.

### Philosophy of Nursing

Our patients are the focal point of all we do. We respect the inherent dignity and uniqueness of every individual without regard to social or economic status, lifestyle, or the nature of existing health problems. Using the nursing process as a framework, we coordinate an interdisciplinary plan of care that reflects sensitivity to the patient's developmental stage, spiritual beliefs, and cultural value system. Nurses serve as teachers, and routinely advocate to safeguard the health, safety, privacy, and rights of our patients and their families. We view patients as active participants in their care and we respect their right to set their own goals for promoting or restoring health, or experiencing a peaceful death.
We believe that nursing is an art and a science -- a dynamic and continually evolving profession. Nursing practice responds to changes in technology, regulatory requirements,

and society but always remains grounded in empathy, competence, and knowledge. Validation of the knowledge base for nursing occurs through research, evidence-based practice, and critical analysis.. Jefferson nurses promote the professional image of nursing through their compassion and clinical expertise.

Jefferson nurses embrace lifelong learning. We accept responsibility to ensure our own competence and professional growth through ongoing education. The Department of Nursing facilitates nursing education by offering a broad array of continuing education courses and by providing financial support for external professional conferences. Jefferson nurses serve as role models and mentors to nursing students and to our colleagues. We seek proficiency for ourselves and support our colleagues through the progression of professional growth from novice to expert.

## Magnet Designation

TJUH received ANCC Magnet recognition in 2009. This designation recognizes excellence in nursing; it is the highest award given to hospitals for nursing excellence. Less than 7% of hospitals in the U.S. have achieved this designation.

The Magnet Recognition Program is a framework for organizing nursing practice around five key components: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovations, & Improvement, and Empirical Outcomes. The components focus on establishing effective structures and processes that produce exemplary results, reflecting the reality of nursing's impact and ability to influence patient outcomes. Empirical outcomes are required to be demonstrated in each of the other four categories; it is not a component in and of itself. This design encourages nurses to ask what differences have been made as a result of the interventions, activities, and committee work conducted by MAGNET nurses?

Organizing around the Magnet standards provide support for excellence in practice and helps us evaluate the structures we have in place to encourage staff nurse involvement in decision making, autonomous practice, and research. Furthermore, it exemplifies that we foster an environment that promotes collaboration, a focus on advancing nursing through certification and continuing education.

# Jefferson Nursing Professional Practice Model
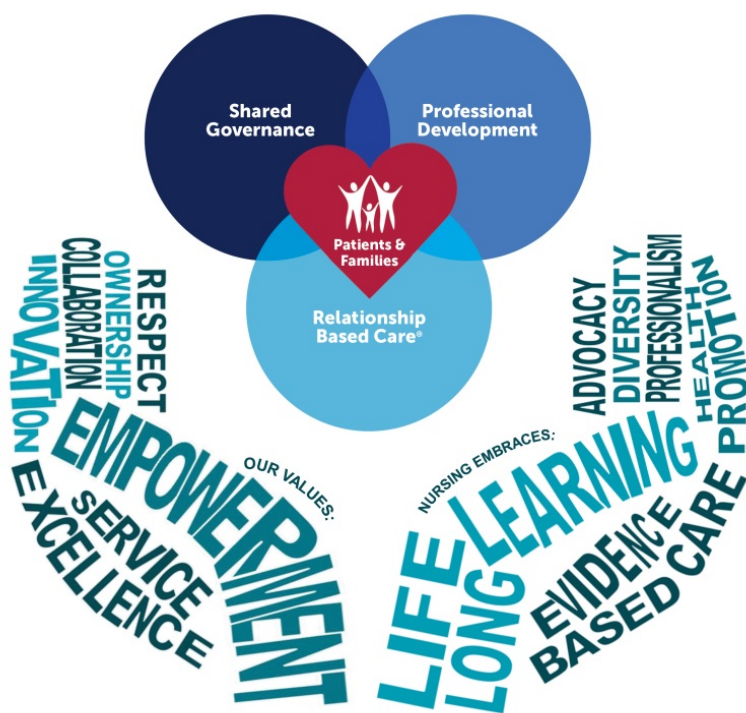


The Professional Practice Model describes how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for those served by our organization.

Each hand in our model depicts how nurses practice at all levels and in all settings across the organization.

The 3 overlapping spheres depict how clinical nurses are supported and how we deliver care.

