NMC health
Your Health. Our Focus.

Affiliated Clinical Orientation

Clinical Overview

NMC Health is honored to provide care to the people of Newton, Harvey and surrounding counties. We continue the tradition of protecting and defending our patients begun by Drs. John and Lucena Axtell and Reverend David Goerz and Sister Frieda Kaufman. We are uniquely qualified to understand the needs of our community, and answer the call with compassionate care.

We are accredited by the Accreditation Commission for Health Care (ACHC), formally HFAP. Much like any hospital accrediting program, the standards set forth by ACHC support those mandated by the Centers for Medicaid and Medicare Services and Kansas Department of Health and Environment. The following orientation refers to policies, standards, regulations and practices required of you as a representative of our organization during your clinical experience.

Our culture speaks to our mission; to excel in providing healthcare by understanding and responding to the individual needs of those we serve. Through our mission, our vision to improve health is actualized. The values we strive to exhibit every day are:

- Respect: Valuing the sanctity of life while honoring the dignity of the individual.
- Excellence: Promoting superior quality by fostering opportunities for improvement, learning and growth.
- Service: Building on our Christian heritage to provide compassionate health care.
- Trust: Developing relationships through honesty, sincerity and skill in a spirit of cooperation and communication.
- Transparency: Reinforcing our commitment to open, honest communications with each other and our community.

This manual was specially designed to provide our affiliated schools, faculty and students with details and guidance related to your experience at NMC Health. We are excited to share the unique opportunities and experiences offered at our facility. This manual reflects our current practice and standards of care. We are committed to providing a positive and educational experience for all. If you have any questions or concerns, please do not hesitate to contact us.

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General Guidelines

Parking

Use the parking areas designated for our employees. Do not park in the areas marked in red. Please keep in mind that the parking spaces adjacent to or in front of our building(s) are for customers and visitors only. Remember these important safety tips:

- Lock your car every day and park within the specified areas.
- Always be alert when walking through parking lots.
- Be alert for and report any suspicious activities.
- NMC Health will not be liable for fire, theft, damage, or personal injury involving automobiles.
- Lock any valuables and personal items in the trunk of your car prior to arriving at the clinical facility. This includes purses, CD's, cellphones etc. that might be visible in your vehicle.

Safety and Security

NMC Health values the safety and security of our employees. Please adhere to these general safety rules:

- Wear your badge, above the waist where it can be seen, at all times while on the property.
- Report all accidents/incidents to your instructor, house supervisor and/or unit management.
- Comply with all NMC Health policies and procedures.
- Know and comply with safety rules and use the safety equipment provided.
- Do not use, and report, all equipment that is not functioning correctly.
- Report all unsafe or hazardous conditions.
- Obey safety signs and notices.
- Please note, NMC Health – Medical Center is a smoke free institution.
- When in doubt, ask someone in charge.
- Report any needle punctures or cuts immediately.
- When lifting and transferring patients use assistive devices as needed.
- Do not overfill sharps containers

If you are injured at any time, the injury must be reported immediately to your instructor and House

Supervisor. The house supervisor will ensure that you receive medical assistance if warranted.

References: NMC Health policies Tobacco Free Campus Doc ID# 1754, Disposal of Sharps & Regulated Waste Doc ID# 3125, Event Variance or Notification, Reporting of Doc ID# 7111, Patient Lifting Doc ID#16986

Hospital Emergencies

Based on FEMA recommendations NMC Health has transitioned to 'plain language' announcements ensuring everyone has the appropriate knowledge to protect themselves in case of an event. The table below outlines the plain language codes announced overhead.

Emergency Event	Associated Announcement
Fire	"Fire Alarm + Location"
Infant/Child Abduction	"Security Alert, Infant/Child Abduction + Location"
Bomb threat	"Security Alert, Bomb Threat + Location"
Aggressive Event	"Security Alert, Aggressive Event + Location"
Active Shooter	"Security Alert, Active Shooter + Location"
Tornado Warning	"The National Weather Service has issued a tornado warning for Newton/Harvey County, effective until _____."
All Clear	"All Clear"

Medical emergencies within the hospital, such as a Rapid Response, Behavioral Emergency Response, or Stroke Response, can be activated by calling the number **5555.** Do not dial "0" for the operator. The medical emergency response line is a dedicated line answered by the switchboard. Code Blue will not be announced overhead. After activation of the code blue button on the patient call panel, an alert will be sent to the phone of appropriate code team members.

