

## 2024 Education Express Part One



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### Mission Statement

Embrace people, elevate care and cultivate healthier communities.

### Vision Statement

To be distinguished for clinical excellence and seamless, personalized care.




### Our Values

Our values represent the guiding principles that unite us in fulfilling our mission, shape our culture, and demonstrate how we serve each other and our patients each and every day.


All employees are expected to demonstrate these behaviors:

- **Accountable**
- **Adaptive**
- **Authentic**
- **Inclusive**
- **Committed**
- **Empowered**



### Our Values



<b>Accountable</b>	<p>We:</p> <ul style="list-style-type: none"> <li>• take our responsibilities seriously</li> <li>• hold ourselves and our colleagues accountable</li> <li>• understand our actions impact others</li> </ul>
<b>Adaptive</b>	<p>We:</p> <ul style="list-style-type: none"> <li>• continually strive to be adaptive</li> <li>• create change that improves patient care today and solutions that transform patient care tomorrow</li> </ul>
<b>Authentic</b>	<p>We:</p> <ul style="list-style-type: none"> <li>• embrace honesty, integrity, collaboration, and transparency to ensure we bring the best version of ourselves to our patients and to one another</li> </ul>
<b>Inclusive</b>	<p>We:</p> <ul style="list-style-type: none"> <li>• recognize every individual's rights</li> <li>• respect the dignity and unique perspectives of others without biases of any kind</li> </ul>
<b>Committed</b>	<p>We:</p> <ul style="list-style-type: none"> <li>• are committed to improving ourselves and our service</li> <li>• cultivate our knowledge</li> <li>• enhance our skills to make a positive difference in the lives of our patients, employees and community</li> </ul>
<b>Empowered</b>	<p>We:</p> <ul style="list-style-type: none"> <li>• provide every individual with information and tools</li> <li>• empower others to make decisions and take actions that continually enhance exceptional patient care and fuel quality outcomes</li> </ul>



### The Joint Commission

The Joint Commission is an accreditation agency that ensures healthcare organizations are practicing quality care in a safe manner for our patients and families.

The Joint Commission's mission is to help organizations to continuously improve the safety and quality of care provided to the public.

### The Joint Commission



The Survey process is **unannounced**.

The Joint Commission will survey us every three years but may arrive unannounced at any time.

The surveyors will speak to the frontline staff.

It is important for each of us to be actively ready for their arrival.

**If you have a question or concern, call The Quality Improvement Department at Ext 6144.**

### The Joint Commission

The Joint Commission Surveyors will speak to front line staff. Here are a few tips:

- Relax, you will not be alone. Smile and be welcoming.
- You are not expected to recite Joint Commission standards. You need to know your job, how to perform it safely and how to locate information if you don't have the answer.
- Educate the surveyors about the quality, safe care you provide your patients everyday.
- Each department has a performance improvement project they are working on. If asked, tell them about your department's project.
- Listen carefully, answer honestly.



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### Performance Improvement

#### What is Performance Improvement?

It is taking a process, looking at it from different angles, and improving it.

There are many methods to accomplish this. At Hunterdon we focus on two time tested methods:

**Plan-Do-Check-Act (PDCA)**

and/or

**Lean Six Sigma**

Depending on the problem, one of these methods may be a better choice than the other.



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### Performance Improvement

#### Plan-Do-Check-Act:

is a structured approach to help you move closer to any goal you are trying to reach.



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### Performance Improvement

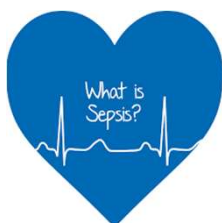
#### Lean Six Sigma:

is a measurement based methodology that uses tools to eliminate waste, reduce variations in a process, improve efficiency and add value for our customers.



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### Sepsis Education



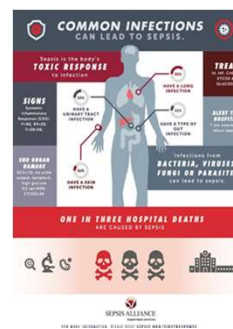
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### Sepsis Education

Sepsis is a serious condition that happens when the body's immune system has an extreme response to an infection.

Sepsis can affect anyone, but people who are older, very young, pregnant or have other health problems are at higher risk

Urinary tract infections, skin infections, wounds, viral and bacterial infections are examples of possible conditions that may cause sepsis.