# Nursing Shared Governance at Jefferson

Here at TJUH, we have a flat organizational structure which empowers nurses to become involved in leadership roles to improve nursing practice and patient outcomes.
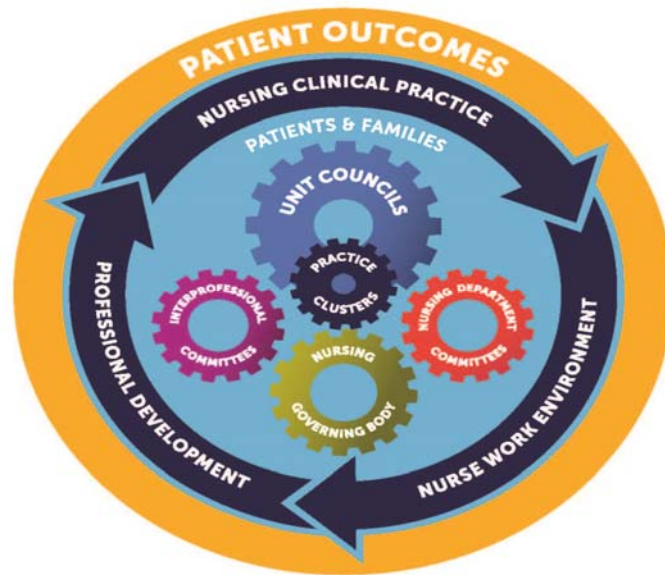The model consists of a central Nursing Governing Body (NGB) and local unit-based governance councils from patient care units.
Within each structure (central, local), interprofessional committees, unit-based work groups and other task forces may be formed to assist with fulfilling work requirements.

The Nursing Governing Body and the unit-based councils integrate and align their work to support the work of the practice of nursing and the organization. This structure creates the mechanism to monitor and regulate nursing practice.
The shared governance structure supports the dynamic relationship of quality, evidence based practice, research, professional development, education, and operations to create sustainable top-decile outcomes for the delivery of patient care.

**Shared Governance Model**

# Professional Development

Patricia Benner – Novice to Expert Model

| | |
|---|---|
| **Novice:**<br>Beginner with no experience | · **Student clinical rotations**<br>· **Student observational experiences**<br>· **Extern program**<br>· **Safety extern**<br>· **Hand washing monitors** |
| Advanced Beginner:<br>Gained actual experience, demonstrates acceptable performance | · Professional nurse orientation<br>· Nurse Residency Program<br>· Precepted experience<br>· Nursing specialty education<br>· Continuing education opportunities |
| Competent:<br>Demonstrates clinical reasoning, manages multiple priorities | · Support for professional nursing certification<br>· Support for continuing education<br>· Support for advanced degree<br>· Support career advancement |
| Proficient:<br>Perceives situations holistically, identifies priorities easily | |
| Expert:<br>Performance is highly proficient with intuitive grasp of situations | |

Benner, P. (1984). From novice to expert: excellence and power in clinical nursing practice.

# Relationship-Based Care Model© - Our Care Delivery Model

## 3 Relationship Components

- Relationship with patients and families
- Relationship with colleagues
- Relationship with self
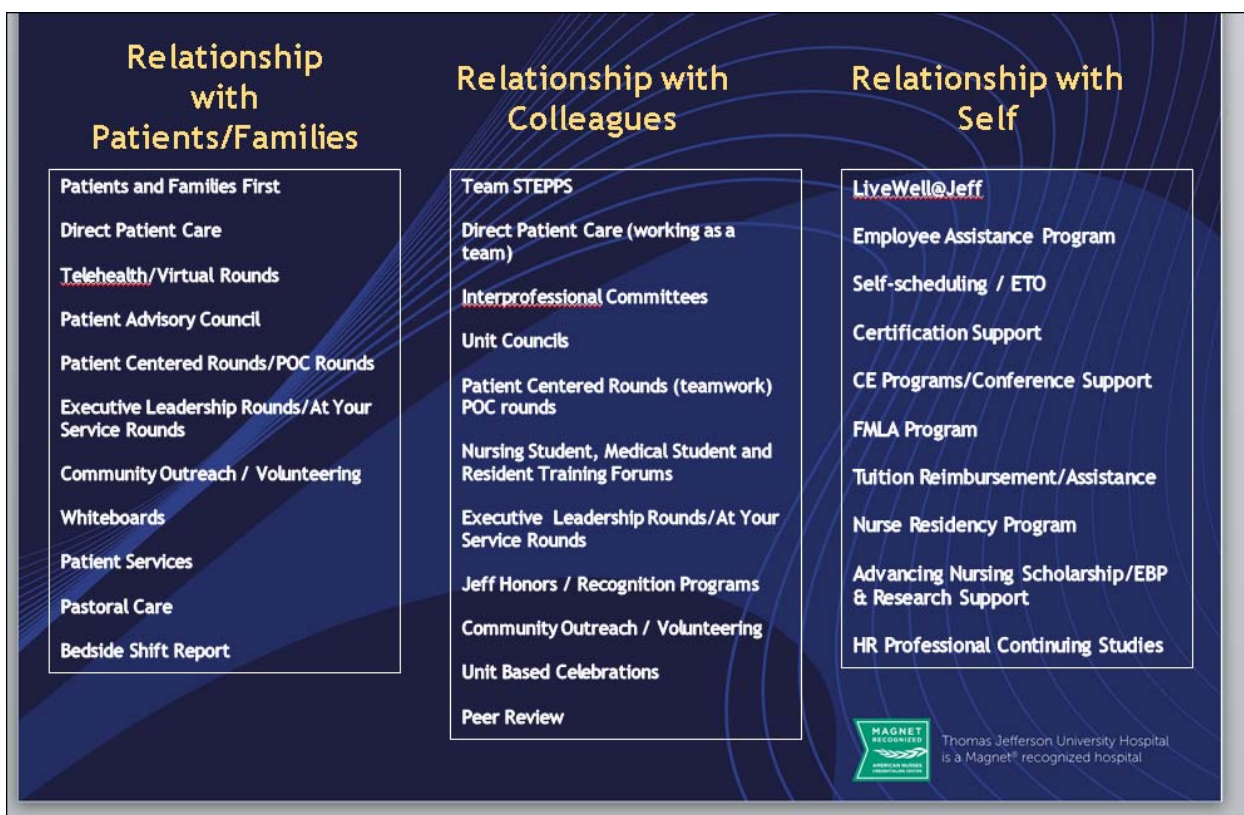
# Customer Service