Reference: NMC Health Policy Overhead Emergency Announcements DOC ID# 6559, Medical Emergency Response Plan DOC ID# 5745

Fire Safety Response

If fire is in your immediate area, remember the acronym **RACE**:

Rescue persons in immediate danger;
Alarm – call the alarm;
Confine the fire by closing the doors;
Extinguish the fire.

If possible, and it does not put you in danger, extinguish the fire with a fire extinguisher. If you cannot safely extinguish the fire, leave the area. **E**vacuate the area by horizontal evacuation.

Remember the acronym **PASS** for using an extinguisher. If you cannot safely extinguish the fire, leave the area. **E**vacuate the area by horizontal evacuation.

Pull the pin;
Aim at the base of the fire;
Squeeze the lever;
Sweep from side to side.

Everyone is responsible to be familiar with the location of alarm pulls, fire extinguishers, evacuation routes and fire compartments.

Reference: NMC Health Policies Fire Safety Plan Doc ID#1728

Infant Abduction

The profile of a typical abductor suggests that they are almost always female, and take on the role of a nurse or other healthcare staff person and wear uniforms. In most cases the abductor makes themselves known and attempts to achieve some degree of familiarity with health care personnel and routine. Be suspicious of someone inquiring about specifics of security devices or layout of the hospital. We have taken additional safety measures in protecting newborns and their parents in our facility by locking the unit. It is the responsibility of all representatives of NMC Health to protect infants in our care; therefore, all representatives of NMC Health should be prepared to participate in the response to a suspected or actual infant abduction. Your role includes:

- If you are assigned to the Family Birthing Center, do not let unfamiliar people into the unit.
- Note that infants are always transported in a basinet
- Never leaving an infant unattended
- Being observant, noting anyone looking or acting suspicious
- Asking patients and visitors to remain in their rooms until the security event is over

Reference: NMC Health Policy Infant Abduction Doc ID #4550

Workplace Violence/Sexual Harassment

NMC Health endeavors to provide a safe workplace for all. We have a zero-tolerance stance on any type of workplace violence and harassment committed by or anyone acting on our behalf. We do not tolerate employees, or anyone else, making threats or engaging in violent activities. The following list of behaviors, while not inclusive, provides examples of conduct that is prohibited:

- Acts of verbal aggression such as shouting or making remarks that are threatening including verbal harassment, abusive or offensive language or acts.
- Aggressive or hostile behavior with the intent to cause physical injury to another person including striking, pushing, biting, or spitting.
- Intentionally damaging NMC Health property or property of a customer, vendor or other employee.
- Possession of a weapon while on NMC Health property.
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

Any potentially dangerous situations must be reported immediately to your instructor or the unit supervisor. NMC Health administrative staff will actively intervene at any indication of a possible hostile or violent situation.

While we do not expect everyone to be skilled at identifying potentially dangerous persons, you are expected to exercise good judgment and to inform your faculty and/or management if anyone exhibits behavior that could be a sign of potentially dangerous situations. Such behavior includes:

- Discussing weapons or bringing them to the workplace
- Displaying overt signs of extreme stress, resentment, hostility, or anger
- Making threatening remarks
- Sudden or significant deterioration of performance
- Displaying irrational or inappropriate behavior

If you encounter an armed or dangerous person do not attempt to challenge or disarm the individual. You should remain calm, make constant eye contact and talk to the individual. If the manager can be safely notified of the need for assistance without endangering the safety of the employee or others, such notice should be given. Otherwise, cooperate and follow the instructions given. Threats, threatening conduct, or any other acts of aggression or violence in the workplace will not be tolerated. ***NMC Health reserves the right to report criminal activity to Law Enforcement, or otherwise pursue criminal charges against those who assault hospital staff, verbally abuse staff, and/or who demonstrate any act or threat of physical violence, harassment, intimidation, or other disruptive behavior towards staff***.

