Orientation

Self Learning Packet
Orientation Training Requirements

The following is an outline of all basic orientation training that you should be familiar with as you begin your work at St. Luke’s Hospital. Please take the opportunity to review this material and complete the test provided. Once you have completed the test, provide your answers, along with any questions, to your instructor, Tammy Maus.

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Note: All addendums may be obtained through St. Luke’s Human Resources
Orientation Training Requirements

St. Luke’s Mission, Vision and Values

- **MISSION:** To give the health care we’d like our loved ones to receive
- **VISION:** To always provide the highest level of health care services in ways that are measurable and evident to our patients and customers, so they are completely confident in their selection of St. Luke’s
- **VALUES:** Patients First; Doing the Right Thing; Care in Your Heart; Respect for All; Teamwork

St. Luke’s Strategic Framework

- Exhibit demonstrably better outcomes/quality
- Be the physician workshop of choice
- Strengthen core services (surgery, ED, heart services)
- Partner with associates
- Be a regional resource

Hospital Dress Code Requirements

In compliance with the hospital’s policy, the personal appearance of all associates is governed by the following hospital-wide standards:

- All work attire must be clean, neat and in good repair.
- Clothing must fit appropriately.
- Hair must be clean, combed and neatly trimmed or arranged.
- Sideburns, mustaches and beards must be neatly trimmed.
- Perfumes and fragrances should be avoided, keeping in mind the sensitivity of patients and others.
- Clothing, skin, hair and breath must be free of any tobacco/smoke odor.
- Jewelry must not interfere with the performance of the volunteer’s job.
- Fingernails must be clean and well-manicured. In addition, for those who have any direct patient contact, artificial nail enhancements are not to be worn. Unchipped nail polish is permitted, but anything applied to natural nails other than polish is considered an enhancement. This includes but is not limited to, artificial nails, tips, wraps, appliqués, acrylics, gels and any additional items applied to the nail surface. Individual departments may institute measures, in addition to those above to comply with established standards of care in specialty areas.
- Personal hygiene must be maintained through frequent bathing, using effective deodorant and practicing good oral hygiene.

Appropriate attire:

- Dresses and skirts that are near or below the knee.
- Walking shorts, skorts or culottes that are at or below the knee. Since capri pants are below the knee, they are acceptable.
- T-shirts and polo shirts in plain colors which complement the attire.
- Khaki’s and unfaded colored jeans, blue denim jumpers and skirts.
- Hosiery/socks that complement the attire must be worn.
- Shoes must be clean and polished.
Inappropriate attire:

- Mini skirts. (Dresses, skirts and skorts that are near or below the knees are acceptable.)
- Shorts. (Skorts, capris, culottes, or walking shorts at or below the knee are acceptable.)
- Sweat pants/shirts
- Screened short or long sleeve T-shirts
- Spandex pants & leggings
- Tube tops, halter, crop and tank tops
- Hats/caps (except as part of department uniform or for religious requirements.)
- Thong type sandals
- Blue jeans worn as pants
- Colored undergarments that are visible through clothing
- Prejudicial tattoos.

Please see your manager regarding specific departmental requirements that are supplemental to the dress code.

**Patient Safety Hotline**

St. Luke’s, like many organizations, is involved in implementing objectives to improve patient safety.

A Patient Safety Hotline was implemented to call and report medical errors or potential safety issues in your work environment. Hotline calls can be made by any St. Luke’s associate, volunteer or physician. Reporting can be anonymous. Helpful information includes the date of the incident, patient name, location, equipment involved, medication or process involved.

The Patient Safety Hotline number is 369-TRAK (8725).

**Ethical Issues of Care/Treatment and the Process to Address Ethical Issues**

St. Luke’s policy on Ethical Issues/Processes is SOP 6000-13. Patients/personal representatives and associates should first discuss their ethical concern with the nurse manager or the designee of the unit for direction. After review of the ethical concern with the nurse manager, the patient/personal representative and associates have the opportunity to discuss their concern with the patient’s physician and request a conference. For issues that are not resolved for the patients/personal representatives, the associates shall follow the appropriate procedure outlined in the Medical Staff Bylaws and Generic Structure Standards Element X. Resource for education and consultation are available to patients/personal representatives and associates by contacting of the following: Administration (8094). A representative from Patient Care Administration, Medical Social Service, Patient Relations or Pastoral Care will be contacted to provide the requested services. Documentation that the discussion took place, and the outcome of the discussion should be placed in the medical record by the appropriate health care provider.
St. Luke’s Standards of Excellence — St. Luke’s Standards of Excellence are a code of behaviors that describe the way every associate and volunteer is to act when he or she approaches a customer to provide service.