In keeping with TJUH mission, vision and values, the hospital places the needs of patients above all else. Customer service is a key element for success in all businesses, including healthcare providers. Outstanding service is our goal to all of our customers, both internal and external.

TJUH customer service standards include:

- Greet each customer using an appropriate friendly and courteous manner.
- Demonstrate active listening skills.
- Speak and respond to customers in a calm, respectful manner.
- Demonstrate to customers the knowledge of the TJUH systems and services. Maintain strict confidentiality regarding patients and all other confidential information.
- Serve as a role model to other employees.
- Seek mutual resolution to conflict situations, using problem solving techniques.
- Strive to maintain positive working relationships throughout the Hospital.

We encourage you to show a positive, effective attitude when dealing with customers. Below are communication guidelines on how to achieve this.

## Hello/Goodbye and AIDET

To assist in communication and relationship building, AIDET, is recommended.

**The AIDET acronym stands for:**

**A**cknowledge; **I**ntroduce; **D**uration; **E**xplanation and **T**hank you

We use **AIDET** to reduce a patient's and family's anxiety. AIDET is used to help eliminate the unknown for our patients. AIDET lets the patient know "why" you're doing something – by answering the "why," you demonstrate you care. AIDET uses key words at key times. AIDET is patient-focused; it allows us to treat patients the way we would want to be treated.

### Acknowledge

When beginning the initial interactions with a patient and families and other health care team members, greet them, use eye contact, smile, and speak to them as if you were expecting them.

### Introduce

By providing information about yourself and other team members, you help patients and families to get to know you and the care team, which will reduce anxiety.

### Duration

- Give the patient and family an estimate of how long the planned task or process will take.
- Explain the timeframe of procedures, the anticipated duration of waits and update patients if the timing changes.

### Education

- Remember, what's routine for you is *not* routine for the patient.
- Our goal is to keep the patients and families informed. Give a clear explanation for *all the things that you are doing*.

### Thank you

Take time to thank patients and families. Thank them for using our facilities, for their patience, for allowing you to care for them, etc. Ask if there is anything else you can do for them before ending the interaction

Resources for customer service issues are:  Administrative Unit Charge nurse, Nurse Manager, Nursing Supervisors, and Patient Services at X5-7777.

### Patient Services Department

**Telephonic Interpreter Service:** The use of an over-the-phone interpreter service, currently provided through Cyracom International, is available 24 hours/7 days a week. Specially designed dual-handset telephones are available to facilitate the interpretation process. These phones have been placed on all inpatient nursing units, in the Emergency departments and in selected clinical departments. Interpretation services are also available by direct dial to the Cyracom provider from any telephone within the hospital as well as through the Hospital Operator.

To request an in-person language interpreter call Patient Services at EXT. 5-7777

Additional information regarding Interpreter services can be accessed through the TJUH Intranet/Clinician tab found under the Policies and Procedures section. Review Hospital policy #112.1 for further information.
**INTERPRETER SERVICES FOR NON-ENGLISH SPEAKING AND HEARING-IMPAIRED PATIENTS**

It is the policy of TJUH to respect the cultural and ethnic needs and desires of the patients that we serve is at all possible.