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### Early Recognition and Identifying Sepsis

Sepsis symptoms may vary depending on the source of infection

- TEMPERATURE OVER 100.9 OR UNDER 96.8
- FAST HEART RATE OVER 90 BEATS PER MINUTE
- QUICK BREATHING/RESPIRATIONS OVER 20 PER MINUTE
- MEAN ARTERIAL PRESSURE (MAP) <65
- A drop in blood pressure (hypotension)
  - \*systolic blood pressure under 90 or a diastolic blood pressure under 50
- Weakness, Dizziness and feeling faint
- Confusion or disorientation
- Shivering - sensation of feeling very warm or very cold



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### Sepsis Smart- Act Fast

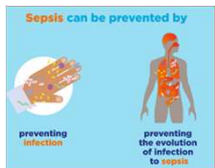
Sepsis is a medical emergency

- Getting quick medical attention is key to preventing the illness progression. Notify the medical provider quickly.
- Urgent assessment & documentation of suspicion of infection as well as all the signs and symptoms.
- A physical examination should be conducted, as well as laboratory testing (CBC, BMP, lactate, blood cultures) to evaluate the cause of the infection
- Treatment may include IV fluids, antibiotics and vasopressors as prescribed



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### Preventing Sepsis



Prevent Infections

- Get recommended vaccines
- Handwashing
- Follow infection prevention measures
- Early Identification of infection
- Management of chronic conditions
- Care for open wounds
- Administration of antibiotics as prescribed



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### References for More Information

Centers for Disease Control and Prevention - Sepsis  
<http://www.cdc.gov/sepsis/index.html>

New Jersey Sepsis Learning-Action Collaborative  
[www.njha.com/cqi/njtools/sepsis](http://www.njha.com/cqi/njtools/sepsis)

Sepsis Alliance  
[www.sepsis.org](http://www.sepsis.org)

Surviving Sepsis Campaign  
<http://www.sccm.org/survivingsepsiscampaign>



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### Communication Assistance

Why do we offer this assistance ?

Under the Americans with Disabilities Act (ADA) and other statutes ( NJ against Discrimination and section 504), public entities are required to provide qualified services for individuals with limited English proficiency, and individuals with hearing loss.



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### Contracted Interpreter / Translation Service

It is the policy of Hunterdon Medical Center to provide communication services for hearing impaired and foreign language communication needs.


It is Hunterdon Healthcare's policy that the interpretation service be used for all languages other than English.



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### Refusal of Service

- If the patient refuses the interpreter, then Propio must be used to advise the patient and family member of their responsibilities in agreeing to perform the translation for the patient.
- Propio must be used to read the Waiver of Interpretation Services Form to the patient.
- The patient must then sign the waiver.



The form is titled 'HUNTERDON HEALTHCARE' and 'WAIVER OF INTERPRETER SERVICES'. It contains several sections for patient and staff signatures, dates, and checkboxes regarding the patient's understanding of the services and their refusal.

### Proprio Services

- Over the phone Interpreting (OPI)
  - using two handed interpreter phone or dial out 908-680-0705 (phone speaker access)
- Video Remote Interpreting (VRI)
  - Proprio carts are available for every department/office (ask your department head)
- Documentation Translation
  - the use of the interpreter phone or video must be documented in the patient's EHR


**\*If you are fluent in another language and want to become a medical certified interpreter, contact the Quality Office to learn how\***

### NICHE Nurses Improving Care For Healthsystem Elders

Hunterdon Healthcare sees a large portion of geriatric patients. This population is defined as those patients who are 65 years or older.

**Nurses Improving Care for Healthsystem Elders (NICHE)** provides principles and tools to stimulate changes in clinical practice to achieve patient-centered nursing care for older adults in healthcare facilities.

NICHE was founded in 1992 by Terry Fulmer, PhD, RN, FAAN, who saw a national need for continued education and consultation for nurses providing care for older adults.



The logo features the word 'NICHE' in large, stylized letters with a small image of an elderly person, and the full name 'Nurses Improving Care for Healthsystem Elders' below it.

### NICHE Nurses Improving Care For Healthsystem Elders

Hunterdon Health follows the guiding principles of NICHE:

- Provide evidence-based geriatric care at the bedside
- Establish patient and family-centered supportive environments
- Maintain standards of excellence in the delivery of elder care

**Having an awareness of these principles will help support our efforts to elevate the care of Healthsystem elders.**


Registered Nurses will be given additional opportunities to understand clinical improvement models and gain unique tools to support this elder population at the bedside.

### Caring for the Elderly - Recognizing Abuse and What to Do

Healthcare professionals must be aware and informed about abuse of the elderly.

Abuse takes many forms including physical, psychological, financial, sexual abuse, physical neglect, and over and under medicating. A caregiver may subject an elder to passive abuse by not realizing what is needed, or active abuse by purposely not providing the necessary care.

Healthcare providers should watch for signs of abuse in the Emergency Department, at the bedside, and in the community.



The image shows a close-up of several hands, likely belonging to healthcare providers, gently holding or supporting an elderly person's hand.

### Caring for the Elderly - Recognizing Abuse and What to Do

**Abuse indicators include, but are not limited to:**

- Psychological** – change in appetite, weight, sleep patterns, agitation, confusion, tearful, low self esteem, ambivalence.
- Physical** – bruises, cuts, welts, punctures, signs of hair pulling, rope burns, malnutrition, dehydration, poor hygiene.
- Financial** – withdrawing large amounts of money, unable to pay bills, a family member who is overly interested in financial matters of the elder.

**Doctor Hopping** – frequent visits to the Emergency Department, delay between the injury and seeking of care, elder brought to Emergency Department by someone other than caregiver, medical history does not make sense.