- **Sense of Ownership**
  - Performs job with pride and skill
  - Shows pride in the appearance of self and the facility
  - Takes responsibility for meeting patient/customer requests
  - Does not say, “It’s not my job or my patient.”

- **Commitment to Co-Workers**
  - Offers to help other co-workers
  - Treats all associates/departments with courtesy, respect and honesty
  - Gives praise for a job well-done
  - Criticizes in private
  - Avoids placing blame

- **Positive Attitude**
  - Demonstrates compassion and understanding towards others
  - Exhibits appropriate non-verbal behavior
  - Interacts with others without rudeness

- **Compassion**
  - Listen carefully to patients, families and guests – avoid interrupting, pay attention to verbal/non-verbal messages
  - Talk to patients and families about their feelings and concerns
  - Identify and follow through with patient and family special requests and personal needs

- **Privacy/Confidentiality**
  - Keeps patient/corporate information confidential
  - Does not discuss patient information in public areas or outside the workplace
  - Maintains patient privacy by knocking before entering a room
  - Closes curtains/doors during a procedure/exam
  - Shows respect for patient’s dignity/self-esteem

- **Responsiveness**
  - Responds to patient/customer requests promptly and courteously
  - Escorts those in need to their destination-does not point
  - Apologizes for problems and inconveniences
  - Takes action to correct problems

- **Safety Awareness**
  - Keeps work area and surrounding environment clean and safe
  - Reports unsafe practices and situations that may cause harms to others
  - Washes hands before and after every patient contact
  - Uses protective clothing and equipment when appropriate
  - Follows policies for patient identification before administering any treatment

- **Communication:**
  - Acknowledges customers immediately-makes eye contact and greets them with a smile
  - Listens carefully to customers-avoids interrupting
  - Gives appropriate, easy-to-understand information to patients/customers
Patient Rights and Responsibilities

“Providing high quality healthcare in a caring, compassionate environment.”

St. Luke’s has always held the view that healthcare is much more than just a business. Providing high quality healthcare in a caring, compassionate environment has forever been the standard at St. Luke’s, one that we take very seriously.

We believe there are rights and responsibilities which contribute to more effective patient care and greater satisfaction for the patient, the practitioner and the hospital. If you do not believe that these rights and responsibilities are being adequately upheld, contact Patient Relations at (319) 369-7710.

ACCESS

PATIENTS HAVE THE RIGHT:

1. To be treated kindly and respectfully by hospital personnel (including volunteers and students), other patients, visitors or family members in a safe environment free from abuse, harassment, neglect or exploitation.
2. To receive effective care, treatment and services in a safe and secure environment including security of property without regard to their ability to pay.
3. To receive care that is considerate and respectful of personal values including their cultural, spiritual and psychosocial values, beliefs and personal preferences.
4. To be cared for in an environment that preserves their dignity.
5. To have hospital staff introduce themselves and provide proper identification if asked.
6. To expect that a family member or representative and their physician will be notified promptly of their admission to the hospital.
7. To expect reasonable response to requests and needs for treatment or service (within the hospital capacity and to the extent permitted by law).
8. To have their emotional and spiritual needs considered in addition to their physical needs.
9. To have pastoral or other spiritual services counseling.
10. To review appropriate assessment and management of pain, information about pain, pain relief measures, to participate in pain management decisions, or request to reject the use of any or all modalities to relieve pain.
11. To be free from restraint or seclusion of any form which is not necessary for medical or behavioral management.

INFORMATION:

12. To access protective services (that is, guardianship and advocacy services, conservatorship, and child and adult protective services).
13. To expect unrestricted access to communications unless clinically indicated and determined with their participation.
14. To receive interpreter services.
15. To receive complete and current information regarding their diagnosis, treatment, discharge and prognosis, unless it is medically inadvisable to do so. In such cases, information will be shared with an appropriate person on behalf of the patient.
16. To share any concerns, complaints or grievances related to patient care with their caregiver, a patient representative or any other St.Luke’s official and to appeal to an external agency if necessary, freely, without fear of discrimination or reprisal.
   a. Concerns or complaints can be shared by writing or calling St. Luke’s Hospital, 1026 A Avenue, Cedar Rapids, Iowa 52406 or
b. Concerns of a general nature may be filed with the Iowa Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083, (515) 281-4115.
c. Concerns related to judgments of the appropriateness of admission, continued stay or discharge may be referred to: The Iowa Foundation for Medical Care, 6000 Westown Parkway, Suite 350E, West Des Moines, Iowa 50266-7711, (800) 752-7014.