Reference: NMC Health Employee Handbook

Infection Control

You are responsible to adhere to general infection control guidelines and specific procedures involving patient care which might introduce infection to the patient.

At a minimum everyone should follow standard precautions when encountering patients regardless of their diagnosis treating all blood and body fluids as infectious. Wear gloves whenever you anticipate touching blood or body fluids, mucous membranes or non-intact skin and when handling items or surfaces contaminated with blood or body fluid. Remove gloves and wash hands before leaving the immediate area. Do not wear contaminated gloves in hallways, to answer phones, or use computer keyboards. Wear an apron, gown or lab coat during procedures that are likely to generate splashes of blood or body fluid.

It is your responsibility to learn where the Personal Protective Equipment (PPE) is located in each unit.

- You must adhere to isolation policies of NMC Health and utilize appropriate PPE when indicated.
- Always read and follow the signs posted.
- Report accidental exposures to known or suspected communicable diseases to your supervisor and/or Employee Health.

In addition to standard precautions, the CDC recommends transmission-based categories to prevent transmission of infections in the hospital setting. These precautions are used in addition to standard precautions.

Contact Precautions are used to prevent the transmission of infections that are spread through direct or indirect contact. Contact Precautions are utilized for patients known or suspected to be colonized with microorganisms that can be transmitted by direct contact with the patient or indirect contact with contaminated environmental surfaces or items in the patient's environment. PPE (i.e., gloves and gowns) are worn to prevent contact with infectious microorganisms.

Droplet Precautions are used to prevent the transmission of organisms that are carried in droplets generated by the infected patient. Droplet Precautions are used for a patient known or suspected to be infected with microorganisms transmitted by droplets (large particle droplets > 5 microns in size) that can be generated by the patient when coughing, sneezing, talking, or during a cough-inducing procedure, or during procedures that produce aerosolization of body fluids. Droplets containing infectious microorganisms are propelled a short distance through the air. Risk of transmission is to a susceptible host who is within approximately 3 feet of the patient. PPE (i.e., a mask) is worn to prevent contact with the droplets. Special ventilation is not required.

Airborne Precautions are used to prevent transmission of organisms that are carried in air currents by dust particles or tiny droplet nuclei (<5 microns in size) that contain the organisms. Organisms transmitted in this manner can be suspended in the air for long periods of time and can be dispersed in air currents. Therefore, they can infect susceptible hosts near or far from the infected patient. Special ventilation in a negative air pressure isolation room is required. In addition to gown and gloves, PAPRS (Powered Air Purifying Respirators) or N95 masks are worn.

Washing your hands is the most important way to prevent the transmission of infections from patient to patient, from health care provider to patient, from patient to health care provider, or from one health care provider to another. Frequent hand washing removes germs that you may have picked up on your hands through various types of contact. When washing your hands, it is important to use an adequate amount of soap, lots of running water, and lots of friction. We expect all personnel to wash or sanitize their hands frequently and thoroughly. Indications for hand hygiene may include:

- Before beginning work duties and before leaving work.
- Before and after contact with a patient.
- Between direct patient contacts.
- Before preparing or handling food, drink or medications.
- After handling soiled items/ contaminated surfaces.
- After contact with blood or body fluids.
- Before and after meals.
- After using the bathroom, combing your hair or touching your nose.
- Before entering a clean area.
- Before handling clean or sterile items.
- Before handling contact lenses or applying cosmetics.
- After removing gloves.
- Moving from a contaminated body site to a clean body site during patient care.

References: NMC Health policies Infection Control Practices – Patient Care Areas Doc ID# 3135, Isolation Procedures Doc ID# 3137, Infection Control – Isolation Precautions Quick Reference Guide Doc ID# 3138, Hand Hygiene Doc ID#3130

Hazard Communication Standard

A hazardous material is defined as any substance or material that could adversely affect the safety of the public, handlers or carriers during use, transportation, storage, or disposal. Generally, this includes chemicals which are highly volatile, reactive, caustic acids, alkaline, or corrosive. Chemical manufacturers are required to evaluate the hazards of each of the chemicals they produce and prepare safety information accordingly. This safety information must then be made available to persons working with chemicals.