This may include:

- Respect the patient's beliefs regarding the origin of illness
- Provide kosher or vegetarian meals / respecting dietary restrictions
- Providing alternatives such as electric candles for rituals since actual candles cannot be used within the hospitals
- Provide an interpreter so that the patient can participate in decisions regarding care.

### Suspected Abuse, Neglect, Violence, and Exploitation Assessment

Population Specific considerations should also be utilized for patients when there is suspected abuse or neglect.  Thomas Jefferson University Hospital policy 113.34 supports licensed health care providers in directing them to "identify, document and when appropriate report suspected cases of physical, sexual, domestic, child and elder abuse." Similarly, **Policy 113.12 SUSPECTED ABUSE, NEGLECT, DOMESTIC VIOLENCE OR EXPLOITATION - ASSESSMENT AND MANAGEMENT** has a list of "Criteria for Identifying Victims of Abuse, Neglect, Domestic Violence or Exploitation" and **Appendix 2** provides an "Age Appropriate Abuse Screening Tool." This tool provides the health care provider with sample inquiries that facilitate the assessment and plan of care for an individual who is suspected of being abused or neglected.

### Social Media Policy

The purpose of this Policy is to outline the acceptable uses of Social Media – which includes but is not limited to blogging, tweeting, social networking, using photo sharing sites, posting or sharing videos online, Wikipedia, websites or future social media tools or networks – by Thomas Jefferson University and Jefferson Health ("Jefferson") employees and staff when engaging in Jefferson business or activities or postings that contain Jefferson related brands or names. This policy primarily addresses the use of social media while at work. It also applies to the use of social media connected to Jefferson when away from work and when the Jefferson affiliation is identified, known, presumed or could be inferred**.** Click here to review: Social Media Hospital Policy 102.63

**Hospital and Nursing Policies/Procedures**

| | |
|---|---|
| Safe practice depends on referencing hospital and nursing policies and procedures.<br><br>You can access online policies and procedures via the TJUH Intranet. Click on the "Clinician" or "Administration" tab (figure 1) at the top of the screen to access these resources. |  |

**Environment of Care**

Smoking within Jefferson buildings and designated outside areas, including all building entrances is prohibited.

**Security**

For general information, you may contact the Security office at Center City **5-8888 and at Methodist 9238.**
In case of an **emergency, call Security at 811(CC) or 77(MHD)**.
 The security staff on duty will respond immediately to the call.

**Important Phone numbers**

**Code Blue**

# TJH – 123
# MHD - 77

**RRT**

# TJU - 5-6074
# MHD – 77

**Handling Sharps Safely**

The primary prevention technology used in the hospital includes: needle free access valve, needle free IV and phlebotomy products, needle free drug delivery products, and needle free filled syringes.

It is important to protect the health of the healthcare providers but, in the event of a needle stick or other blood and body fluid exposure, follow the procedure listed below to decrease the provider's risk of exposure to disease that can be acquired.

- Never recap used needles by hand. If needles must be recapped use one handed scoop method or recapping device (activate protective covering).
- Do not bend or break needles.
- Keep used sharps separate from other items such as gauze and alcohol wipes.
- Always point a used sharp away from your body.
- If assisting with a procedure always be aware of where the sharp is being placed.
- Never clean up broken glass by hand.
- Dispose of used needles, lancets, blades, and other sharps into a designated sharps container.
- Never discard a sharp into a plastic trash bag.
- Do not overfill a sharps container. If it appears to be over *2/3* full, notify Environmental Services at **503-6260**.
- Do not open, reach into, empty, or clean a sharps container.
- When using sharps remember to activate the protective cover. If you are not familiar with safety product, ask for assistance.

If you receive a puncture by a needlestick or sharp instrument, or if you are splashed with someone's blood or body fluid, you run the risk of exposure to any of the following bloodborne pathogens: HIV, hepatitis C, or hepatitis B.

Needlestick injuries are most likely to occur when caregivers are disposing of sharp instruments, gathering materials during patient care and treatment, administering a procedure to a patient, processing specimens, or collecting trash and linens.

### What to Do for an Occupational Exposure to Body Fluids (Needlestick or Splash)

If you have sustained an exposure to a body fluid from one of your patients, please follow the instructions below.

1. Wash the exposed area with soap and water. DO NOT USE BLEACH.
2. If a fluid splashed in your eye, rinse with tap water or with sterile saline.
3. If a fluid splashed in your eye, remove your contacts immediately.

4. Advise your supervisor that you have been exposed.
5. Complete the accident report online through PeopleSoft Employee Self-serve System.
6. Report to UHS at 833 Chestnut Street, Suite 205 (when UHS is closed report to the Emergency Department) as soon as possible.
7. Know your patient's name and MR# as well as the name of the attending physician of the source patient.
8. Do not wait until the end of your shift. If antiviral medication is required, the CDC recommends taking the initial dose within two (2) hours of the exposure for the most effective treatment.