17. To be informed of any experimental methods, treatments or other research affecting their treatment and the right to consent or refuse to participate in any experimental treatment.
18. To read or obtain a copy of their medical record upon signing a Release of Medical Information Authorization form.

MEDICAL TREATMENT DECISION

19. To collaborate with their physician on decisions about individual healthcare or in determining feasibility of transfer to another facility (when deemed necessary and advisable, and upon acceptance from another facility). Family may be involved in decision making with permission from the patient or surrogate decision maker.
20. To accept or refuse medical care and treatment to the extent permitted by law, and to be informed of the medical consequences of any acceptance or refusal. To the extent permitted by law, this right applies to a patient’s surrogate decision maker.
21. To take part in discussion of ethical issues involving their own care, including conflict resolution, withholding resuscitative services, foregoing or withdrawal of life-sustaining treatment, and participation in investigational studies or clinical trials. Another person or persons designated by the patient may also take part in such discussions.
22. To have a Living Will and/or Durable Power of Attorney for Health Care. The hospital will honor these advanced Directives when the patient is admitted as an inpatient to the extent permitted by law. The Advanced Directives will be honored in an outpatient setting as permitted by law, if the document is present at time of service and if attending physician concurs with the directive.

PRIVACY

23. To personal privacy and confidential treatment of all aspects of their medical care, including all medical records (as outlined by law).
24. To have their identity as a patient protected upon request.
25. To have the space and telephone available to have a private telephone conversation as desired and appropriate to their needs, care, treatment and services provided.

PATIENTS HAVE THE RESPONSIBILITY:

1. To provide caregivers with accurate and current information regarding their own health status.
2. To follow the instructions of physicians, nurses and of the caregivers.
3. To accept any consequences for their actions if they refuse treatment or do not follow instructions or requests from caregivers.
4. To fulfill their financial obligations.
5. To follow hospital rules and regulations, which are established for their safety and well-being.
6. To be considerate towards hospital staff, other patients and visitors.
7. To secure monies and valuables by sending them home with family members or depositing them in the hospital safe.
8. To make their concerns, complaints or grievances related to patient care known to their caregiver, a patient representative or any other St. Luke’s official.
9. To ask questions when the course of treatment or a case decision is not well understood.
Restraints

A restraint is any method of physically or chemically restricting a person’s freedom of movement, physical activity, or normal access to his or her body. A physical restraint is any manual method of physical or mechanical device, material or equipment attached or adjacent to the resident’s body that the individual cannot remove easily, which restricts freedom of movement of normal access to one’s body.

Hospital associates working with patients are responsible for the well-being of the patient and for maintaining the patient rights with respect and dignity. At the same time safety of staff, visitors, and other patients must be maintained. The use of restraints or seclusion is a difficult, emotion and legal issue. Their use is temporary and used only after the patient has been assessed to be a danger to self and/or others, or is cognitively impaired (e.g., disoriented, confused). They may also be used if the patient’s behavior interrupts treatment. Restraints or Seclusion are used only when all other interventions have proven to be ineffective in changing the behavior requiring the restraint/seclusion. Restraint/Seclusion should never be used for staff convenience or to punish the patient. When restraints or seclusion are used there should be further investigation and treatment aimed at the elimination of the behavior requiring the need for the use of restraints or seclusion.

Alternatives to restraints include frequent observation, verbal interaction, bed or chair alarm, family or friend staying with patient, healing environment with use of music, soft lighting, etc., redirection or diversional activity, relaxation techniques, and a toileting schedule. See SOP 6000-13 Restraints/Seclusion for more information.

Pain Management

No matter what your job involves in the hospital setting, if a patient tells you that they are experiencing pain or discomfort, it is your responsibility to report that concern to the patients’ nursing unit or physician as soon as possible. As you may not know who is individually responsible for a certain patient, report to the charge nurse on the nursing unit.

If the patient is away from the nursing unit, it should be reported to the nearest patient care provider caring for the patient in that setting. Example: a patient is being transported to radiology for a procedure and reports pain to the transport person. The transport person should report this pain to a radiology nurse or a radiology technician.

Patients receiving a service in a non-nursing unit should be asked if they have special needs related to comfort and these should be addressed. Example: a patient is having an MRI done and is not able to lie flat unless the knees are bent to prevent increased discomfort, placing a pillow under the knees may accommodate that need.

See SOP 6000-39 Pain Management for details.

Code of Conduct

Iowa Health System’s mission is to improve the health of the people and communities we serve. Integrity and a commitment to the highest ethical standards are vital parts of this mission. Iowa Health System has established a Corporate Compliance Program which is founded on our Code of Conduct. The purpose of this program is to educate officers, directors, employees, volunteers and agents of Iowa Health System about the laws, regulations and standards governing the delivery of high-quality health care services.