The Globally Harmonized System of classification is utilized internationally to ensure chemical safety in the workplace. It provides a common approach to classifying chemicals and communicating hazard information via labels and safety data sheets. NMC Health has identified a Chemical Hygiene Officer who in collaboration with the Materials Management Director is responsible for maintaining safety data sheets for all chemicals used within the facility. These safety data sheets can be found online at MSDSonline or through the hospital's intranet website, The Pulse. All hazardous materials must be labeled according to standards set forth by the Occupational Safety and Health Administration and the National Fire Protection Association.

Many areas within the hospital utilize and handle hazardous materials from the cleaning supplies used by Environmental Services to radioactive isotopes used by Nuclear Med. For pharmacist and nurses this also includes chemotherapeutic or antineoplastic agents. Administration of these drugs requires advanced training.

Quality Assessment and Performance Improvement / QAPI

The Conditions of Participation (CoPs) require that healthcare facilities create quality assessment and performance improvement (QAPI) programs. A good QAPI program helps staff detect problems, find ways to fix them, and continually watch and assess the quality of care. This process improves care and outcomes.

QAPI information relative to an employee's unit or department and/or the organization is communicated annually via the Annual Quality Report. QAPI information is also communicated each quarter via the Quality Newsletter, and via information posted on Quality Boards that exist in each unit/department.

Patient's Rights

Any person acting as a representative of NMC Health is responsible to know and understand how to comply with Patient's Rights. These rights are communicated to patients or their designated representative upon admission. These rights include:

- Communication with the patient in a language they understand via interpretation by a healthcare-certified translation service including ASL for the hearing impaired. *NMC Health uses a tablet device along with Stratus Video, a language service company, for translation.*
- Patients have the right to act as his/her own representative or name any individual as their representative as well as the right to rescind representation at any time. This explicit designation of representation by the patient takes precedence over any non-designated relationship unless expressly withdrawn by the patient.
- When incapacitated, the patient's designation of representation by way of durable power of attorney will be honored.
- Patients have the right to full information regarding diagnosis, treatment, prognosis, alternative treatments, complications and unanticipated outcomes as well as the right to refuse any drugs, treatment or procedures.
- All patients have the right to impartial access to treatment regardless of race, religion, sex, sexual orientation, gender identity, ethnicity, age or handicap.
- The patient has the right to exercise their rights without fear of coercion, discrimination or retaliation.
- The right to participate in the development and implementation of his or her own plan of care.
- Patients have the right to formulate Advance Directives and have the hospital staff comply with those directives.
- The right to have their representative of choice and his or her personal family physician promptly notified of his or her inpatient admission to the hospital.
- Patients have the right to privacy, to receive care in a safe setting, to be free from all forms of abuse or harassment and confidentiality of his or her clinical records. The patient also has the right to access information contained in their clinical records within a reasonable timeframe.
- The right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- The right respectful care given by competent personnel, to know the professional status of any person providing their care, and the right to know reasons for proposed changes in staff responsible for their care.
- The right to know the reason for transfer within or outside the hospital.
- The right to be have pain treated as effectively as possible.
- The right to visitation, including any clinical restriction or limitation on visitation.

Suicide and Ligature Risk

Patients have the right to care in a safe environment. Suicide is a multifaceted phenomenon identified by both the World Health Organization and the Centers for Disease control. In 2016 suicide was the 2nd leading cause of death in 3 age categories; those between the ages of 10-14, 15-24 and 25-34. Studies suggest 80% of those who complete a suicidal act have had healthcare contact within

the previous year, and of those 50% have had contact within the previous month and have no known mental health diagnosis. We are taking a proactive stance on screening all of our patients for their risk using the Columbia Suicide Severity Rating Scale. This validated scale asks a series of plain language questions that anyone can ask. These questions will help us identify those persons at highest risk of self-harm, and categorize their need for observation. It's also important to remember, not all patients with psychiatric conditions are cared for in psychiatric hospitals or psychiatric units if they have acute medical or surgical needs. It is essential we identify those patients and mitigate their risk accordingly. It is our responsibility to:

- Identify those at risk for self-harm, or harm to others.
- Identify environmental safety risks for patients.
- Educate those responsible for patient care on minimizing risk.