## Event Reporting

All employees and staff members are responsible for promptly reporting any event involving a patient or visitor (as soon as possible following its occurrence, but not later than 24 hours). The person who witnessed or discovered the event, or to whom it is reported (i.e., supervisor) is responsible for initiating the event report and notifying the appropriate staff, such as the attending physician, nursing supervisor, or department head.

Electronic Reporting: TJUH utilizes web-based electronic reporting through the Event Report. . The Event Report may be accessed through the TJUH Intranet Home Page, either under the Administration, Clinician, or Emergency/Safety tabs by selecting the Event Reporting (CS Stars) link.

All required fields must be completed as directed. The reporter should provide a brief, complete and accurate description of how the event occurred, including only facts witnessed by or related to the reporter. Pertinent statements made by the patient, family or visitor may be included in quotes. The report should not include any information identifying patients, or blaming staff for the outcome. Reports are not punitive.
Event reports are forwarded electronically to the appropriate managers for review, investigation and action.

**Types of events to report:**
- **Surgical Events**
- **Product or Device Events**
- **Patient Protection Events**
- **Care Management Events**
- **Environmental Events**
- **Radiologic Events**
- **Criminal Events**

# Communication Among Caregivers

1. TJUH has a standardized list of abbreviations and also a list of "***Do Not Use Abbreviations***" posted on each clinical unit.

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

   TJUH uses many opportunities for hand off communication. These include: Shift Report, Plan of Care and Patient - Centered Rounding, White Boards in patient rooms, Critical Value Test result reports, Transfer and Discharge Summary, and Trip Slips.  A trip slip is a card that is used when transferring a patient off the unit for testing or to another unit.  It contains priority information to communicate to the next health care team member such as falls risk, activity, types and locations of tubes and drains and any language preferences.

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# Joint Commission National Patient Safety Goals

**Goal 1 - Improve the accuracy of patient identification**

- **Use at least two patient identifiers when administering medications, blood, or blood components, collecting blood samples and other specimens, and when providing treatments or procedures; label in presence of patient**

  These two identifiers are: **Name** and **Birth Date.**
  **All patients must have a TJUH ID bracelet.**

- **Eliminate transfusion errors related to patient misidentification**
  - Match blood or blood component to order
  - Match patient to blood or blood component
  - Use two- person verification process

**Goal 2** - **Report critical results of tests and diagnostic procedures on a timely Critical Value test result** – requires immediate physician notification.

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.

**Goal 3 - <u>Improve the Safety of Using Medications</u>**

- A list of look-alike/sound-alike drugs is available on each nursing unit to prevent errors involving the interchange of these drugs.

- Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.

- <u>Medication Reconciliation</u> - We use a process for comparing the patient's current medications with those ordered for the patient while under the care of the hospital to reduce negative patient outcomes associated with medication discrepancies.
- TJUH has a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission. This is with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list, and reconciles during the hospital stay and upon discharge the medication list for patient and family. Medication reconciliation is facilitated during discharge by the provider. Medication instructions are reviewed with   the patient and/or family and documented.

- A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.

- Reduce the likelihood of patient harm associated with use of anticoagulation therapy by using approved orders for initiation and maintenance of therapy, using only oral unit-dose products, prefilled syringes, or premixed infusion bags when available and use programmable pumps for intravenous heparin administration.

**Goal 7 - <u>Reduce the Risk of Healthcare-Associated Infections</u>**

TJUH complies with the current Center for Disease Control (CDC) hand hygiene guidelines or World Health Organization guidelines.

TJUH sets goals for improving hand hygiene guidelines.
 **Hand Hygiene must occur**:
- Before and after patient contact
- Before putting on gloves and after taking them off
- After body fluid exposure risk(even if you wear gloves)
- Before performing a clean or aseptic procedure
- Between different procedures on the same patient
- After touching patient surroundings

If hands are not visibly soiled, you can use the alcohol-based hand rub available in all patient care areas for routine hand hygiene.

You **MUST** use soap and water when:
- Leaving a room that has a patient on Enteric Precautions
- After using the restroom
- When your hands are visibly soiled
  - The correct handwashing technique is: to wet hands with water, apply soap, rub hands together for at least 20 seconds, rinse and dry hands with a paper towel and then use the paper towel to turn off the faucet.

Goal 15 - **Identify patients at risk for suicide – Columbia – Suicide Severity Rating**
  – Perform a risk assessment to identify specific patient characteristics and environmental features that may increase or decrease the risk for suicide.

