

AFFILIATION HANDBOOK

2008-2009

JACKSON HEALTH SYSTEM

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INTRODUCTION

WELCOME to the Jackson Health System! We wish students and faculty success as you pursue your goals. We are pleased that some of your experiences will be scheduled at Jackson where you will have the opportunity to participate in a challenging and exciting medical center and will be a part of the contribution Jackson makes to our community. As you learn at the Jackson Health System, you will become aware of our caring attitude and our commitment to excellence. Join with us in making Jackson an outstanding healthcare system by exhibiting a caring and conscientious attitude to our patients.

THE JACKSON HEALTH SYSTEM BUILDING A HEALTHIER COMMUNITY

CONSISTS OF:

HOSPITALS

- Jackson Memorial Hospital
- Jackson South Community Hospital
- Jackson North Medical Center

PRIMARY CARE CENTERS

- Community Health of South Dade, Inc. (CHI)
Doris Ison Health Center
- Community Health of South Dade, Inc. (CHI)
Martin Luther King, Jr. Clinica Campesina
- Dr. Rafael A. Peñalver Clinic
- Jackson Care-A-Van
Jorge Mas Canosa Youth Center at Ronselli Park
- Jackson Care-A-Van
Milander Park Auditorium
- Jefferson Reaves, Sr. Health Center
- Juanita Mann Health Center
- Liberty City Health Services Center
- North Dade Health Center
- North Miami Health Center
- Prevention, Education & Treatment (P.E.T.) Center
- Rosie Lee Wesley Health Center
Southside Dental Clinic

DOWNTOWN MEDICAL OFFICE

- Downtown Employee Medical Office
Stephen P. Clark Center

LONG-TERM CARE FACILITIES

- Jackson Memorial Long-Term Care Center
(formerly known as Human Resources Health Center)
- Jackson Memorial Perdue Medical Center
(formerly known as Perdue Medical Center)

SCHOOL-BASED CARE

- Donnell D. Morris Adolescent Health Center
Carol City Senior High School
- Dunbar Elementary School
- Hialeah Middle-Community School
- John H. Peavy Adolescent Health Center
Miami Northwestern Senior High School
- Lenora Braynon Smith Elementary School
- Palm Springs Middle School
- Ruben Dario Middle School

MENTAL HEALTH FACILITIES

- Jackson North Community Mental Health Center
Administration, Children's Services & HIV Prevention Services
- Jackson North Community Mental Health Center
Crisis Stabilization Unit & Adult Outpatient Services

HOMELESS CENTER CLINICS

- Miami Hope Center
- South Dade Homeless Assistance Center Clinic

CORRECTIONS HEALTH SERVICES

- Metro West Detention Center
- North Dade Detention Center
- Pretrial Detention Center
- Training and Treatment Center
- Turner Guilford Knight Center (TGK)
- Women's Detention Center

**UM/JACKSON
MEMORIAL
MEDICAL
CENTER MAP
BUILDINGS
NAMES &
LOCATIONS**

Information Desk (West Wing Lobby) 106

Alamo (Original City of Miami Hospital) 100

Ambulatory Care Center-East 202

Ambulatory Care Center-West 201

Amedic Building 303

American Cancer Society’s Winn-Dixie Hope Lodge 405

Anne Bates Leach Eye Hospital/Bascom Palmer Eye Institute 213

Breast Health Center DTC

Calder Memorial Library 301

Central Building 105

Crisis Intervention 103

Debbie Institute 410

Dermatology (Edelman Building) 304

Diabetes Research Institute 306

Dialysis (Adult Outpatient) 409

Ronald McDonald House 401

Dialysis (Pediatric Outpatient) 204

Dominion Tower 311

East Tower 203

Sewell Building 408

Edelman Building (Dermatology Clinics) 304

Elliot Building (AIDS Clinical Research) 207

Sieron Building (Psychiatry and 305

Comprehensive Aging Center

Emergency Care Center (1st floor) 203

Epidemiology & Public Health 211

Fox Cancer Research Building 307

Gamma Knife Center DTC

Highland Park Pavillion 211

Urgent Care Center 205

Hope Lodge 405

Hyperbaric Medicine and Problem Wound Ctr. 204

Infant/Toddler Center 409

Jackson Children’s (5th & 6th floors) 203

Jackson Medical Towers 409

JMH Health Plan 209

Mailman Center for Development 411

McKnight Vision Center 214

Medical Training and Simulation Laboratory 402

Memorial Hall 200

Mental Health Annex Emergency Room 103

Mental Health Institute 102

MRI Center, Joseph Applebaum 403

National Parking Foundation 302

North Wing 204

Papanicolaou Cancer Research Building 308

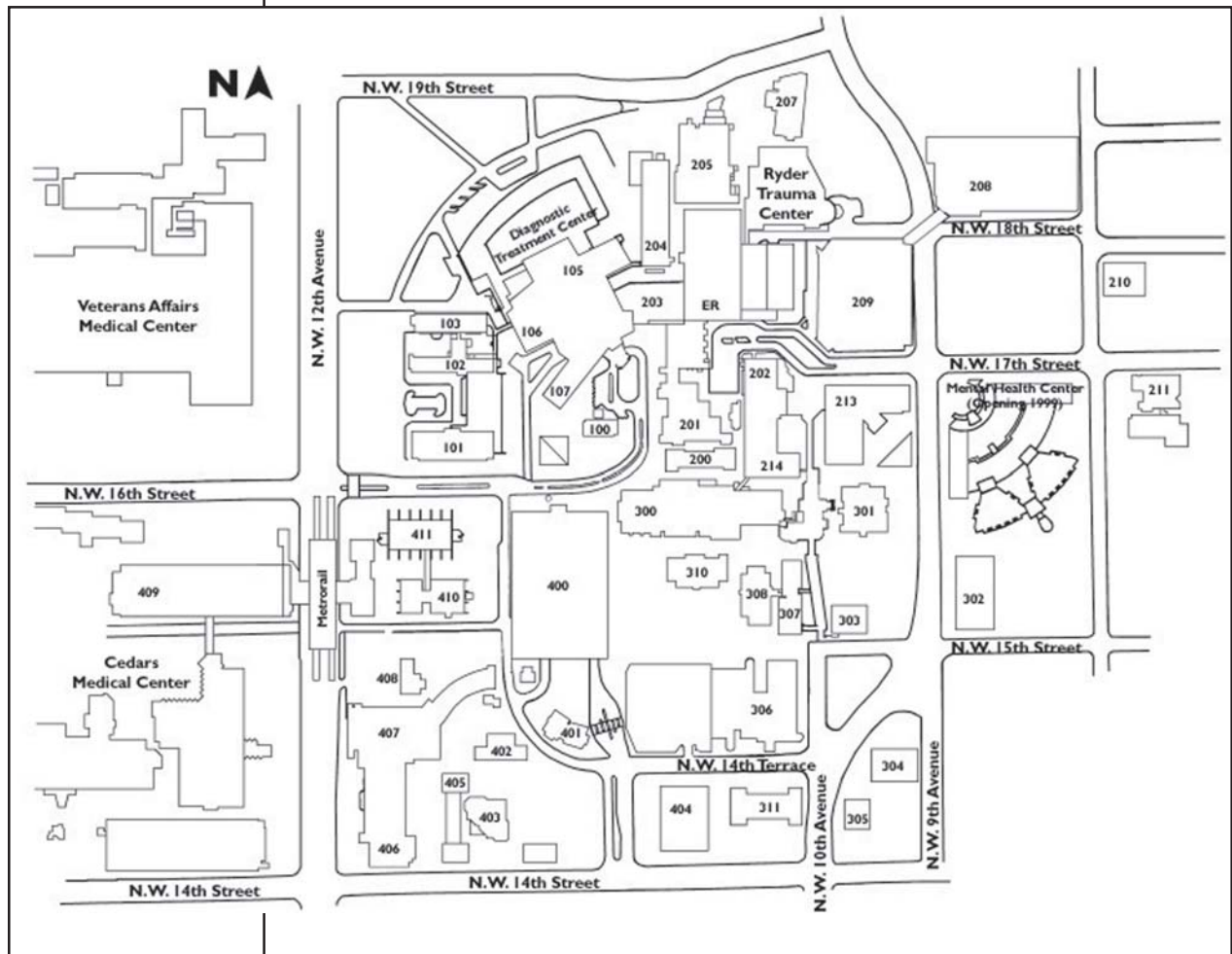
Professional Arts Building 404

Radiation Therapy DTC

Rape Treatment Center 205

**UM/JACKSON
MEMORIAL
MEDICAL
CENTER MAP
BUILDINGS
NAMES &
LOCATIONS**

Rehabilitation Center	101
Retter Auditorium	213
Rosenstiel Medical Science Building	300
R. Bunn Gautier Building	310
Ryder Trauma Center	206
Sickle Cell Center	210
South Florida AIDS Network	205
South Wing	107
Sylvester Comprehensive Cancer Center	406
U. of Miami Hospital & Clinics (UMHC)	407
U. of Miami School of Medicine	300
West Wing	106
Women's Hospital Center (4 th & 7 th floors)	203
Zanetti Building	210



**JACKSON
NORTH MEDICAL
CENTER:**

**160 N.W. 170TH STREET
NORTH MIAMI BEACH, FLORIDA 33169**

MAP AND DIRECTIONS

Driving Directions:

From the North

Exit I-95 at SR 826 east. At the light (NW 2nd Avenue.), make a left. Jackson North Medical Center is on the right.

From the Northeast

Take Miami Gardens Drive west to NE 6th Avenue. Make a left. Head South to 167th Street. Make a right to NW 1st Avenue. Make a right into Jackson North Medical Center.