Compliance is about people doing things right and doing the right things.
The components of Corporate Compliance are:

- Quality of Care
- Legal Compliance
- Business Ethics
- Business Relationships
- Protection of Assets

Integrity, common sense and sound judgment are your best guides in determining the appropriateness of behavior and necessary course of action.

Associates are responsible for ensuring that their behavior and activities are consistent with the “Code of Conduct” and are responsible for being familiar with the “Guide to Conduct.”

Every associate can help support our Compliance Program:

- Bring problems to your supervisor’s attention. You may also contact St. Luke’s Compliance Officer, Jerry Worden, CFO, (319) 369-7796.
- If you feel a satisfactory response is not received, then you should follow through with calling the Compliance Helpline, (800) 548-8778.

**Treatment of Confidential Information and HIPAA Regulations**

“What you see here and what you hear here must remain here when you leave here.”

All patient information is confidential and shall not be disclosed without the consent of the patient or the patient’s representative, or unless required by law. Patient information is referred to as Protected Health Information (PHI).

Whenever you volunteer in the hospital, you may hear or observe private information about patients, their diagnoses, condition or treatment. This information is confidential and must never be disclosed to others except as required in caring for patients or performing your office duties. Confidential patient information shall not be communicated to any person unless the person has the right to know.

Communicating confidential patient information inappropriately, carelessly or negligently is a breach of confidentiality. Any violation of this principle will result in appropriate disciplinary review.

**HIPAA**, the Health Insurance Portability and Accountability Act, was created by Congress in 1996 to help patients maintain their medical history when moving between locations and to have control over how that information is used and shared (whether it’s on paper, store in computers, or spoken).

**PHI**, Protected Health Information, is defined as information:

- About the physical or mental health or condition of an individual.
- About how that health care is delivered and
- Regarding payment for the healthcare of an individual.
As an associate of St. Luke’s Hospital, you are responsible for making sure you do not release PHI to anyone who does not need to know it as part of his or her work. You also have a responsibility to only release the minimum necessary information (the least reasonable amount possible) to that person or organization.

Under HIPAA, a Patient:

- Must be told (in writing) how his/her healthcare information (PHI) may be used
- Has a right to see his/her medical records
- Has a right to amend (change) incorrect/incomplete information in his/her records
- Must give authorization before information is released (with a few exceptions)
- Has a right to complain formally if it is felt privacy was not protected.

Reporting Violations

It is EVERYONE’s responsibility to report violations or wrong doings. Whether someone received patient information improperly or shared patient information in the wrong way, everyone has a responsibility to report violations. When in doubt…ASK!!

Your department manager is a good place to start for answers to your questions …or for reporting issues.

You can also report directly to the Privacy Officer, Compliance Office or the I.H.S. Compliance Helpline at 1-800-548-8778.

HIPAA Anonymous Hotline
1-800-548-8778
Open 24 hours a day, seven days a week.

St. Luke’s Privacy Officer can be contacted at 319-369-7121 with questions

Cultural Diversity

What do the words culture, cultural sensitivity and cultural competence mean?

Culture refers to the values, beliefs and practices shared by a group of people. There are many different or diverse groups of people. Patients and co-workers may belong to different cultural, ethnic or religious groups.

Cultural sensitivity means you consider a person’s culture when communicating and/or providing service.

Cultural competency means you are not only aware of cultural factors that impact care but modify your care to meet a patient’s cultural needs.

Why is it important to be culturally sensitive?

Every day our world becomes smaller as we see people from diverse cultural backgrounds choose Iowa as their home and St. Luke’s for healthcare and employment. Being culturally sensitive reflects
St. Luke’s values of patients first, doing the right thing, care in your heart, respect for all and teamwork.

Cultural beliefs can affect how a person views health care. Being aware of cultural differences improves communication with patients, families, visitors and co-workers and maintains their right to be treated with respect. When associates, volunteers, contractors, and temporary employees work together, regardless of cultural differences, job satisfaction increases, and our patients and customers receive our best service.

Cultural factors to be aware of include:

**Country of birth** – Many people who live in the United States were born in other countries. How long a person has lived in the United States may affect their views on health.

**Communication style** – How we talk and use our bodies to communicate may be different. Cultural differences may include valuing a period of silence during talks, being very expressive or reserved.

**Preferred language** – English may be a second language for some cultural/ethnic groups. It is important to recognize that the healthcare system can be stressful related to filling out forms, reading written instructions and describing health conditions.

**Religion** – A person’s religious beliefs may impact their participation in certain holidays and celebrations, their consent for treatment and birth/death practices.