**CAGE-AID**

| | |
|---|---|
| Have you ever felt you should cut down on your | |
| Have people annoyed you by criticizing your | |
| Have you ever felt bad or guilty about your | |
| Have you ever had a drink or utilized drugs first | |

**Social Services Screen**

| | |
|---|---|
| Social Services Screen | |
| Social Services Consult Needed | |

**Abuse Screen**

| | |
|---|---|
| Feels Unsafe at Home or Work/School | |
| Feels Threatened by Someone | |
| Does Anyone Try to Keep You From Having | |
| Physical Signs of Abuse Present | |

**Depression Screen**

| | |
|---|---|
| Little Interest or Pleasure in Doing Things | |
| Feeling Down, Depressed or Hopeless | |
| PHQ-2 Total Score | |

**Columbia Suicide Severity Rating Scale**

| | |
|---|---|
| 1. Wish to be Dead | Yes |
| 2. Suicidal Thoughts | |

**Violence Risk**

| | |
|---|---|
| Feels Like Hurting Others | no |
| Previous Attempt to Harm Others | |

**Traumatic Event Screening**

| | |
|---|---|
| Have You Ever Experienced a Traumatic Event? | |
| Have You Ever Witnessed a Violent Act? | |
| Have You Ever Experienced a Life Threatening | |
| Traumatic Event Details | |

# NURSE SENSITIVE INDICATORS-
# CLINICAL PRACTICE GUIDELINES

TJUH is strongly committed to exploring ways to improve patient outcomes. We utilize data collected from patients on falls, pressure injury, restraints, hospital acquired infections and nurse satisfaction scores and compare TJUH data to other hospitals that are academic medical centers and /or Magnet facilities. This comparison is conducted by using data from the National Database of Nursing Quality Indicators (NDNQI), TJUH develops plans to improve quality of patient care based on this data.

To ensure we critically examine the outcomes of the work we are doing requires a team approach. Every unit has a Nursing Dashboard which is a graphic depiction of the trends in quality of care provided on that unit. We are committed to continuous improvement and everyone working on the unit is a critical member of that improvement process. While you are here at Jefferson, please take time to learn what the priorities are on the unit you are working on, how you contribute to the action plans for improvement, and take pride in contributing to our quest for excellence as we sustain the Magnet Culture!

## A. Reduce Risk for Falling

TJUH nursing staff assesses and reassesses each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and take action to address any identified risks.

## Safety

| | |
|---|---|
| Safety WDL | ex |
| Additional Documentation | |

| **Falls Risk Assessment** | |
|---|---|
| Falls Risk Assessment | Hx of falls prior or d... |
| General Falls Safety Inerventions | Sensory Items Within ... |
| General Fall Prevention Interventions for ALL | Level 2 Bed/Chair Ala... |

| **Specific Fall Prevention Interventions** | |
|---|---|
| Altered Mobility/Gait Disturbance Fall | Supervise/assist with ... |
| Altered Elimination Prevention Interventions | |
| Altered Balance/Risk for Dizziness Prevention | |
| Altered Mental Status and/or Behavioral | |
| Equipment Connect to Patient Prevention | |
| Risk for Injury Prevention Interventions | |

Patients at TJUH are assessed for falls risk daily and on admission. Reassessment takes place also when a patient is transferred to another unit, incurs a fall or has a change in clinical status. Measures are taken to prevent falls by creating a safe environment for patients, using non-slip footwear (yellow) and by utilizing special equipment to prevent falls

Jefferson uses a process called "**ETAR**" to prevent falls.

**E** = **Educate staff and patients**
**T** = **Toilet patients every 2 hours**
**A** = **Alarm; apply Level 2 bed alarm for high risk patients at all times and at bedtime for everyone**
**R** = **Response to emergency call lights is all staff's responsibility**

 If a red flashing light is seen over a patient's door it means a patient needs immediate help and should not get up without assistance. Any staff member or student should go to the patient's room and tell the patient not to get up until assistance arrives. This simple action could keep our patients safe.

Hourly rounding on all patients has been implemented to help to decrease falls. Each hour patients are checked for pain, positioning, personal needs and safety needs. Urine output is documented every two hours in the EMR.

### B. Reduce Incidence of Pressure Injury

**Skin assessments** and intervention are completed utilizing the Braden Pressure Ulcer Risk Assessment for adults and the pediatric population.  Assessments and interventions are documented each shift.
Utilize **APP230** format for reducing incidence of pressure injury:
**A**ssess, **P**rotect, **P**osition.