From the East

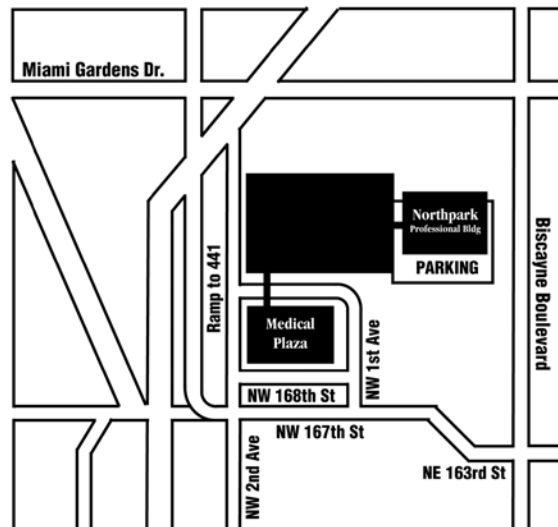
Take NE 163 Street (SR 826) west to NE 1st Avenue. Make right into Jackson North Medical Center

From the South

Take I-95 north and exit at SR 826 east. At the light (NW 2nd Avenue), make a left. Jackson North Medical Center is on the right

From Surrounding Community

Jackson North Medical Center is off 167th Street (SR 826) at the Golden Glades Interchange of I-95, SR 826 and US 441 (SR 7).

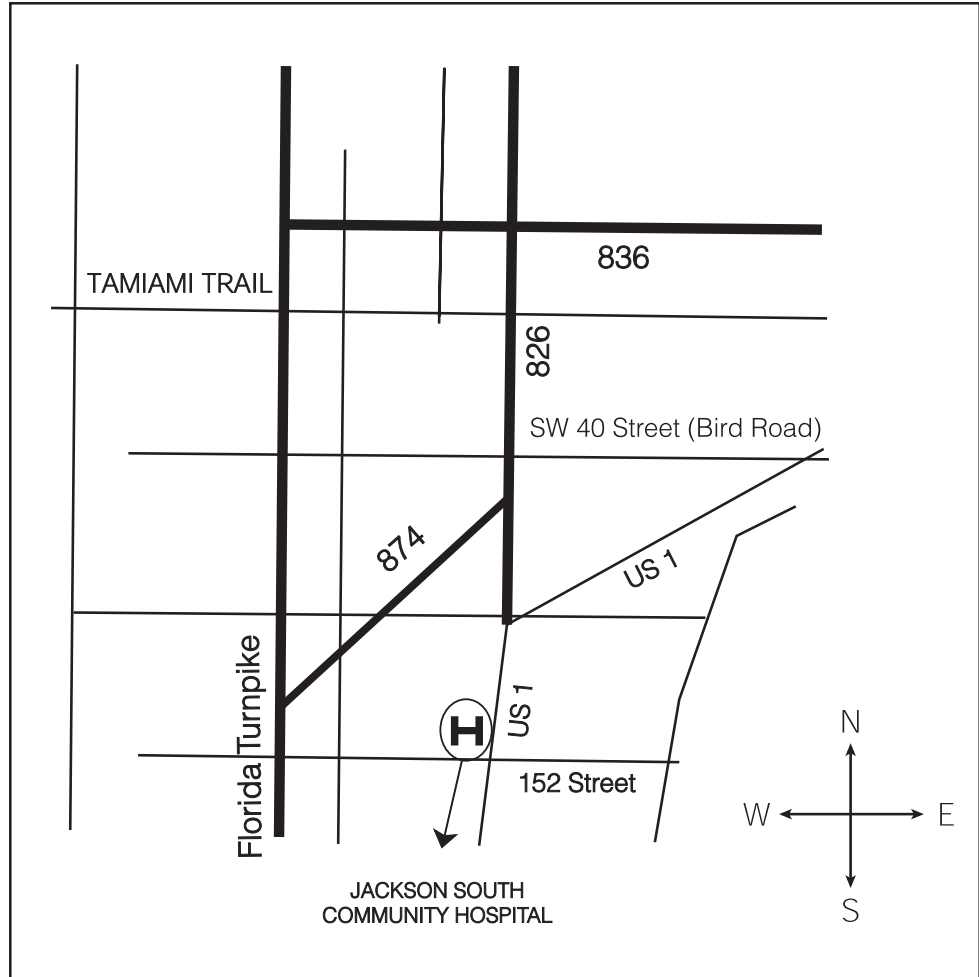


**JACKSON
SOUTH
COMMUNITY
HOSPITAL
DIRECTIONS
AND MAP**

9333 S.W. 152nd Street
Miami, Florida 33157

FROM THE TURNPIKE:

Exit on 152 Street East. Turn left on 94th Avenue. Park in employee West
Parking Lot.



JHS MISSION

To build the health of the community by providing a single high standard of quality care for the residents of Miami-Dade County.

JHS VISION

Jackson Health System strategic vision is to be a nationally and internationally recognized, world-class academic medical system and to be the provider of choice for quality care.

NURSING VISION

Jackson Health System nurses are global leaders committed to excellence in providing specialized world class care through innovation, collaboration and evidence-based practice.

PILLARS OF EXCELLENCE

- Finance
- Service
- Quality
- Growth
- People

STANDARDS OF EXCELLENCE

1. **Smiles, offers help, says please and thank you.**
Display a positive, helpful and courteous attitude; represents the Jackson in a positive manner.
2. **Acknowledges others.**
Uses eye contact and greets others promptly by saying, "Good morning/ afternoon/ evening", ends the conversation pleasantly by saying "I hope everything turns out well, I was happy to assist," etc.
3. **Takes pride and care in his/her environment.**
Keep unit and Jackson facilities neat and clean; maintain a presentable, personal appearance and an attractive, organized work area.
4. **Responsive and responsible.**
Understand your role in accomplishing the Jackson's mission; keep people informed; react quickly to problems; apologizes for any inconvenience that may have been caused; follows through.
5. **Ensures confidentiality and privacy.**
Avoid and discourage gossip; respect personal space; shares information only with those who have a need to know.
6. **Uses professional telephone etiquette.**
Answer on or before three rings, state department, name and offer assistance in an upbeat tone.

MAGNET JOURNEY

Jackson Health System has embarked on a journey to become Magnet hospital. In 1983 a task force was established to identify healthcare organizations that attracted and retained nurses, were considered good places to work and provided excellent nursing care. The task force was able to identify several variables that made these organizations special. These variables became known as the Forces of Magnetism and make up part of the Magnet Recognition Program developed by the American Nurse Credentialing Center.

Magnet Hospitals provide excellent nursing care and attract and retain nurses. Our goal at JHS is to achieve Magnet status in the near future.

PATIENT CARE AT JACKSON HEALTH SYSTEM

Patient care is approached from a holistic framework. Patient education is a major area of emphasis because we believe that patients have the right to make informed choices and to participate in directing their own health care.

Patient assignments and methods of care delivery are based on the needs of the patients and the skills of the care provider. Patient care is directed by professionals based on an understanding of science, technology, resources, human behavior and current trends in practice.

DIVERSITY MATTERS

Diversity Statement

Jackson Health System (JHS) values the diversity we have in our community and in the employees we serve. Recent discharge summaries indicate that almost forty percent of our patients are people of color. In addition, we are proud that JHS employees represent one of the most culturally diverse healthcare systems in Miami-Dade County. As a vehicle to achieving JHS' mission, we provide a series of cultural diversity programs to ensure organizational values and excellence are attained.

We are committed to fostering cultural competence and therefore provide diversity training in our New Employee Orientation, Annual Mandatories, as well as a number of elective programs that varies in their focus. By incorporating cultural sensitivity and other diversity issues into our educational programs and other organizational initiatives, we foster behavioral qualities such as respect, dignity, individual consideration and spiritual/religious acceptance and support.

As the needs of the community continues to change, our goal is to adapt in order to meet the needs of our customers by advancing cultural competence. Cultural competence includes examining the impact of attitudes on patient care, accepting different values, expanding communication styles to accommodate the needs of others, and the ability to intervene appropriately and effectively while demonstrating sensitivity. Each employee must understand and be given guidance on his/her role in supporting a positive customer experience as it relates to cultural diversity. Safeguarding our customers' values and beliefs is the cornerstone of JHS' diversity programs.

We at Jackson Heath System are proud that we are one of the most ethnically diverse employers in Miami Dade county. We strive to ensure that our stakeholders reflect the diversity of our great community. We are committed to fostering cultural responsiveness by educating our employees about the meeting the unique needs of our internal (co-workers) and external (patients, families/ caregivers, and visitors) customers. The following information provides an overview of organizational values and reviews performance factors for achieving these values.



Goal: To improve the quality of services to our multi-cultural customers.

Objectives:

1. Recognize that the diversity of our customers is what makes JHS unique.
2. Recognize that all employees, no matter their position, are responsible for creating an environment that promotes respect and values diversity.
3. Identify and practice techniques that, to the extent possible, address and support the cultural values of our customers.

Who We Are

At Jackson Health System (JHS), we are an organization of 12,000 employees representing various countries and cultural values. Our employee population reflects the significant changes that have occurred in our nation in the last fifteen years. We have more people than ever before who perceive and believe differently, not only from ourselves but from one another as well. In addition, we are aware that a significant number of our new customers are people from outside of the United States. In recognition of the changing workforce as well as our diverse customer base, we understand the importance of a multi-cultural perspective when providing service. In our commitment to support diversity, we acknowledge that culture impacts how we perform as employees as well as the implications for recovery and care for our patients.

What We Believe

We believe that JHS is the flagship of the 21st century healthcare business. Consequently, we have built our organization around a set of core values. These values include the right to be treated with respect and dignity, and that, to the extent possible, personal consideration is given so that values and needs are supported. We encourage our employees and business affiliates to contribute to the well-being of others by working with integrity and continually striving to be culturally sensitive to the needs of others.