**Food preferences** – Religious and other cultural beliefs may affect what foods a person may eat or avoid.

**Healthcare decisions** – Different cultures have different ideas about family involvement in patient care and who should make healthcare decisions.

What can you do to demonstrate cultural sensitivity?

Being culturally sensitive does not mean knowing everything about every cultural group. This would be a very difficult task. There are behaviors you can use that demonstrate cultural sensitivity and respect for patients, families, visitors and co-workers.

**Be sensitive to your own cultural values** – For example, in the United States great importance is placed on being on time for appointments. Being on time may not be a priority for some cultural groups. Time may be more past or future focused. Some patients may think of time as referring to a general part of the day, i.e.: 2:15 pm as mid-afternoon. Another example is the importance of a well-balanced diet. Some food choices are not acceptable to other culture groups.

**Learn a few introductory words or phrases** – If you are caring for or working with someone and English is not their primary language, take time to learn a few words in their native language. Learning how to say hello, please, thank you and finding out how they would like to be addressed shows you care and respect them as an individual.

**Be humble, genuine and willing to learn** – Learn as much as you can about cultural groups you routinely work with or care for. Remember to treat each person as an individual regardless of their cultural background. If you believe you have offended someone, offer a sincere apology and learn what you can do in the future to meet their needs.
Specific Culture Groups

This section will briefly review the cultural values of four groups with growing populations in Iowa. As you review this information, remember culture is only one factor that impacts healthcare. It is very important to consider each person as an individual regardless of their cultural background, and, at all costs, avoid stereotyping.

<table>
<thead>
<tr>
<th>Hispanic / Latino</th>
<th>Healthcare Considerations</th>
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<tbody>
<tr>
<td><strong>Overview</strong></td>
<td><strong>Healthcare Considerations</strong></td>
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<tr>
<td>• Largest minority group in the United States.</td>
<td>• Prefer face-to-face interactions with healthcare providers who are warm, friendly and outgoing.</td>
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<tr>
<td>• Hispanic means Spanish speaking. Latino means from Latin America. Both terms are commonly used when referring to this cultural group.</td>
<td>• May combine traditional health practices/cures (i.e.: herbal remedies) with modern health practices.</td>
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<td>• There is a tremendous diversity within this group related to country of origin (i.e. Mexico, Cuba, Puerto Rico, Venezuela and many others.</td>
<td>• Cultural practices related to serious illness, hospitalization and death may vary according to country of origin.</td>
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<td>• Communication style is expressive and warm with high use of touch and humor.</td>
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<td>• Very strong tradition of extended family; cousins may be as close as brothers and sisters.</td>
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<td>• The elderly are highly respected and should be addressed using correct titles such as Mr., Mrs., etc.</td>
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<tr>
<th>African American</th>
<th>Healthcare Considerations</th>
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<td><strong>Overview</strong></td>
<td><strong>Healthcare Considerations</strong></td>
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<tr>
<td>• Unique history related to slavery, racism and discrimination.</td>
<td>• Due to history of discrimination, African-Americans may be less trusting of the medical system. This belief combined with some socio-economic conditions (i.e.: poverty, lack of health insurance) may lead to:</td>
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<td>• Family structure usually revolves around the mother, her elders, children and other family members.</td>
<td>• Delays in seeking healthcare</td>
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<td>• Communication style is openly expressive.</td>
<td>• Reluctance to share health information</td>
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<td>• A subtle black dialect (i.e.: way of pronouncing certain words) may be noticed especially in individuals from urban and rural southern areas.</td>
<td>• High use of home remedies</td>
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<td>• Values include strong ties with family, church and social groups.</td>
<td>• Prefer to care for ill, older relative at home versus having them in a nursing home.</td>
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<td>• Deeply spiritual; may rely strongly on prayer during illness or when in the hospital.</td>
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<th>Native American</th>
<th>Healthcare Considerations</th>
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<tr>
<td><strong>Overview</strong></td>
<td><strong>Healthcare Considerations</strong></td>
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<tr>
<td>• Most diverse minority population in the US with 500 separate tribes/nations. Most of these tribes have unique and distinctive languages, cultures and practices.</td>
<td>• High incidence of diabetes, alcoholism, accidents and intentional injuries.</td>
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<td>• Extended family children and tribe are extremely important.</td>
<td>• Many Native Americans value their traditional health practices and may not be comfortable seeking medical attention from hospitals.</td>
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<td>• Elderly are highly respected for their practical knowledge.</td>
<td>• Somewhat reserved in expression of pain, grief and sadness.</td>
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<td>• Most elders have input and help raise all the children in a community.</td>
<td>• Most traditional Native Americans do not support autopsies/organ donation.</td>
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<td>• Communication style more reserved, thoughtful and subtle.</td>
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<td>• Tone: calm, quiet and polite.</td>
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<tr>
<td>Muslim</td>
<td>Overview</td>
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<td>• Islam is one of the three major religions in the world (Christianity and Judaism are the other two). Individuals who practice Islam are called Muslims; their holy day is Friday.</td>
<td>• Same sex provider is preferred (i.e.: women take care of women.)</td>
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<td>• Muslims in Iowa include people from Bosnia, Somalia and the Arab countries.</td>
<td>• Drape or cover patients well to prevent unnecessary exposure of the body.</td>
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<td>• Devout Muslims pray five times a day facing Mecca. (In the US, this is east).</td>
<td>• Most Muslims do not eat pork; devout Muslims avoid foods prepared with animal fat (i.e.: ice cream, gelatin, fried foods.)</td>
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<td>• Muslims have a month of fasting from sunup to sundown called Ramadan. Its timing varies from year to year. No food, water or alcohol is allowed during this time.</td>
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<td>• Upon death in the hospital, the patient’s face should be turned toward Mecca.</td>
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**Sexual Harassment** — Acts of discrimination and harassment of any kind are illegal and will not be tolerated. This applies to all employees and non-employees (patients, volunteers, vendors, contractors, etc.). Several examples of sexually harassing behaviors are as follows:

**Verbal:**
- Referring to an adult, woman or man as a hunk, doll, babe or honey
- Whistling at someone, cat calls
- Making sexual comments or innuendoes
- Turning work discussions to sexual topics
- Telling sexual jokes or stories
- Making kissing sounds, howling and smacking the lips
- Telling lies or spreading rumors about a person’s sex life

**Non-verbal:**
- Staring at a person up and down (elevator eyes)
- Blocking a person’s path or following the individual
- Displaying sexually suggestive visuals in the work place
- Making sexual expressions such as winking, throwing kisses or licking lips
- Making sexual gestures with hands or through body movements

**Physical:**
- Touching the person’s clothing, hair or body
- Hugging, kissing or squeezing someone
- Touching or brushing up against a person
- Pinching, patting or petting someone

**ACTION:**
- *Think before making personal comments or asking personal questions. Could your comments or questions make the other person feel uncomfortable? Avoid making assumptions that “practical jokes,” “friendly gestures,” etc. are harmless or inoffensive. Set a positive example—treat everyone with respect. Let others know you expect the same of them and should an incident of sexual harassment occur, report the incident to your immediate supervisor.*
- *An employee who feels he or she has been subjected to harassment should report his/her supervisor for documentation and appropriate action.*
**BASIC EMERGENCY RESPONSE**

Emergency --------Dial 711  
Routine Security Assistance: Dial 8888

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<tr>
<th>Emergency Codes</th>
<th>Definition</th>
<th>Action</th>
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<tr>
<td>Stat</td>
<td>Emergency notification of a person or department announced overhead.</td>
<td>No response necessary</td>
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<tr>
<td>Code Red</td>
<td>Fire Alert &amp; listen carefully for the location.</td>
<td>RACE (see below)</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Emergency resuscitation team response and location</td>
<td>In the event of a medical emergency, dial x7111 and report the location of the incident. Health care providers will immediately respond to the medical emergency.</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Severe weather “WATCH” in effect. Listen for overhead announcement.</td>
<td>Begin taking precautions appropriate for your department at the direction of your supervisor.</td>
</tr>
<tr>
<td>Code Black</td>
<td>Severe weather warning will be announced. When a tornado or severe thunderstorm with damaging winds has been sighted in the area</td>
<td>Move immediately to an interior hallway, away from windows. Under the direction of a supervisor and/or security, you may be asked to assist with the moving of family, visitors or patients to an interior hallway.</td>
</tr>
<tr>
<td>Code Green</td>
<td>Oxygen system failure</td>
<td>Ask your specific department for directions in the event of an oxygen system failure.</td>
</tr>
<tr>
<td>Code Nap</td>
<td>Patient Abduction notification</td>
<td>Be aware and report immediately any suspicious activity by calling X7111.</td>
</tr>
<tr>
<td>Code White</td>
<td>Civil Disturbance (outside the facility)</td>
<td>Cooperate immediately and fully with all directions issued during the event from Security personnel.</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Hazardous Materials Spill</td>
<td>Notifying your supervisor and call X7111 to report the spill.</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Bomb Threat received</td>
<td>Be aware and report immediately any suspicious activity by calling X7111.</td>
</tr>
<tr>
<td>Code 100</td>
<td>Critical Incident occurs within the hospital that seriously affects the ability of hospital staff to maintain normal operating procedures</td>
<td>Be aware and report immediately any suspicious activity by calling X7111.</td>
</tr>
<tr>
<td>&quot;D&quot; Plan</td>
<td>Mass Casualty Disaster Plan activation</td>
<td>See specific direction in your department’s emergency action / safety manual.</td>
</tr>
</tbody>
</table>