- **Assess**
    - Head to toe
        - Admission
        - Every shift
        - Transfer from other unit (OR, procedure, radiology, etc.)
    - Focused Exam
        - Under foam dressings
        - High Risk Areas (after time off unit, or site of previous breakdown)
        - Under devices
    - Documentation
        - On Admission
        - Wound Findings in Wound Record
        - Braden EVERY day
    - Communication
        - To receiving unit on transfer
- Protect

- Appropriate Use of Skin Care Products
    - 3M Cavilon Skin Barrier
    - Coloplast Moisture Barrier Creams BID & PRN
    - Use of foam cleanser on bedbound pts and incontinence care
- Select Appropriate Supportive Device
    - Bed Algorithm
    - HeelMedix Soft boots

- **Position**
    - Frequency
        - Q2hrs or "patient specific" in bed
        - Q30min in chair
        - Reassess ability to turn in 1hr is missed
    - Assistive Devices
        - Repositioning Sling
        - Turning Wedge

C. Reduce Incidence of Hospital Acquired Infections

**Central Line Infection Prevention- Limit manipulation of central line to prevent infection.**
- Do not routinely disconnect tubing for showers, changing gowns, and ambulation.
- Avoid blood withdrawal for laboratory tests
    - **Blood Drawing – Except during resuscitation and other critical emergencies, or for required hemodynamic monitoring in cardiac patients, no blood will be drawn from a central line unless an order has been placed by the attending or their designee after conferring with the attending. Hospital Policy # 113.22**

**Urinary Tract Infection Prevention**

- Implement Nurse Driven Foley Catheter Protocol (NDFP) – allows RN to remove Foley catheter if patient does not meet the following criteria for Foley insertion and maintenance:

    - Urinary retention/obstruction
    - Close monitoring of urinary output
    - Pre/Peri/Post Operative Management (epidural in place; femoral sheath in place.)

- o Bladder Training
- o Unstable Hip or Spinal Injury
- o Incontinence with Stage III or IV skin breakdown (perineal or sacral)
- o Palliative Care/End of Life Care
- o Urology Service patients

D. **Reduce Incidence of Restraint Use**
- These are the Types of Restraints used in this facility:
  - o Soft limb
  - o 4 point Secure Padded Limb & 4-point Secure Padded Limb with Lock (Psych & ED only)
  - o 4 half siderails or 2 full length siderails up
  - o Hand Mitts
  - o Enclosure bed
- Before restraints are considered, alternatives to restraints are attempted. Remember to document alternatives to restraints such as:
  - o **Diversional activities - cards, coloring, puzzles, music, folding, sorting**
  - o **Meet physical needs - toileting, nourishment, temperature control**
  - o **Meet emotional needs**
  - o **Camouflage tubes - IV sleeve, abdominal binders, pajama bottoms**
  - o **Family involvement**
  - o **Move patient close to the nurses' station**
  - o **One to One supervision**
- Individualize plan of care for specific restraint care needs

# Patient Centered(PCR) and Plan of Care Rounds(POC)

| Name | Style | Discussion | Patient/Family Involvement |
|---|---|---|---|
| Patient Centered Rounds (PCR) | Walking | Daily unit-based milestone driven discussion with the interdisciplinary team - focusing on the patient's goals for the day and plan for the stay | During rounds |
| Plan of Care Rounds (POC) | Static | | Care Team member communicates plan to patient/family |

What is the Purpose of PCR and POC Rounds?

- **Discuss and update patient status.**

- **Ensure that all patient care activities are goal-directed and patient-centered.**

- **Develop interdisciplinary daily plan of care (goals for the day/plan for the stay).**

- **Patient/family input and concerns(PCR)**

- **Communicate daily plan of care and Estimated Discharge Date to team members in real time.**

- **Execute diagnostic and treatment orders in a timely fashion.**

# Patient Education

**Health Literacy**

Health literacy includes the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, healthcare providers directions and consent forms and the ability to negotiate complete care systems.

**Functional health literacy is the ability to apply reading and numeracy skills in a health care setting.**

Health literacy varies by context and setting and is not necessarily related to years of education or general reading ability. The "average" American reads at the 8th or 9th grade level and one out of five American adults reads at the 5th grade level or below; yet most health information is written at a high school level or above. Due to illness, stress, the effects of medication and other factors, a person who functions adequately at home or work may have marginal or inadequate literacy in a health care environment.[1]

**Why does health literacy matter?**

- Nearly half the population of the US, approximately 90 million people, have difficulty understanding and using health information[2]

- o Vulnerable populations include the elderly (age 65+), minority and immigrant populations, those with low income (half read below the fifth-grade reading level), people with chronic mental and/or physical health conditions
- Problems with compliance and medical errors may be based on poor understanding of healthcare information. Only 50% of all patients take medications as directed.
- Low health literacy is consistently linked with more hospitalization; greater use of emergency care; lower use of preventive; poorer ability to interpret labels and health messages; and, among elderly persons, worse overall health status and higher mortality rates.
- Improving health literacy will help to improve outcomes[5]