Employees can contribute by not making assumptions about the ways to prevent, maintain or cure health problems. Instead, adopt a line of questioning that leads to clarification of beliefs from others, so that a caring and supportive intervention may be made. Business affiliates can contribute by recognizing that culture determines the rules of polite, caring behavior. Therefore, they must treat people the way they want to be treated.

Supporting the Business Culture

Traditional work styles and archaic viewpoints can decrease productivity, create interpersonal conflicts, and lower job satisfaction because of lack of respect for differences. Therefore, as an organization we understand that we must now rethink old attitudes and assess whether or not current practices support the current business culture. Our organizational values and principles are designed to provide an environment where all employees are heard and motivated to work together to perform at the highest level and achieve professional fulfillment.

Creating a Positive Work Environment

As a Jackson Health System employee, we understand that each of us is responsible for safeguarding organizational ideals and the value system of the individual. We are able to achieve this by demonstrating behaviors that promote **PEACE:**



P Professional - Acknowledge the presence of others.

- Provides friendly greeting, smiles
- Speaks English, unless providing interpreter assistance
- Avoids making assumptions and stereotyping

E Empathetic - Demonstrate sensitivity and is culturally responsiveness to the diverse needs of others.

- Recognizes differences in value systems
- Listens attentively, suspends judgement, ask questions for clarification
- Deals with others' frustrations in an appropriate business manner

A Action Oriented - Respond to customers and departmental needs in a timely manner.

- Provides immediate assistance when required
- Follows through with responsibilities
- Personally assists with maintaining a clean and organized environment on daily basis

C Conflict - (Resolves) Deal with conflict as an opportunity to improve relations.

- Ensures that the customer's problem as been heard, acknowledged and a solution forged
- Responds calmly and with courtesy
- Engages in team building activities to foster trust

E Evaluate - Assess results of each customer interaction

- Seeks measures to enhance future interactions via communication, education and training
- Prevents unproductive situations by being proactive
- Demonstrates flexibility to continually meet the changing needs of own business environment

PATIENTS' RIGHTS

Every Jackson Health System patient is entitled to certain basic rights when receiving care.

The Right to:

- ACCESS to health care.
- RESPECT, Dignity and consideration in his or her care.
- Privacy and Confidentiality of all information.
- Clear Information about his or her condition and care.
- Involvement in decision making.
- Identity and professional status of all caregivers.
- Refuse treatment
- Communication within and outside the hospital.

Patient's rights and responsibilities are:

- Posted throughout the hospital, ambulatory clinics, primary care centers, skilled nursing facilities (resident's rights) and home health agencies.
- Available in English, Spanish or Creole throughout the Admitting Office and/or the Patient Relations Office.
- Provided to patients, nursing home residents and home health patients on admission.
- Reviewed and discussed with all employees during mandatory orientation.

Adult patients are also provided with information regarding their rights to set Advanced Directives to determine their care in the event they are unable to communicate their wishes to their physicians.

Social Work services are available when patients request assistance in drawing up their Advanced Directives. Their physicians are notified and have the opportunity to participate in the process.

Other sources of assistance related to Patients Rights and/or Ethics include Pastoral Care (5-2529), and the Bio-Ethics Committee (contact the Chairperson through the hospital's page operator at 5-2255).

ORGANIZATIONAL ETHICS

Jackson Health System encourages monitors and enforces organizational and staff's behaviors that demonstrate adherence to the highest standards of ethical conduct in-patient care business practices and interpersonal relations. Medical Staff Bylaws, Corporate Compliance Plan, Miami-Dade County code and Florida Statutes also support and enforce these desired behaviors. Employees of Jackson Health System are personally and professionally obligated to serve the public with honesty and integrity. It is essential that we maintain the trust of the public and our co-workers.

Jackson Health System personnel are expected to practice according to the following standard:

Interact with patients, fellow staff members, clinical partners, vendors, visitors and any other group or individual in an honest, courteous and forthright way that will reflect favorably on Jackson Health System.

Examples of general standards of ethical behavior include, but are not limited to:

- Maintaining patient confidentiality and privacy
- Providing patient care and service without regard to political or other non-clinical influences
- Identifying and correcting practices that do not appear to meet generally accepted standards of fairness, impartiality or integrity.
- Generating accurate charges and resolving billing concerns fairly and expeditiously
- Using resources efficiently and appropriately
- Processing invoices within contractual limits
- Representing the capabilities and services of Jackson Health System in a fair and truthful way
- Providing patient's information regarding access to protective services upon request
- Ensuring the quality of patient care by separating clinical decision-making from any influence arising from financial incentives or risks
- Exhibiting the Standards of Excellence at all times.

**A WORD FROM
COMPLIANCE
OFFICE**

Public Health Trust/Jackson Health System (PHT/JHS) is committed to conducting its business lawfully and ethically. As the PHT/JHS reputation is the sum of the reputation of its employees, it is critically important that all its employees perform their duties in accordance with the legal and ethical standards. PHT/JHS will exercise due diligence in attempting to deter, detect and correct improper conduct by its employees, managers, patients and vendors. PHT/JHS will establish an environment or culture within PHT/JHS that promotes self-monitoring, detection and resolution of problems.

If you are aware of any dishonest or unethical behavior, or improper business practices, you may anonymously report such incident to the Compliance Hotline without fear of retribution.

The Compliance Hotline is available Monday through Friday, 8:00 AM through 4:30 PM and voice mail after business hours and on weekends. You can reach the Compliance Office by dialing toll free

866 HELP 990 (866-435-7990).

**CORPORATE
COMPLIANCE**

- **Coding**
Employees must do the right thing, take a personal and professional interest in maintaining ethics and compliance in the organization, and follow the “chain of command”.
- **Gifts and Gratuities**
Employees must not accept any personal gifts or tips from patients, their families, or vendors.
- **Workplace Conduct**
All employees must conduct themselves in a professional manner at all times while at work.
- **Vendor Relationships**
Institutional purchases are made by a contract bidding process. Employees must maintain organizational confidentiality regarding pricing and contract terms.
- **Patient Information**
Patient confidentiality is an organizational priority. Information may only be shared on a “need to know” basis.
- **Patient Charts**
The documentation policy must always be followed. Never document for another employee.

RISK MANAGEMENT

Jackson Medical Towers 1st Floor, Room 108
305 585-7352 (5-7352)

Risk Management - a management tool that attempts to identify, treat, and evaluate the risk of financial loss for the institution.

Jackson Health System Risk Management Program:

- Coordinate the monitoring and evaluation functions of the department with other quality assurance programs.
- Develop an awareness of the medical legal aspects of care.
- Motivate the staff to utilize the in-house reporting mechanisms appropriately and in a timely fashion.

Areas of professional liability for Clinicians:

- Medication administration.
- Patient safety.
- Observation of signs and symptoms of adverse reactions to treatments.
- Recording and reporting of patient care.
- Patient teaching and documentation.
- Supervision of care given by ancillary/subordinate staff (patient care assistants/nurses aides).

Incident reports:

- Identification and documentation of facts of any injury/adverse occurrence not consistent with routine hospital operation, or care of the patient.
- Hospitals are required by law to maintain an incident report tracking system.
- Serious/adverse incidents are to be reported to Risk Management immediately:

Death

Brain damage

Spinal Cord damage

Surgery performed on the wrong patient.

Surgery unrelated to medical diagnosis or need.

Risk Management

- Incident Reporting System on the Quantros computer system.
- It is the duty of all healthcare workers to report patient adverse occurrences to Risk Management by Florida law
- Reporting is very important and there are no bad/negative consequences or reactions.
- Risk control and prevention measures minimize injuries to patients and staff.
- Florida law - Code 15 (serious incident report) – report within 24 hours.
- Routine events – report within 3 days.
- Sexual misconduct reporting.
- Workers Compensation reporting.

Documentation

- Chart promptly and accurately.
- State only the facts.
- Be as precise and concise as possible.
- Write neatly and legibly.
- Write addendum if needed.
- Time, date, and your name with designation in all medical record entries.

NOTE: All students need to follow the chain of command and report to their supervisor/instructor

SAFETY EDUCATION

I Fire Safety

- R.A.C.E. (**R**escue, **A**lert, **C**onfine, **E**xtinguish)
- P.A.S.S. (**P**ull, **A**im, **S**queeze, **S**weep)
- Departmental fire response procedures/ plans (*review them regularly*)
- Recognition of fire safety equipment & fire exits (*know location*)
- Responsibilities: reporting fire hazards and other emergencies (*585-6123, 585-6710, 585-5899; numbers will vary for satellite facilities*)
- “No Smoking” policy is in effect in all buildings (*use designated smoking areas*)
- Fire drills (*quarterly, all buildings, all shifts, documented*)

II General Safety

- H.O.B.S. (**H**ospital **O**rdered **B**omb **S**earch)
- Disasters/ hurricanes (*know your assignment and departmental plan*)
- Electrical equipment (*non-approved, not allowed in patient vicinity; hospital-approved, inspected and tested as outlined in the Equipment Management Programs of JHS’s Plant Operations*)
- Report equipment failure and damage to Engineering (*585-1302*)
- Report suspicious smells and hazardous spills to Telecommunications’ Page Operators (*585-6123*)

III Hazard Communication

- OSHA Haz-Com Regulation/ Florida Right-To-Know Law (*employer’s obligations and employee’s rights*)
- Toxic/hazardous substances in the workplace (*must be made known*)
- Personal protective equipment (PPE) (*always use when required*)
- Labeling practices (*English, manufacturer, warnings, contents, PPE*)
- Chemicals (*approval, training in safe handling, storage, disposal, spills*)
- Material Safety Data Sheet (MSDS)

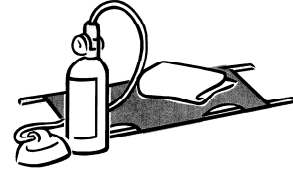
Be Responsible to React or Respond in an Appropriate Manner!!!!!!