You should review the materials contained in the orange folder outside the patient's room. This folder contains the NMC Health policy Suicide Risk Screening and Risk Mitigation Doc ID# 1702 and Environmental Suicide Risk Mitigation Checklist Doc ID# 23969

Reference HFAP Standard 11.01.02, 15.01.17, 15.01.20 & referenced policies

Restraints

All patients have the right to be free from physical or mental abuse, and corporal punishment. They also have the right to be free from restraint or seclusion, and may only be imposed to ensure the immediate physical safety of the patient, as staff member, or others. In certain circumstances you may have the responsibility of caring a patient requiring restraints. Information regarding restraints can often times be confusing so we feel it is important for you to understand our policies regarding restraints.

We may only use restraints to ensure the immediate physical safety of any patient, staff or others. Restraints may be implemented for the promotion and/or maintenance of medical healing or protection of medical equipment required for treatment. Restraints may also be utilized when a patient is determined to be a harm to themselves or others due to destructive behavior. Restraints must not ever be used for staff convenience or as a form of punishment. When necessary to utilize any restraints, we must:

- Explore alternate methods prior to implementation of restraints.
- Use the least restrictive mechanism to prevent harm and/or minimize disruption to medical care.
- Discontinue the use as soon as possible

A restraint is any method used to immobilize or reduce the ability of a patient to move his or her arms, legs, body or head freely. Devices that are considered restraints are:

- Any mechanism, soft, leather or bulky mitt, which restricts movement due to physical attachment to the bed.

- Raising all 4 side rails to prohibit free movement out of bed.
- Tucking sheets so that the patient cannot move.
- Locking devices that the patient cannot remove on their own that restrict

Alternatives to restraints include but are not limited to:

- Frequent reorientation.
- Asking family to stay with patient.
- Providing distractions and/or ambulating in halls.
- Repositioning and providing PRN medications for comfort.
- Moving the patient close to the nurses' station.
- Providing a patient sitter.
- Disguise lines and tubes.

Requirements in both assessment and monitoring are increased for restraints implemented to control patient's behaviors. In addition to the restraints used for non-behavioral implementation, behavioral restraints include:

- Physically holding a patient with a grasp that the patient cannot easily escape from for medication administration.
- Medications used to manage patient's behavior that is not standard treatment for their condition.

Practices that include temporary immobilization or limitation of mobility related to medical, diagnostic or surgical procedures are not considered restraints. Other mechanisms that are not considered restraints, although they restrict movement include:

- All side rails up for the intent of safety (transportation cart, therapeutic rotation mattress, padded for seizure precautions).
- All rails up on an infant crib.
- Orthopedic devices for immobilization.
- Arm boards for positional IVs.
- Physical holding for routine physical exams.
- Medications (even psychotropic, sedatives or hypnotics) when the intended use is to provide comfort or relaxation and used in normal doses relative to standards of care.

  Reference: HFAP Standards 15.02.00, 15.02.01, 15.02.02, 15.02.03, NMC Policy Restraint, Use of (Patient's Rights) DOC ID# 8663

Patient Identification

As a layer of patient safety and security, NMC Health has minimum standards of practice to verify patient identification. Positive patient identification must be done prior to cares, and/or treatment or provision of any service. Patients are verified during the registration process using two distinct identifiers. All patients in our care will have an armband placed either on the patient's left or right wrist. If this is not possible, placement will be made on either ankle. Patients will be identified by at least 2 of the following for provision of services or medication administration:

- Armband scanning.
- Statement of patients' full name.
- Statement of patients' date of birth.
- Patients medical record number.

For those unable to communicate, verification of the above can be made by the patient's representative or appropriate electronic medical record. Armbands should be replaced if they become illegible and should be removed prior to dismissal unless the patient is deceased or transferring to another facility.