Emergency Fire Procedure:

R-A-C-E  
R – Rescue – Remove anyone in immediate danger.  
A – Alarm – Activate the nearest fire alarm and dial 7111.  
C – Contain – Take steps to contain the fire. **CLOSE THE DOOR!**  
E – Extinguish – If properly trained and it is safe to do so, use the proper fire extinguisher to put out the fire.  
R – Remain Calm – Act Quickly
2008 JCAHO National Patient Safety Goals

- **Improve the accuracy of patient identification**: Use at least two patient identifiers when providing treatment. For inpatients, the full name and medical record number on the identification band must be checked by the hospital employee to assure that the information printed correlates with the orders the employee has for that patient. At this time, if the identification band is initialed, the patient name and MRN serve as the two required identifiers and patient ID has been verified. If, however, the identification band is not initialed, the employee must ask the patient to verbalize his/her first and last name, or request that the patient spell his/her last name as the second identifier. (NOTE: If the patient is unable to verbalize or spell his/her name, the hospital employee may have the patient identified by a family member, if present, or may use the name plate above the bed or RN verification of patient ID as the second method.) Outpatients are identified by a copy of the registration sheet and verbal confirmation of their full name. SOP 6000-12.

- **Improve the effectiveness of communication among caregivers**: Follow approved abbreviations as listed in Stedman’s abbreviation resource SOP 6000-36. Provide accurate and timely verbal and written information for caregivers.

- **Improve the safety of using medications** – Label all medications, medication containers or other solutions on and off the sterile field in perioperative and other procedural settings. Standardize and limit the number of drug concentrations available in the organization. Identify and annually review a list of look-alike sound-alike drugs used in the organization and take action to prevent errors involving the interchange of these drugs.

- **Reduce the risk of hospital-acquired infections**. Practice good handwashing before and after treatment. SOP 8800-17)

- **Accurately and completely reconcile medications across the continuum of care** – Obtain and document a complete list of the patient’s current medications upon their admission and with the involvement of the patient. Compare against what St. Luke’s provides. Communicate a complete list of the patient’s medications to the next provider of service when referring or transferring a patient to another setting, service, practitioner or level of care within or outside St. Luke’s.

- **Reduce the risk of patient harm resulting from falls**. Nursing assesses the patient’s fall risk upon admission, resulting in therapy referrals for evaluation and treatment. Utilize safety belts for upright activities. Utilize 2-fer assists when needed. SOP 6000-27.

- **Improve recognition and response to changes in a patient’s condition**.

Impaired Practitioner Recognition

The American Medical Association defines an impaired physician as one unable to fulfill professional or personal responsibilities because of psychiatric illness, alcoholism, or drug dependency. Although the JCAHO standard related to impaired practitioner recognition was written with physicians and other licensed independent practitioners in mind, it is the responsibility of the associate to report to their supervisor on behaviors of any physician, licensed independent practitioner or hospital employee that may interfere with the safety of patient care.

Risks Within the Organization’s Environment; Actions to Eliminate Risks; Procedures to Follow in the Event of an Incident; Reporting Processes for Common Problems, failures and user errors

- Annually each employee receives training using NetLearning on the following risks within St. Luke’s: Workplace Violence; Security; Radiation; Patient Safety; Fire Safety; Bloodborne Pathogens; Latex Allergies; Hazardous Materials; and Tuberculosis. This training includes identification and actions to eliminate risks.
• A variance report is filled out when an incident occurs (SOP 9500-02). Your supervisor/manager will discuss the variance with you to see if there is anything that could prevent future variances of the same nature. The variance report is shared with those individuals with a need to know and is sent to Performance Improvement for tabulation and reporting. Supervisors, managers and hospital administration review these reports to identify trends and ways to decrease these from occurring in the future. For unanticipated outcomes and adverse events see SOP 6010-07.

Safety and Infection Control

Why Do We Need an Infection Control Program?

• To **PROTECT** our employees, volunteers, patients and the community against infection.
• To help make people more **AWARE** of the ill person’s susceptibility to infection.
• To ** ALERT** people to the fact that the hospital environment can support the growth of bacteria which might lead to infections.