OXYGEN TANK SAFETY

Combustion needs fuel, ignition, and oxygen to burn. By removing oxygen from fuel and ignition sources the chance for fire is greatly reduced.

Oxygen tanks should be:

- Secure oxygen tanks to a cart, stand or stretcher frame rack to prevent falling.
- Only use MRI compatible (Aluminum) in MRI departments.



2008 NATIONAL PATIENT SAFETY GOALS

BACKGROUND

- The purpose of the NPSGs is to promote improvements in patient safety.
- The requirement highlight problematic areas in health care and describe evidence and expert-based solutions to these problems.
- The requirement focus on system wide solutions, wherever possible.
- NPSGs are fundamental to all patient care and **MUST** be observed by all staff.
- NPSGs were developed based on events that occur nationally.
- NPSGs compliance will be evaluated by the Joint Commission Surveyors and will impact the organizational accreditation survey score.

2008 NATIONAL PATIENT SAFETY GOALS

Improve accuracy of patient identification



- Use Full Patient Name and Date of Birth or Patient Full Name and Medical Record Number
 - When giving medications, blood products, taking blood samples, taking chest x-rays or transferring patients are some of the examples.
- Involve patients in the process of patient identification
- **NEVER USE THE ROOM NUMBER**

**2008 NATIONAL
PATIENT
SAFETY GOALS**

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.
 - 1) The receiver of the information **writes** down the complete order or test result or enters it into a computer
 - 2) The receiver of the information **reads back** the order or test result
 - 3) The receiver of the information **receives confirmation** from the individual who gave the order or test result.

Dangerous Abbreviations DO NOT USE

DANGEROUS	POTENTIAL PROBLEM	USE INSTEAD
U (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write “unit”
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write “ International Unit”
Q.D. , QD, q.d., (daily) Q.O.D., QOD, q.o.d, qod (every other day)	Mistaken for each other Period after the Q mistaken for “I” and the “O” mistaken for “I”	Write “ daily” Write every other day”
Trailing zero (X.0 mg)	Decimal point is missed	Write (X mg) 5mg
Lack of leading zero (.X mg)	Decimal point is missed	Write (0.Xmg) 0.5mg
MS MS04 AND MgSO4	Can mean morphine sulfate or magnesium sulfate) Confused for one another	Write “morphine sulfate Write “magnesium sulfate”

Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions

- Hand off” approach for communications
 - Allowing time to ask and respond to questions
 - Walking rounds
 - Avoid interruptions during hand offs
 - Provide accurate and complete reports
 - Repeat back or read back information received
 - Recommend use of SBARQD-Situation, Background, Assessment, Recommendation, Questions, Documentation

**2008 NATIONAL
PATIENT
SAFETY GOALS**

Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions

- Types of patient hand-offs (examples)
 - nursing shift changes
 - physicians transferring complete responsibility for a patient
 - physician transferring on-call responsibility
 - leaving the unit for a short time
 - anesthesiologist repost to post-anesthesia
 - different hospitals
 - nursing homes and home health care
 - critical laboratory and radiology results sent to physician
 - nursing and physician hand off from the emergency
 - department to in-patient units

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

- Review the list of look-alike/sound alike drugs used by the organization
- Take actions to prevent errors involving the interchange of these drugs

LOOK-ALIKE, SOUND -ALIKE MEDICATIONS

Carefully reading medication label can reduce medication error. Some examples of look-alike and sound –alike medications in the JHS

Amaryl	Reminyl
Avandia	Coumadin
Celebrex	Celexa
Celexa	Cerebrex
Cisplatin	Carboplatin
Cyproheptadine	Cyclobenzaprine
Ephedrine	Epinephrine
Humalog	Humulin
Serzone	Seroquel
Taxol	Taxotere
Vinblastine	Vincristine

**2008 NATIONAL
PATIENT
SAFETY GOALS**

Label All Medications/Solutions or Medication Containers on and off the sterile field in Perioperative/Procedural Areas

- Label medications and solutions even if there is only one medication being used both on and off the sterile field.
- Labeling occurs when any medication or solution is transferred from the original packaging to another container.
- Labels include drug name, strength, amount (if not apparent from the container), expiration date when not used within 24 hours, and expiration time when expiration occurs in less than 24 hours.
- All labels are verified both verbally and visually by two qualified individuals when the person preparing the medication is not the person administering the medication.
- No more than one medication or solution is labeled at one time.
- Discard any medications or solutions found unlabeled immediately.
- All original containers from medications or solutions remain available for reference in the perioperative area until the conclusion of the procedure. Discard all labeled containers on the sterile field at the conclusion of the procedure.
- At shift change or break relief, all medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting personnel

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

- Use ONLY oral unit dose products and pre-mixed infusions
- Baseline INR is available for patients receiving Warfarin
- Current INR is available and is used to monitor and adjust therapy
- Notify dietary services of all patients receiving Warfarin and responds to its food/drug interaction program
- Education regarding anticoagulation therapy for follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions is provided to patients and families.

Comply with current World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) Hand Hygiene guidelines

- Perform hand hygiene
 - Before all direct contacts with a patient/patient environment
 - Before donning sterile gloves when inserting a central intravascular catheter

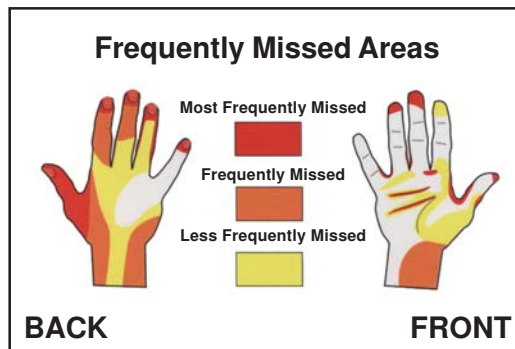
**2008 NATIONAL
PATIENT
SAFETY GOALS**

- Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical hand scrub
 - After contact with blood, body fluids or excretions, mucous membranes, non intact skin, or wound dressings
 - After all contact with a patient (including after contact with intact skin, such as after taking a pulse or blood pressure or after lifting a patient)
 - If hands will be moving from a contaminated-body site to a clean-body site during patient care.
 - After contact with inanimate objects (including trays, phones, call buttons and medical equipment) in the immediate vicinity of the patient.
 - After removing gloves worn for any purpose
 - Before eating and after using a restroom
- Do not wear artificial fingernails or extenders if duties include direct contact with patients. Fingernails are to be neatly manicured and of reasonable length (less than ¼ inch long).

HAND HYGIENE GUIDELINES

METHODS	AREA	DURATION (MINIMUM)
Routine Hand washing	All surfaces of the hands and fingers	15 seconds
Antiseptic hand washing	All surfaces of the hands and fingers	15 seconds
Antiseptic hand rub	All surfaces of the hands and fingers	Until the hands are dry

REDUCE THE RISK OF HEALTH CARE-ACQUIRED INFECTIONS



Reconcile medications across the continuum of care

- Complete list of the patient’s current medications at admission/entry to the organization with the patient’s involvement.
- The next provider of service checks the medication reconciliation list again to make sure it is accurate and in concert with any new medications to be ordered/prescribed.
- The complete list of medications is also provided to the patient on discharge.

Reduce the risk of patient harm resulting from falls

- Implement a fall reduction program.
 - Reduce the patient’s fall risk by following the fall reduction program
 - Staff receive education and training for the fall reduction program
 - The patient and patient’s family educated on the fall reduction program and individualized fall reduction strategies

Reduce the risk of patient harm resulting from falls

- Patients are assessed for their fall risk upon:
 - Admission
 - Transfer from one unit to another within the facility
 - Changes in patient’s condition
 - Following a fall
 - Scheduled interval for assessment and reassessment

If reassessment of patient’s condition indicates patient is no longer at high risk for falls, High Risk Fall Prevention Interventions are modified and may be discontinued as applicable.

Variables	Scale	Score
1. History of falling: immediate or within 3 months	No 0 Yes 25	_____
2. Secondary diagnosis	No 0 Yes 15	_____
3. Ambulatory aid None/bedrest/nurse assist Crutches/cane/walker Furniture	0 15 30	_____
4. Intravenous Therapy/heparin lock	No 0 Yes 20	_____
5. Gait Normal/bedrest/wheelchair Weak Impaired	0 10 20	_____
6. Mental status Oriented to own ability Overestimates/forgets limitations	0 15	_____
Printed with permission by Janice Morse		Total Score _____
If score is 45 or greater initiate Fall Prevention Protocol.		
Signature/Title _____		
JACKSON HEALTH SYSTEM MIAMI, FLORIDA 33136		PATIENT ID: _____
MORSE FALL SCALE		DATE: 11-06 PRINT

**2008 NATIONAL
PATIENT
SAFETY GOALS**

Encourage patient's active involvement in their own care as a patient safety strategy

- Educate patients and families to take a role in preventing health care errors. Provide patient the Speak up brochure on admission.
- The SpeakUp brochure is available on line

The Speak Up program is sponsored by the Joint Commission, so patient can play a vital role in making their role safe by becoming an active, involved and informed member of the health team.

Identify safety risks inherent in its patient population.

- Assess patient to identify specific factors and features that may increase or decrease risk for suicide.
- The patient's immediate safety needs and most appropriate setting for treatment are addressed.
- Provide crisis hotline to individuals and their family members for crisis situation
- Complete Suicide Risk Screening Assessment
- Refer to Administrative Policy # 444 on Suicide Prevention in the Intranet

**Improve recognition and response to changes in a patient condition-
Rapid Response TEAM**

- Rapid Response Team (RRT)- is a team available to help assess and treat deteriorating patients
- How do I call- Call 56333 -Say I Need the Rapid Response Team

DON'T HESITATE – ACTIVATE!!!!