**Why does health literacy matter to Jefferson?**

- Patients need to understand health information and treatment options in order to make informed decision about their care
- Patients who are not able to understand care management instructions may frequent the emergency department and require re-admission to manage their chronic condition
- Inability to manage one's own healthcare results in excess utilization of costly healthcare products and services and may increase length-of-stay
- Patients who are not able to follow discharge instructions are more likely to relapse and require readmission
- Improving health, one patient at a time, will help us accomplish our mission of improving the health of the communities we serve
- Promoting compliance, self-management, and appropriate use of resources strengthens our connection with our patients and their families

Good communication between the clinician and the patient/family is an essential component to patient and family education.[1]

**Six steps to improving interpersonal communication with patients/families[1]**

| 1. Slow Down | Communication can be improved by speaking slowly, and by spending just a small amount of additional time with each patient. This will help foster a patient-centered approach to the clinician-patient interaction. |
|---|---|
| 2. Use plain, nonmedical language | Explain things to patients like you would explain |

| | |
|---|---|
| | them to your grandmother. |
| 3. Show or draw pictures | Visual images can improve the patient's recall of ideas. |
| 4. Limit the amount of information provided—and repeat it | Information is best remembered when it is given in small pieces that are pertinent to the tasks at hand. Repetition further enhances recall. |
| 5. Use the "teach-back" technique | Confirm that patients understand by asking them to repeat back your instructions. |
| 6. Create a shame-free environment: Encourage questions | Make patients feel comfortable asking questions. Consider using the Ask-Me-3 program. Enlist the aid of others (patient's family or friends) to promote understanding. |

**Behaviors that Improve Communication**

- Use orienting statements: "First I will ask you some questions, and then I will listen to your heart."
- Ask patients if they have any concerns that have not been addressed.
- Ask patients to explain their understanding of their medical problems or treatments.
- Encourage patients to ask questions.
- Sit rather than stand.
- Listen rather than speak.

**The Teach Back Method**

Teach Back is a simple and effective technique used to assess a patient's understanding of a concept or topic. Teach Back involves asking patients to explain or demonstrate what they have been told or taught.
Providers can use teach back to identify patient-specific barriers to communication, for example, low health literacy, cognitive impairments, and limited English proficiency.
You can say to the patient,
  "I want you to explain to me how you will take your medication so I can be sure I have explained everything correctly,"
  Or
  "Please show me how you will use the asthma inhaler, so I can be sure I have given you clear instructions."

Or
"When you get home your spouse will ask you what the doctor said, what will you tell your spouse?"

**DO NOT** ask a patient, "Do you understand?" Instead, ask patients to explain or demonstrate how they will undertake a recommended treatment or intervention. Do not ask yes/no questions.
For more than one concept, *chunk* (teach 2 to 3 main points for the first concept) the information and then check using teach back before moving on to the next concept. Asking patients to recount instructions can alert you to the individuals' particular needs and challenges and helps you tailor communication more effectively. If the patient does not explain correctly, assume that *you* have not provided adequate teaching. Re-teach the information using alternate approaches.

You should use teach back as a tool for assessing your own communication skills.

Use clear, straightforward expression—use only as many words as necessary.


**Three-Day Integrated Teach Back**

It is difficult for patient/caregivers to remember information that they may hear for the first time and/or that is condensed into the day of discharge. Providers need to ask patients/caregivers to teach back answers to a short list of condition-specific questions each day for three days with each daily set of questions focused on a different aspect of self-management: knowledge, attitude, and behavior.
**Sample Script**
"Each day of your stay in the hospital, we will ask you a few questions.  Your answers to these questions will help us make sure that WE are doing a good job explaining the important to you about your medical condition and what you need to do to take care of yourself when you go home.
Answer the questions using your own words. You do not need to repeat exactly what you heard us tell you."

Day One:  (Assesses knowledge)
1.  What is the name of your water pill?
2.  Do you have a scale at home? What weight gain should you call your doctor about?
3.  What foods should you avoid when you have heart failure?
4.  What are your symptoms of heart failure?

Day Two:  (Assess attitude)
1.  Why is it important to take your medicine for heart failure every day?
2.  Why is it important to avoid food with sodium (salt)?
3.  Why is it important to watch for the symptoms of heart failure?

4. Why is it important to watch for weight gain?

Day Three:  (Assess behavior)
1. How will you remember to take your water pill every day?
2. How do you plan to change to a low sodium (salt) diet?
3. How will you check for heart failure symptoms every day?
4. How will you weigh yourself every day?


**This completes our online curriculum. Please watch the videos and then proceed to the post test.**