Since all patients/clients with contagious diseases cannot be reliably identified, anyone involved with patient/client contact should use certain precautions. These procedures are used to protect against AIDS and other diseases similarly transmitted through blood and body fluids and are known as **Standard Precautions**.

Who is responsible for Infection Control?

YOU are the person who counts. Each employee has a responsibility for infection control. An effective infection control program must have 100% cooperation of the entire health care team.

What can you do to control the spread of infection?

• Carry out good personal hygiene practices.
• Report to work only when well and free from infectious/communicable diseases.

Hand Washing

• Practice good hand hygiene routinely during your shift and upon entering and exiting a patient’s room.
• Hand washing is the single most important factor in preventing the spread of disease and must be done:
• Routine hand washing requires vigorous rubbing together of all surfaces of lathered hands for at least 15 seconds followed by thorough rinsing under running water. Dry hands with paper towels and use towel to turn off faucet.
• Hands or other skin surfaces that become contaminated with blood or other body fluids should be washed immediately. Health Services should be contacted immediately following. However, volunteer should avoid contact with blood and body fluids.

Gloves

Every employee should use gloves when touching or could possibly be touching any patient’s/client’s blood or body fluids. This includes any linens or surfaces that could be soiled with blood or body fluids. Gloves should be changed after contact with each patient. Hands should be washed immediately and thoroughly if accidentally exposed to blood or body fluids.
Blood and Body Fluids

In all cases, prevent contact of any patient’s/client’s blood or body fluids with your eyes, nose or mouth. You should not be placed nor should you place yourself in any situation where this could occur. Body fluids include feces, urine, semen, vaginal secretions, vomit or any fluids from a patient’s mouth, nose and eyes.

Sharps

If your position requires the use of sharps, you will receive further instruction through departmental orientation on the safe handling of needles or any sharp hospital instruments. Nurses or nursing assistants should be informed if any needles or sharp instruments need handling as certain disposal or cleaning procedures need to be followed.

Exposure/Injury Report

Should you be exposed or injured in any way, please report the incident immediately to your supervisor. Any injury or exposure that occurs while at work will be treated at the Work Well Clinic (unless conditions require immediate action and need to be referred to the Emergency Department). Report any incident to ensure you receive appropriate treatment.

Isolation

Patients with communicable diseases that are dangerous to others are placed in isolation. Isolation rooms are clearly marked and have yellow bags hanging on outside of door.

Latex Sensitive

Patients who are sensitive to any latex product will have a purple bag hanging on the outside of their door.
You have completed reviewing the St. Luke’s Hospital Orientation Training Requirements.

Completion of the following two steps remain for compliance.
   2. Orientation Self Learning Acknowledgement.

These following two pages are to be printed off, completed and turned in to Tammy Maus, RT clinic instructor.
Self Paced Learning Review Test

1. St. Luke’s Hospital’s mission statement is:

2. List St. Luke’s Values:

3. What is the patient safety hotline number:

4. T / F Clean blue jeans may be worn while working.

5. List the Standards of Excellence

6. T / F HIPAA protects the rights of patients and their health information

7. CODE BLACK means ________________________________.

8. The RACE acronym means ________________________________.

9. The best method for preventing and/or controlling the spread of infection is:
   a. Hand washing after eating
   b. Hand washing following use of the restroom
   c. Hand washing between patient contacts
   d. ALL of the above

10. To whom do you report injuries and exposures?

11. Isolation rooms have a _______ colored bag on the door and sign.

12. T / F Being culturally sensitive means you consider a person’s culture when communicating and/or providing care.

13. T / F Different cultures have different ideas about who should make healthcare decisions.
Orientation Self Learning Acknowledgement

I, ______________________, have reviewed and successfully completed the Orientation Training Requirements handout regarding the following topics:

- St. Luke’s Mission, Vision and Values
- St. Luke’s Strategic Framework
- Hospital Dress Code Requirements
- Patient Safety Hotline
- Ethical Issues of Care/Treatment and the Process to Address Ethical Issues
- St. Luke’s Standards of Excellence
- Patient Rights and Responsibilities
- Restraints
- Pain Management
- Code of Conduct
- Treatment of Confidential Information and HIPAA Regulations
- Cultural Diversity
- Sexual Harassment
- Basic Emergency Response
- Populations Served
- 2006 JCAHO National Patient Safety Goals
- Impaired Practitioner Recognition
- Risk Assessment/Reporting
- Safety and Infection Control

_____________________________  ____________________________
Signature of Participant                  Date

_____________________________  ____________________________
Signature of RT Clinical Instructor                  Date

NOTE: Once signed by both the student and the clinical instructor, maintain a copy of this page in the student file.