Universal Protocol- Eliminate wrong –site, wrong patient, and wrong-procedure surgery- MUST be observed in surgical areas and other locations where invasive procedures are done

- **Verification** of the correct person procedure, and site should occur during the following (as applicable):
 - At the time the surgery/procedure is scheduled
 - At the time of admission or entry into the facility
 - Anytime the responsibility for care of the patient is transferred to another caregiver

**2008 NATIONAL
PATIENT
SAFETY GOALS**

Universal Protocol- Eliminate wrong –site, wrong patient, and wrong-procedure surgery -MUST be observed in OR and other locations where invasive procedures are done

- **Mark** the surgical site and involve patient in the marking of the surgical site.
 - Use initials or YES for marking the proposed surgical site
 - The person performing the procedure should do the site marking
 - Marking must take place with the patient involved, awake and aware, if possible.

Universal Protocol- Eliminate wrong–site, wrong patient, and wrong-procedure surgery MUST be observed in OR and other locations where invasive procedures are done

- **Time out**” must be conducted immediately before starting the procedure. It must involve the entire operative team, use active communication, be briefly documented and must include
 - Correct patient identity
 - Correct side and site
 - Agreement on the procedure to be done
 - Correct position
 - Availability of correct implants and any special equipment or special requirements
- Reconcile differences in staff responses during “time-out”
- Refer to P&P Operative or Invasive Procedure Patient Identification, Verification, and Marking-code #459

FOR MORE INFORMATION:

THE JOINT COMMISSION WEBSITE

www.jointcommission.org

Center for Disease Control

<http://www.cdc.gov/Features/HandWashing/>

**RESTRAINT
POLICY**

The Jackson Health System believes that the use of patient restraints needs to be reduced and eliminated, when possible. If restraints are needed, they will be used properly and safely. Staff members that use restraints will have specific training for their appropriate department. Restraints will be used only when they are needed to protect the patient’s health and safety, and will be removed as soon as possible.

**ABUSE AND/OR
NEGLECT AND
EXPLOITATION
OF CHILDREN
AND
VULNERABLE
ADULTS**



Any person/employee who knows or has a reasonable cause to suspect that a child, or vulnerable adult has been or is being abused, abandoned, neglected or exploited should report that information to DCF Abuse hotline (1-800-96-ABUSE) and follow JHS policies 400 & 401.

Who is considered a child?

A child means any unmarried person under the age of 18, who has not been declared an adult by a court order.

Who is a vulnerable adult?

A vulnerable adult means a person 18 years or older who is unable to perform normal activities of daily living or is unable to provide for their own care due to a mental, emotional, physical or developmental disability, dysfunction, brain damage or the physical problems of aging.

Abuse may be physical, emotional or sexual. It may include burns, fractures or other identified injuries. The patient may make frequent references to the “anger” or “temper” of a relative or roommate, or refers to a fear of being harmed. Abuse may be identified by anyone.

Related JHS Policies You Can Read:

Section 400 – Care of the Patient Policies 400 & 401.

Signs and Risk Factors:

The child or vulnerable adult may come to the healthcare system with any of the following:

- Bruises or injuries that do not match the reasons given. Explanations that do not make sense or are inconsistent.
- Physical abuse (bruises/welts/fractures in different stages of healing; burns/bruises/bites/strangulation marks/marks in the shape of handprints or other identifiable patterns; internal injuries, brain or spinal cord damage, internal bleeding in the brain, choking, suffocation, drowning, deadly weapon injury, beatings, excessive physical punishment).
- Mental abuse (drastic changes in behavior, inappropriate/excessive restraints or isolation, bizarre punishment, harassment, being made fun of).
- Sexual abuse (sexual penetration, molestation, exploiting a child sexually, known sexual abuser has access to child, elder or disabled adult).

- Substance misuse (inappropriate/excessive drugs given, poisoning, giving or exposing a child to alcohol or drugs).
- Inadequate supervision (victim left alone, caregiver present but unable or not willing to provide supervision).
- Environmental neglect (inadequate shelter, clothing, food, conditions hazardous to health).
- Medical neglect (malnutrition/dehydration, failure to thrive, failure to provide medical care).
- Self-neglect (adult is unable to care for self).
- Unexplained loss of social security checks or pension checks.
- Failure to protect a child from physical, sexual or mental injury.
- Special conditions for child (caregiver in jail, caregiver hospitalized, caregiver deceased, caregiver is afraid of hurting child, child on child sexual abuse).
- Children living in homes where they witness domestic violence.

Steps to Provide Help:

- Follow the JHS policies (400, 401) and divisional policies related to abuse.
- Don't probe or question the child yourself. Tell them you believe them and notify your supervisor.
- Notify the attending doctor.
- Notify the Child Protection Team (CPT) 305-243-7550.
- Notify Social Worker in the Patient Care Area or Social Work Department.
- Notify Department of Children & Families (DCF).
1-800-96-ABUSE (22873).
- Complete documentation in the medical record.

Anyone can report suspected abuse or neglect by calling:

1-800-96-ABUSE (22873)

**IDENTIFICATION
& ASSESSMENT
OF ADULT
VICTIMS OF
DOMESTIC
VIOLENCE**



Domestic Violence is a serious healthcare problem. Statistics tell us that a woman is abused by an intimate partner every nine seconds. Victims come from all cultures, ethnic backgrounds, religions, financial status and sexual orientation. It is the responsibility of all employees to identify and assess any adult patient who may be the victim of abuse, but who does not fall under the protection of the Adult Protective Service Act. This includes victims of domestic abuse, physical assault and sexual violence.

What is Domestic Violence?

Domestic Violence refers to a pattern of behaviors that are used by a person to gain control and power over an intimate partner. Behaviors may include repeated battering and physical injury, psychological abuse, sexual assault, keeping someone isolated from friends and family, threatening and financial control.

Since Florida law does not provide for mandatory reporting of domestic violence or rape, the victim should be given the opportunity to make a police report if he/she is willing. In cases involving domestic violence, the victim is referred to the social worker who can assist the victim by providing information and a referral to local community resources. For the safety of the victim care must be taken when giving victims telephone numbers, etc. Co-workers who may be victims can be referred to the JHS Employee Assistance Program at 585-6096.

In cases involving physical assault by gunshot wound or other life threatening injury indicating an act of violence, the police must be notified.

Related JHS Policies You Can Read:

Section 400 – Care of the Patient Policy 401

Section 100 – Notification of gunshot – JHS Policy 186

Section 100 – Domestic Violence in the workplace – JHS Policy 201

Signs and Risk Factors of Possible Abuse

- There can be injuries to head, neck, torso, breast, abdomen or genitals. Injuries are often found in a swimsuit pattern in areas that are easily covered by clothes.
- There can be injuries on both sides of the body or in multiple sites. Watch for patterns of injury.
- There can be a time delay from when the person is injured and when they come for treatment.
- Patients may complain of chronic pain symptoms with no apparent cause.

- Patients may seem depressed, anxious and have difficulty sleeping. They may even have thoughts of harming themselves or their abuser.
- They may make frequent visits to ER for unclear nonspecific problems
- They may be accompanied to the hospital by a partner who seems overly protective, intimidating or who will not leave the patient's side.
- Co-workers who are in abusive situations may have frequent absenteeism, tardiness or receive threatening phone calls at work. They may seem easily frightened and have difficulty being able to focus on work.

Steps to provide help:

- Follow the JHS policies (401 & 186) and divisional policies
- Refer patients who are identified as victims of domestic abuse, physical assault or sexual molestation to the social worker.
- Refer alleged or suspected sexual molestation to the JMH RTC (Rape Treatment Center) 305-585-5185.
- Listen non-judgementally. This means not to place blame or state your own beliefs. Victims stay in abusive situations for many reasons. Our role is not to judge them or tell them what to do, but to listen to them and refer them to someone who can give them information and options. **NEVER ASK A PERSON ABOUT SAFETY IN THEIR RELATIONSHIP OR ABUSE IN THE PRESENCE OF ANYONE. ONLY ASK IN PRIVATE.**
- Tell the person that you believe them. You can also say “You are not alone,” “You are not to blame”, “Help is available”
- Document in the medical record what the victim tells you, what you note on the body, what anyone accompanying the victim tells you, referrals made and any follow up.

**SEXUAL
HARASSMENT**

All employees have the right to work in an atmosphere that is free of sexual harassment. If you feel you are being harassed on the basis of race, sex, creed, national origin, religion, etc., please contact the Affirmative Action office immediately.

**INFANT/CHILD
ABDUCTION
PLAN**

"CODE ADAM"

The purpose of this plan is to reunite the infant/child with his/her family as quickly and safely as possible.

Hospital employees need to be aware that an infant or child may be abducted from anywhere within the hospital and may be an inpatient or even the child of a visitor.

Confidentiality is to be maintained at all times. The police and hospital administration will determine what information will be released. All hospital employees are to report any unusual or suspicious behavior of any persons immediately by paging Security.

Examples of such behavior might be:

- Any child or infant being taken or carried out of the hospital or off hospital grounds from an unusual or infrequently used exit
- The person with a child appears rushed, troubled or harried.
- A person carrying a large bag out of the hospital, particularly if cradled in their arms or from a less frequently used exit.
- A child appears to be in great distress or fearful of the adult.
- Any child is found unaccompanied by an adult, or is lost.

As soon as an employee within the Women's Center, or any other area of the hospital, suspects that an infant or child is missing, the following actions are to be taken:

1. Any employee who has a missing child/infant reported to them will alert security . State Code Adam and the age of the child.
2. Notify the charge nurse and/or the supervisor of the area involved. Complete a thorough search of the immediate area and perform a head count of all infants, if appropriate.
3. Question the parents of the child and all personnel of possible locations of the child.
4. All personnel in the Code Adam area will remain on duty for questioning and/ or until authorized to leave by administration/police.
5. All staff are expected to maintain confidentiality by not discussing the occurrence with anyone not related to the incident.
6. Secure the unit; do not allow persons without authorization to leave or enter the unit.
7. Do not allow anyone to disturb the contents or arrangement of the area. Items may be required for police investigation.