Reference: NMC Policy Patient Identification Doc ID# 8538

HIPAA and Protected Health Information

NMC Health is bound by several federal regulations, one of those being the Health Insurance Portability and Accountability Act of 1996. This regulation controls the way health care providers and health plans must handle the privacy and security of patient information. Protected Health Information (PHI) is any information that can identify a specific person including but not limited to:

- Name of the individual, relatives or household members.
- Address or the equivalent.
- All dates related to the individual such as birth date, date of admission/discharge/death.
- Telephone/fax numbers or email addresses.
- Age if the person is greater than 90.
- Social security/medical record/account numbers.
- Vehicle identifiers and serial numbers including license plate numbers.

We may only disclose PHI under certain circumstances. Patients receive a Notice of Privacy Practices upon admission outlining their rights regarding their protected information and information on how that information will be used.

It is imperative that we take appropriate measures when using workstations (i.e. all computer stations) to ensure the confidentiality and integrity of PHI is restricted to authorized users.

Your role in HIPAA is to:

- Discuss with your faculty how your role may be affected by HIPAA.
- Do not share PHI with anyone who does not have a need to know it.
- Do not access information that is not needed for the care of your patient(s).
- Do not access PHI for any patient you do not have responsibility for including yourself.
- Report known or suspected privacy or security breaches to your faculty.

Your role in privacy is to:

- Limit patient specific information discussed in hallways, the Café and other public areas.
- Control the patient information you have in your possession.
- Dispose of PHI in designated, locked shredding bins.
- Only access information necessary in your role as a student.
- Use screen privacy guards when there is the potential for workstation screens to be viewed by unauthorized users.

As a community hospital, we must be especially cognizant of not only the information shared in public areas, but the information we gain as passive observers. Do not share information that anyone you know is hospitalized without their expressed consent.

Reference: NMC Health Policy NMC HIPAA Workstation Use and Security Policy DOC ID# 16108

Equipment Device Safety

Medical equipment is essential for delivering high-quality care and ensuring patient safety. Maintaining medical product safety and dependability is essential. Following are essential safety guidelines medical professionals and healthcare facilities can follow to uphold medical equipment safety standards.

APPROPRIATE INSTRUCTION AND TRAINING

The safety and maintenance of medical equipment must be adequately taught; this includes knowing the device's capabilities, operating instructions, and troubleshooting methods. Employees are to ensure they have been trained on the proper use of equipment.

SAFE TRANSPORT AND STORAGE

Medical device safety must be preserved through proper storage and transportation. Storage areas for medical equipment should be secure, sanitary, and free of environmental factors that could cause damage. Employees are to ensure they know and have been trained on the proper transport and storage of equipment.

CONFORMITY WITH INFECTION CONTROL PROTOCOLS

Before and after each use, proper cleaning, disinfection, and sterilization procedures must be followed. Employees are to ensure they have been trained in proper infection control protocols specific to the equipment they use.

Risk Management/Adverse Events

NMC Health is committed to quality and safe patient care. This is pursued through the evaluation of events to determine the presence of Adverse or Sentinel Events and to take appropriate steps to continuously improve quality and safety.

Definitions:

A Near-Miss Event:
A near miss means stopping an event before injury or harm can occur.

An Adverse Event:
An unintended physical injury to a person receiving medical care but does not rise to the level of being sentinel.

A Sentinel Event (a type of Adverse Event):
Sentinel events are unexpected occurrences involving death or serious physical or psychological injury, or risk thereof. Serious injury specifically includes loss of limb or function. Major permanent loss of function means sensory, motor, physiologic, or intellectual impairment not previously present that requires continued treatment or life-style change. The phrase risk thereof includes any process variation for which a recurrence would carry a significant chance of serious adverse outcomes. Sentinel events signal the need for immediate investigation and response. Some examples of sentinel events include:

- death resulting from a medication error or other treatment related error
- suicide of a patient in a setting where they receive around-the-clock care
- surgery on the wrong patient or body part regardless of the magnitude of the operation
- and hemolytic transfusion reaction involving the administration of blood or blood products having major blood group incompatibilities

If/when an adverse event occurs:

1. Inform the designated department leader. Help will be provided to enter an ‘event variance’ into the event notification system (Meditech).

2. The organization will conduct a comprehensive systematic analysis and corrective action plan.

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Validation of Orientation

I have reviewed the Affiliated Clinical Orientation and attached appendices and know the availability of resources should I have additional questions.

Print Name	Date
Signature	Agency