8. Notify the parents of the abduction and actions being taken to recover the child.
9. Ensure privacy for the parents of the child.
10. A communications command post needs to be established in a place to be determined by the AOC.

Code Adam response team consists of:

- Psych (1 employee)
- Women's Center (1 employee)
- ER (1 employee)
- Environmental (3 employees)

Each department must check every accessible place where a baby or child could be hidden: i.e. closets, wastebaskets, etc.

**WORKPLACE
VIOLENCE**

Violence or the threat of violence by any employees is unacceptable. Violations of this policy by any employee will subject that employee to serious disciplinary actions and possible criminal charges. Additionally, JHS will work with law enforcement in all incidents of workplace violence. The Vice President of Human Resources administers this program.

**CONFIDENTIAL
INFORMATION**

ALL PATIENT INFORMATION, regardless of how obtained, is confidential and should be discussed only with other health care professionals directly involved in the patient's care. DO NOT discuss any patients or their situations, with or without names, in any public places such as elevators, hallways or the cafeteria. Partial conversations can be misinterpreted and lead to mistrust, anxiety or fear. A good "rule of thumb" is to respect each patient's right to privacy as if he/she were your family member.

Reactions to these sorts of abuses,
as well as a general concern about health privacy, led to the passage of
HIPAA

What is HIPAA?

The Health Insurance Portability and
Accountability Act.

It's the LAW!

It's the RIGHT THING TO DO!

H Health

I Insurance

P Portability

A Accountability

A Act

What is health insurance portability?

This means that if you want to change your health insurance in any way or
change insurance companies, it is easier.

For example, maybe your family is going to have a baby or you lost your job and
now have to get insurance from your husband's or wife's insurance company.
HIPAA makes it easier.

What is health insurance accountability?

This means that your health information is kept private and secure. Only those
people who must have information about you to provide care or to process your
records should know your private health information.

The visitor who passes a computer screen, the housekeeper who cleans your
hospital room or employees talking in an elevator should not learn anything about
your health information because it is private. It must be protected – and it is
called protected health information (PHI).

All healthcare organizations must take special steps to protect your health
information. They and their employees can be fined and/or imprisoned if they do
not follow special rules to protect your privacy.

**As you study about HIPAA, we want you to ask yourself these
questions:**

1. Would I or my family want people to gossip about my medical or personal
information?
2. What kinds of changes need to be made in my department or by me to
protect other people's privacy?
3. Am I willing to risk being fined, losing my job or going to jail because I don't
follow the legal, the ethical, the RIGHT thing to do?

Who has access to protected health information?

Lots of folks! Caregivers, medical records employees, utilization reviewers, folks in billing, insurance providers, and students could all look at private information.

But

Only those who MUST know information to provide care or do the work necessary to complete business responsibilities are legally and ethically allowed to know and use the information.

And

They must make sure they guard the information so it does not become known or used by anyone else. It must be kept confidential.

How do we protect confidentiality?

- A. DO NOT give any information about a patient to anyone who is not directly involved in the care of the patient unless the patient gives an official consent or unless the law requires it.

Why?

Because . . .

If patients are afraid to give us all their health information because we don't keep it private, they will not receive the care they need and may suffer.

Why?

Because . . .

If the patients think we don't protect their personal information, they will go someplace else.

Why?

Because . . .

Accurate research to improve healthcare will NOT occur if a patient holds back private information.

Why?

Because . . .

Health Care cannot be cost effective without accurate information.

HOW?

1. This means you should say, "I'm sorry, that information is confidential and we cannot share that info" to:
 - your family who asks about a hospitalized neighbor
2. This means you should say, "I'm sorry, that information is confidential and we cannot share that info" to:
 - a friend who heard a celebrity is on your unit
3. This means you should say, "I'm sorry, that information is confidential and we cannot share that info" to:
 - a co-worker who is concerned about the diagnosis of a colleague who has a lump in her breast
4. This means you should say, "I'm sorry, that information is confidential and we cannot share that info" to:
 - the visitor who just left the patient's room
5. This means you should say, "I'm sorry, that information is confidential and we cannot share that info" to:
 - the person who calls and says she is the patient's daughter.
6. This means you should say, "I'm sorry, that information is confidential and we cannot share that info" to:
 - the official-looking man who says he is the patient's lawyer.
7. This means you should say, "I'm sorry, that information is confidential and we cannot share that info" to:
 - the reporter who is writing an article about the patient
8. This means you should say, "I'm sorry, that information is confidential and we cannot share that info" to:

ANYONE YOU KNOW DOES NOT HAVE A LEGAL REASON TO KNOW ABOUT THE PATIENT.

WAYS TO PROTECT PRIVACY

1. Make sure no one gets private and protected health or personal information by:
 - Not talking about patients in public places like the cafeteria, elevator, by the water cooler, in lounges, waiting rooms or parking garages.
2. Make sure no one gets private and protected health or personal information by:
 - Being sure no one can see your computer screen while you are working.
3. Make sure no one gets private and protected health or personal information by:
 - Never sharing your access code.
4. Make sure no one gets private and protected health or personal information by:
 - Logging off when not working on your computer.
5. Make sure no one gets private and protected health or personal information by:
 - Changing your code and notifying your supervisor if your code becomes known by anyone else.
6. Make sure no one gets private and protected health or personal information by:
 - Not leaving information on answering machines or E-mails because you don't know who can get your messages.
7. Make sure no one gets private and protected health or personal information by:
 - Leaving only your name and your number on message machines when you are asking patients to call you back.
8. Make sure no one gets private and protected health or personal information by:
 - Being sure you are in a private area when listening to or reading your messages.
9. Make sure no one gets private and protected health or personal information by:
 - Knowing who you are speaking to on the phone

if not sure

 - get a name and number to call back after you find out it is OK to do so.

HIPAA

10. Make sure no one gets private and protected health or personal information by:
 - **Being sure no one around you can overhear your conversation, especially in an office or waiting room.**
11. Make sure no one gets private and protected health or personal information by:
 - Using **ONLY a standard phone because cellular phones can be scanned.**
12. Make sure no one gets private and protected health or personal information by:
 - Never leaving documents unattended.
Store, file, shred or destroy according to your departmental policy.
13. Make sure no one gets private and protected health or personal information by:
 - Making sure Fax numbers are correct and use a cover sheet with a confidentiality statement.
14. Make sure no one gets private and protected health or personal information by:
 - Giving your supervisor any papers or materials with patient information you find anywhere such as:
 - a classroom or lounge
 - cafeteria, floor or wastebasket.

OTHER WAYS TO PROTECT PATIENT PRIVACY

- If you happen to see a patient in any public place, be very careful in greeting them. They may not want others to know they have been a patient.
- When calling patients in waiting rooms for appointments or talking to them in our healthcare facilities, talk to them in a way that does not disclose their full name, doctor or reason for their visit to others who may over hear.
- Even when a patient has someone with them, they may not want that person to hear their private information so ask the person to wait outside. If the patient requests them to stay, that is OK.
- Do not post patient's names and diagnosis or doctor's name and private information in any public areas such as waiting rooms, nursing stations or assignment boards.

**Please REMEMBER to implement
these HIPAA guidelines in your
workplace everyday. It is the
RIGHT thing to do.**

TUBERCULOSIS

- **What is TB?**

Pulmonary Tuberculosis is a disease that is spread from person to person through small particles of bacteria in the air called droplet nuclei.

- **What is the purpose of a PPD skin test?**

The purpose is to tell whether you have become infected with the TB germ from exposure to TB.

- **What does it mean if your skin test is positive for TB?**

It means that you have been exposed, at some time to the TB germ. It may not mean that you have TB disease or that you could infect another person. If your skin test is positive for TB, you must report to the Employee Health Office for follow-up.

- **How do you know if you have passive TB Infection or Active TB Disease?**

If you have active TB disease you may show symptoms such as:

- Chronic cough (lasts longer than 3 weeks)
- extreme tiredness
- night sweats
- weight loss
- loss of appetite
- fever
- coughing up blood

- **How often is PPD skin testing/Health screening required?**

Annually. Some departments, due to a higher risk of exposure, are tested more frequently.

- **When is it necessary to wear an “N-95 Particulate Respirator”?**

When entering the room of a patient with TB, Chicken Pox, or other airborne, communicable disease.

**INFECTIOUS &
COMMUNICABLE
DISEASE**

- **How important is it that the “N-95” mask is fit-tested?**
Very important. If the mask is worn properly each time he or she enters an isolation room, the risk to exposure is eliminated. Fit testing is done on request by the safety officer.

- **The TB Exposure Control Program:**
A TB Exposure Control Program has been developed by the JHS in compliance with center s for Disease Control and Prevention TB Guidelines. Your supervisor/manager is responsible for implementing components of the program. Your responsibility is to incorporate safe practices into your work habits.

- **Protective Equipment**
 - It is essential that you wear appropriate protective equipment when there is potential for exposure to tuberculosis.
 - ALWAYS wear a particulate respirator when entering the room of a patient in Airborne Precaution for TB.

Contact Digital Beeper Numbers:

- Infection Control
305 996-0459

- Tuberculosis Control
305 314-2881

HIV/AIDS Update for Healthcare Workers

Epidemiology

AIDS is A reportable disease:

- HIV infection is a continuum from asymptomatic infection to symptomatic HIV disease.
- AIDS - Acquired Immunodeficiency Syndrome is a confirmed HIV infection (testing positive) and a CD4 cell count of <200, or an opportunistic disease is present.

Transmission

Transmission of HIV occurs when infected body fluids are exchanged or transmitted such as:

- Sexual Activities - intimate, penetrating activities with fluids.
- Blood to Blood - IVDU's, occupational exposure, transfusions.
- Perinatal/Vertical - mother to child either in utero, the birthing process or breast milk.

Prevention

Body fluids with highest concentrations:

- Blood
- Semen
- Vaginal secretions
- Breast Milk
- Cavity Fluids: Cerebral Spinal, Synovial, Amniotic, etc.

Sexual

- HIV/AIDS is primarily a sexually transmitted disease. There is no risk of HIV for people who practice sexual abstinence, are in mutually monogamous relationship over 10 years, do not "shoot" drugs sharing needles, or both tested negative for up to one year.

**INFECTIOUS &
COMMUNICABLE
DISEASE**

Sexual Protection

- Couples should use Latex or Polyurethane (plastic) condoms, barriers or dams for oral or vaginal intercourse.
- Use water based lubricants with latex products.
- Decrease amount of sexual partners.

Blood to Blood

- Injection drug use refers to the use of “street” drugs and any form of injection in a non-medical setting i.e., steroids, insulin, heroine, where needles or works are being shared.
- Clean all devices used for body pierce or tattoos

Injection Protection

- Do not share needles, works or other paraphernalia.
- To clean “works” draw full strength bleach into syringe allow to sit 30 seconds, discard, and then rinse with clean water two times. Use Lysol if bleach not available.

Occupational Safety

- Be prepared; reduce accidents by implementing Standard Precautions and OSHA Standards. Report all exposures (needlesticks, sharp cuts, splashes and cutaneous exposures). Do not recap needles!

Vertical Prevention

- The woman must be HIV+ to infect her child. The risk is 25.5% and with the use of AZT in the last trimester, good prenatal care, AZT during labor and AZT given to baby for 6 weeks, risk is decreased to 8% or less. Pregnant women must be offered HIV testing and told about available treatments

Standard Precautions

- Assume all patients are potentially infected with Bloodborne Pathogens.
- Handwashing is the single most important means in preventing the spread of infection.
- Wear Personal Protective Equipment properly. Use once and discard in designated receptacle.
- Follow Work Practice Controls.

**INFECTIOUS &
COMMUNICABLE
DISEASE**

Clinical Management

HIV infection is on a timeline. Time varies with each individual. Median/Average times are:

- Infection to seroconversion = 2 months - 6 months.
Seroconversion to AIDS = 10 - 15 years.
- AIDS to death = 2 years.
- Seroconversion Symptoms - up to a 3 week duration of fever, sweat, muscle/joint pain, headache, diarrhea, rash.
- Asymptomatic HIV infection - duration several years, fatigue, night sweats, diarrhea, fever, candida, herpes simplex, varicella zoster.
- AIDS = HIV positive Blood Test and CD4 < 200, or opportunistic infections, neuro involvement.
- Combination drug therapy is recommended for HIV infection & AIDS.

Treatments

- Life-style changes, nutritional support, positive thinking. Antivirals, such as AZT, ddI, ddC and d4t inhibit reverse transcriptase which delays HIV replication.

Florida's Omnibus AIDS Act

- Rational for the law is that there are limited means of transmission of this relatively weak virus.
- HIV testing should be informed, voluntary and maintained confidential.
- Providers may test without consent in a bona fide medical emergency only if provider documents testing medically necessary.
- Department of Health (DOH) will design a protocol for pre & post counseling.
- Confirmatory testing is required before releasing positive results, (Western Bolt or IFA), except when medical intervention is recommended.
- Health care workers can not release HIV statues of patients without patients permission/consent.
- DOH has authority to provide partner notification when names are disclosed by patient.
- Medical personal with occupational exposures have the right to learn sources statues after following institutions written plan.
- Employers cannot test for HIV upon inhire procedures.
- Home testing kits, rapid testing.
- Risk of Domestic Violence.
- HIV infection is a reportable disease. Names are reported to the local health department.

INFECTION CONTROL

OVERVIEW: Certain patients acquire infections during their hospitalizations. These hospital-acquired (nosocomial) infections occur in 3-10% of patients. The most common nosocomial infections are urinary tract infections, pulmonary infections, wound infections and bacteremias. The duration of hospitalization, because of the development of infection can be prolonged.

The goal of the Infection Control is to provide patient care and safety in the healthcare setting through surveillance, prevention/control of infections and communicable diseases in patients, healthcare workers, visitors and the public at large as well as provide consultation, education and liaison with the Public Health Department.

Masks and Protective Eyewear or Faceshields

Must be worn for procedures that are likely to generate splashes of blood or body substances. This includes suctioning or examining the throat.

Respiratory Fit Testing

Students who will be taking care of patients on Tuberculosis isolation should be instructed on the use of the respirator mask and fit tested with the respirator that is to be used to insure that they are protected from biohazards.

Gloves

- Must be worn for:
 - touching blood or any body fluids
 - touching mucous membranes
 - touching non-intact skin
 - handling items soiled with blood or body fluids
 - performing vascular access procedures
- Must be removed and hands washed after contact with each patient.

Needles, Scalpels, and Other Sharps

- Must not be manipulated by hand.
- Needles must not be recapped, broken or bent by hand.
- Must be handled with extreme care during cleaning procedures and disposal.
- Must be placed in puncture resistant containers after use.

Impervious Gowns

Must be worn for procedures that are likely to generate splashes of blood and/or body fluids.

Prevent Infections among Patients and Yourself

1. To wash your hands properly

- Use running water.
- Use plenty of soap.
- Rub the front and back to work up a good lather, between fingers, under fingernails and wrist areas for at least 15 seconds.
- Rinse well and avoid splashing.
- Dry well with paper towels; use paper towels to close faucet and discard paper towel into the wastebasket.
- Use hand disinfectant in clinical areas to increase infection prevention.

2. Follow infection control isolation/precautions practices.

3. Report exposures to communicable diseases to your instructor/head nurse and the Employee Health Services.

Contact Beeper Numbers:

Employee Health Services 1-866-7NEEDLE digital beeper
(Jackson Memorial Hospital)

Infection Control 996-0459 digital beeper

Tuberculosis Control 305-337-4890 digital beeper
305-314-2881

OSHA Bloodborne Pathogen Exposure 305-886-2116 digital beeper

INJURIES ON DUTY (IOD)

Follow your school policy for obtaining treatment for injuries. The Jackson Employee Health Office will provide emergency care and first aid if the injury occurs while performing work at Jackson. When an injury occurs, report the injury to the instructor and to the person in charge of the area. The charge person will complete a Supervisor Referral Form to the Employee Health Office in ACC East 2nd floor. The health office will provide emergency care and refer the injured person to the school for follow-up treatment. When the Health Office is closed, a referral can be made to the Emergency Room if the injury cannot wait until the next working day or the injured person can call the Health Office On Call beeper for direction. Agencies may be billed for services provided.

Employee Health Office 305-585-6903 OR 786-466-8381

Digital Beeper - 24 hours 1-866-7NEEDLE

NEEDLESTICKS AND BODY FLUID EXPOSURES

A nurse is on call at all times to provide counseling and treatment for needlesticks and body fluid exposures. If the Health Office is open, follow the IOD procedure. If it is closed call the On Call beeper number. The Health Office will test the source and provide emergency counseling and medical and baseline blood testing for the injured person. Follow up care and continuing treatment is the responsibility of the school or agency. Agencies may be billed for services provided.

INFECTIOUS DISEASE REPORTING AND EXPOSURES

Students are expected to notify the instructor and the charge nurse whenever they feel they may have an infectious disease or may have been exposed to an infectious disease for which they are not immune. This includes but is not limited to measles, mumps, rubella, chickenpox, or meningitis. Students may be removed from patient contact until they are cleared to work by the Infection Control Department and the Employee Health Office. Students who think they may have been exposed to an infectious disease at Jackson should also notify the instructor or charge person who can make a referral to the Employee Health Office for evaluation and clearance to work.

SAFETY

A safe environment for students, employees and patients is of paramount importance. We ask that you assist us in providing that safe environment by:

- driving slowly on Jackson property, in parking lots and garages.
- observing the smoke-free policy within all buildings.
- observing the “wet floor” signs.
- reporting untidy, unsafe or unsanitary conditions to your head/charge nurse or appropriate personnel.
- washing your hands after every patient contact and after removing gloves/ and if contaminated with blood or body fluids.
- participating in fire drills on your unit. Report fire/safety violations to your head/charge nurse.
- contacting the Health Office (305-585-6740) for needlestick or exposure to blood and/or body fluids.

MANDATORY IMMUNIZATIONS

All students must be immunized according to Florida Administrative Code 6C-6.001(4) and Jackson Health System which requires immunity to Measles (Rubeola) and Rubella prior to entering school. Two doses of MMR (Measles, Mumps, Rubella) or two doses of Measles vaccine and one dose of Rubella vaccine will meet requirements. A blood test may be substituted indicating a positive titer to Measles, Rubella and Mumps.

Mandatory TB Test

A TB test (Mantoux) is required at least annually and following exposure to infected patients. This includes persons who have not had the BCG vaccine within the last seven years.

Chest X-Ray

A chest x-ray is required for all persons with a positive PPD.

Schools are responsible for insuring that all records of immunization and testing be available and on file at the school for the students who provide services at the Jackson Health System.

RECOMMENDED IMMUNIZATIONS

- **Hepatitis B:**
A series of three shots. A titer should be on file to assist with treatment in case a body fluid exposure occurs.
- **Varicella:**
A titer should be drawn to determine if the person has ever been exposed to chickenpox by having a titer drawn. If the titer is negative, the student should be immunized to avoid the chance of being infected and infecting patients during their clinical experience.
- **Tetanus Diphtheria:**
At least every 10 years.

PHONE CODES



MAIN CAMPUS

The following are emergency phone numbers. When calling them be prepared to provide your name, location and a description of the incident.

Cardiac Arrest	5-6333
Fire/Hospital - Bomb Scare	5-6123
Security	5-6111

JACKSON NORTH MEDICAL CENTER

Numbers to call in Emergencies: Dial ext 5555 to reach the PBX Operator who will overhead page

Emergencies Codes:

Code Pink	Missing/Abducted Child
Code Grey	Aggressive patient/ visitor
Code Blue	Pedi/Adult Cardiac or respiratory arrest
Code Red	Fire Alert procedures
Code Purple	ER overcrowded
Code Orange	Hazardous Substance Spill
Code Black	Bomb
Code Green	Disaster
Rapid Response	Deteriorating patient
Stroke Alert	Stroke Team Response

KEYPOINT: JNMC will lockdown in a Code Green or Pink

JACKSON SOUTH COMMUNITY HOSPITAL

Numbers to call in Emergencies: Dial X 7777 (after 11PM, dial 853 to directly overhead page, repeating the code 3 times clearly and loudly)

Emergencies Codes:

Missing Infant	Code Adam
Bomb Threat	Dr. Search
Cardiac/Respiratory Arrest	Code Blue
Chemical Spill	Code D-200
Combative Patient/Visitor	Dr. Strong
Disaster	Code D
Evacuation	Code E
Fire	Code Red
Chemical Fire	Code Red-200

Off Sites (CBO, Radiation Oncology Center), Dial "911"

IDENTIFICATION TAGS

The student is expected to wear identification tags whenever he/she is in a Jackson facility. This includes the name pin from your school as well as the Jackson PHOTO I.D. These should be on your person at all times and your picture must be showing at eye level.

UNIFORM AND DRESS CODE

Each school has its own distinctive uniform and it is our hope that you will wear yours with pride. Your appearance is an outward declaration of your beliefs and feelings about yourself and your chosen profession. We believe that when a person takes pride in his/her appearance and image that he/she is also telling patients and visitors that his/her work will be of the same caliber. Patients and visitors often judge us by the first impression we give, which is usually our appearance; then they make a correlation to our competence.

Non-uniformed personnel should consult their supervisor regarding dress code see policy #313 Section 300 Personnel at the end of this document

DRUG ABUSE AND TESTING

Students are subject to the same policies regarding suspected drug or alcohol use as JHS employees. Drug testing is available at the request of the school if there is evidence of drug use while at work.

CAFETERIA



JACKSON MEMORIAL HOSPITAL

The JMH cafeteria is open as follow:

Breakfast 6:00 AM-10:00 AM

Lunch 10:45 AM-2:30 PM

Dinner 4:00 PM-8:00 PM

NOTES: No bills over \$20.00 are accepted in the cafeteria. The cashier in the main lobby can make change for larger bills, but does not cash checks.

JACKSON NORTH MEDICAL CENTER

The cafeteria is open as follow:

Breakfast 7:00 AM-10:00 AM

Lunch 11:00 AM-2:30 PM

Dinner 4:00 PM-6:30 PM

JACKSON SOUTH COMMUNITY HOSPITAL

The cafeteria is open as follow:

Breakfast 7:30 AM-9:00 AM

Lunch Hot buffet 11:30 AM-1:30 PM

Monday - Friday ONLY Grill closes at 3:00 PM

Dinner Monday - Friday 5:30 PM-7:00 PM

Weekend 4:30 PM-6:00 PM

PARKING



AT JACKSON MEMORIAL HOSPITAL (JMH)

With 11,000 employees, patients, visitors and students coming into the complex daily, parking can be an “exercise in creativity.” Students may be eligible for free parking if their school makes advance arrangements. Students may park in any of the lots around the complex. Please watch the signs to know what rate the lot charges. Remember to bring change with you if you park in coin lots.

Parking areas fill early, so allow extra time to find a space so that you are not late for duty. Please do not park in undesignated or “no parking” areas. There is always the possibility of damage to your car, and the police do give tickets and tow offenders.

If at all possible, students should car pool or use metrorail.

To obtain parking stickers for nursing faculty and students, the faculty member should call Andrea Chonin at 305-585-6009 at least three weeks prior to need. The correct number of tickets for the rotation will be placed in an envelope for pick up by the faculty from the Department of Education & Development at Jackson Medical Towers, 7th floor East.

AT JACKSON NORTH MEDICAL CENTER

Patients and visitors can park free of charge 24 hours day in front of the North Park Medical Plaza Building at 100 NW 170th Street.

There is also a free parking garage on the southwest corner of the campus near the Medical Plaza building along Northwest 168th Street between Northwest First and Second avenues.

AT JACKSON SOUTH COMMUNITY HOSPITAL

Free Parking. Students must park in the employee parking lot west of the hospital. They may not park in any of the spaces around the hospital or in the medical office buildings.

METRO RAIL

TO JACKSON MEMORIAL HOSPITAL (JMH)

Many employees and students enjoy the benefit of Metrorail in traveling to Jackson. The Civic Center Station is immediately adjacent to the Mailman Center on 12th Avenue and provides a flexible schedule to meet the needs of everyone. It saves time, gas, headaches and money- so be sure to investigate it.

TO JACKSON SOUTH COMMUNITY HOSPITAL

Disembark at the Dadeland South Station. You may then transfer to a Metrobus South at the 152nd busway stop, Jackson South is located 2 blocks West of the bus lane. If you take the #52 or Coral Reef Max bus, stop in front of the Coral Reef Library and walk about a block to the hospital.

CLINICAL GUIDELINES FOR STUDENT PRACTICE

Health care providers are in a practice profession and therefore, clinical experiences are important for the development of professional skills and abilities that must be acquired to be an effective practitioner. The following guidelines are provided for you while you are practicing at Jackson Health System. Students are responsible for checking with their school/instructor for specific directions regarding clinical practice.

General Guidelines

1. The student will be legally held to the same level of practice as the health practitioner role, which they are learning.
2. The student will assume the level of responsibility consistent with his/her level of achievement in the school and the objectives of the course and/or experience. All student activities pertinent to patient care will be coordinated between the student, instructor and relevant clinical supervisor.
3. The hospital's Nursing Procedure and Protocol Manual and Administrative Policy and Procedure Manual should be utilized when performing care. **Note:** *Where a policy uses the term "nurse" or other clinical practitioner, the student is held accountable for the policy under supervision. The amount of direct supervision will depend upon the educational level and preparation of the student unless specifically stated in the policy.*
4. If errors occur it is the students' responsibility to report the error immediately to his/her instructor and supervisor. Incident reports are to be completed through the Quantros system in collaboration with the student's instructor/supervisor. Incident Reports are to be forwarded to Risk Management on the day of the incident.
5. Students must have their clinical documentation reviewed by the instructor prior to the notes being written in the medical record unless alternative arrangements have been made between the clinical supervisor and the instructor.
6. Students will sign their notes with his/her first initial, last name, student designation e.g. (SN, SPN,) and the initials of the school. Notes and signatures must be legible.

Example: S.Jones SN- MDCC
(Student Nurse- Miami Dade Community College)
7. Students are to report off to unit staff according to the schedule prearranged between the instructor and relevant clinical supervisor.

**CLINICAL
FACULTY
GUIDELINES**

REQUIRED DOCUMENTATION

Prior to bringing students into the facility, all clinical instructors must have ON FILE WITH THEIR SCHOOL:

1. Copy of current occupational license
2. A copy of current BLS card
3. Statement of immunizations that meet the contractual requirements with Jackson Health System

ORIENTATION

All faculty new to Jackson facilities should get oriented to their clinical area prior to bringing students to the clinical setting. Review this Affiliation Manual and make an appointment with the relevant clinical personnel for a unit specific orientation one to two weeks before your clinical rotation begins.

NAME BADGES

All students and faculty who affiliate at Jackson Health System must wear a JHS Photo ID should be worn at eye level. Faculty should make arrangements for ID tags with the relevant affiliation contact at least one week prior to the experience.

**COMPUTER
ACCESSIBILITY**

To obtain a student/instructor access code for the JACKS system, contact the Education & Development Department at 305-585-7134 to schedule a training class.

**REQUESTS FOR
STUDENT
PLACEMENTS**

In order to be compliant with a variety of federal , state, and county health regulations all student placements require a written contract between the institution requesting student placement and Jackson Health System. School officials must contact Contracts Administration Coordinator in the Office of Internal Audit, Public Health Trust. Students are not permitted to arrange student placements.

**EMPLOYMENT
OPPORTUNITIES
AT JACKSON**

Jackson Health System offers many unique opportunities for health professionals who wish to practice in a challenging environment. We have a variety of settings where you can gain needed skills and confidence while under the guidance of skilled professionals. We also offer a variety of internships for new graduates.

We would like to discuss employment opportunities the Jackson Health System with you. If you are a new graduate, call Employment Office or you may access our website (um-jmh.org) to view current job opportunities. Apply on line or visit us.

- Jackson Main Campus:
1611 N.W. 12th Avenue
Miami, Florida 33136

- Jackson North Medical Center
160 N.W. 170th Street
North Miami Beach, Florida 33169

- Jackson South:
9333 S.W. 152nd Street
Miami, Florida 33157

POLICIES AND PROCEDURES

Policies may be viewed and printed via the intranet

ADMINISTRATION

- #102 Lost and Found Articles
- #105 Incident Reporting System
- #109 Medical Records
- #112 Fire Plan
- #113 Reservation of Space
- #121 Confidentiality on Nursing Stations
- #123 CPR Response System
- #129 Security and Integrity on-line computer system
- #133 HOBS Response Plan
- #169 Visiting Hours /Overnight stays
- #200 Workplace Violence
- #201 Domestic Violence
- #300 Dress Code

CARE OF THE PATIENT

- #400 Abused and/or Neglected Children
- #401 Adult Abuse, Identification and Assessment of Victims
- #405 Patient's Rights and Responsibilities
- #408 Restraint Policies
- #409 Patient /Prisoner Care Outside the Corrections Hospital Service Unit
- #420 Pain Assessment and Pain Management



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