*For more information refer to: Administrative Policy, Elder Abuse*

## Domestic Violence

**According to National Domestic Violence Hotline:**

Domestic violence (also called intimate partner violence (IPV), domestic abuse or relationship abuse) is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.

Domestic violence does not discriminate. Anyone of any race, age, sexual orientation, religion or gender can be a victim or perpetrator – of domestic violence. It can happen to people who are married, living together or who are dating. It affects people of all socioeconomic backgrounds and education levels.






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## Domestic Violence

**According to National Domestic Violence Hotline:**

Domestic violence includes behaviors that physically harm, arouse fear, prevent a partner from doing what they wish or force them to behave in ways they do not want. It includes the use of physical and sexual violence, threats and intimidation, emotional abuse and economic deprivation. Many of these different forms of domestic violence/abuse can be occurring at any one time within the same intimate relationship.



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## Helping Domestic Violence Patients

The needs of a domestic violence patient are primarily met in the Emergency Department of Hunterdon Health, whose health care team provides emergency care and psychological and professional support, and protects the safety of the victim. If nonclinical staff witnesses or suspects abuse towards a patient, they should contact the patient's primary nurse.


**When domestic violence is suspected, you should:**

- Interview the patient privately. Appear non-judgmental and supportive.
- Document observations such as tears in clothing, blood stains, etc.
- Document general mental and physical state of the patient.
- Perform general inspection of all body surfaces for evidence of trauma or force.
- Refer to Administrative Policy, Victims of Domestic Violence.


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## When Child Abuse or Neglect is Suspected



Any Health Care Provider is required by law to report any and all suspected acts of child abuse and/or neglect. All reports made in good faith are protected from both criminal and civil liabilities. Failure of the healthcare provider to report suspected abuse is a criminal offense punishable by both fine and imprisonment.

The responsibility of investigating suspected abuse and providing the child with protection resides with the Division of Child Protection and Permanency (DCPP), which is the child protection agency of NJ and the County Prosecutor's Office. The hospital can assist in this process by providing appropriate psychological and/or medical identification and treatment.



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## When Child Abuse or Neglect is Suspected

Medical staff and/or employees of the hospital must comply with the NJ law which requires reporting of any possible child abuse or neglect.

You must notify one of the following:

- Social Work Supervisor
- Administrative Nursing Supervisor
- Risk Manager

A list of indicators for child abuse may be found in our hospital policy. Refer to Administrative Policy, *Child Abuse or Child Neglect, Suspected*.

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## Human Trafficking

**Sex Trafficking**

The recruitment, harboring, transportation, provision, or obtaining of a person for a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.

**Labor Trafficking**

The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjecting to involuntary servitude, peonage, debt bondage, or slavery.



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## Human Trafficking

Reaching out to the Trafficking Resource Center

- National confidential crisis and tip line
- National resource and technical assistance center
- National referral and response network
- Resource for hotline data and trends

1-888-373-7888  
 CONFIDENTIAL/TOLL-FREE/24-7  
 www.TraffickingResourceCenter.org  
 Interpreters available



## The Stroke Program at Hunterdon Health

**Primary Stroke Center Certification**



Hunterdon Medical Center has earned The Joint Commission's Gold Seal of Approval and the American Stroke Association's Heart Check mark for Primary Stroke Center Certification. Hunterdon Medical Center meets and exceeds better outcomes for patients experiencing a stroke and provides the critical elements to achieve long-term success in improving outcomes.

CERTIFICATION  
Meets standards for  
**Primary Stroke Center**






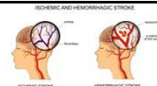
## Stroke Facts

- Every 40 seconds someone in the United States has a stroke
- Every year over 795,000 people in the United States have a stroke
- Stroke is one of the leading causes of death for Americans
- Stroke is the leading cause of serious long-term disability
- 1 in 6 deaths from cardiovascular disease was due to stroke in 2021
- Stroke-related costs in the United States was nearly \$56.5 billion between 2018-2019
- High blood pressure, high cholesterol, smoking, obesity and diabetes are leading causes of stroke, 1 in 3 adults in the US have at least one of these risk factors
- Nearly 1 in 4 strokes occur in people who had a previous stroke

<https://www.cdc.gov/stroke/data-research/facts-stats/index.html>



## What is a Stroke?



A stroke is a disease that occurs when a blood vessel that carries oxygen to the brain is either blocked or ruptured. *This is a medical emergency!*

**There are two major types of stroke:**

**Ischemic Stroke**


- Accounts for approximately 87% of all strokes
- Occurs when a blood clot or the gradual build-up of plaque and other fatty deposits, stops blood flow to an area of the brain

**Hemorrhagic Stroke**

- Accounts for 13% of all strokes but is responsible for 30% of all stroke related deaths
- Occurs when a blood vessel in the brain breaks, leaking blood into the brain


**What is a TIA?**

A transient ischemic attack (TIA) occurs when blood is blocked to an area of the brain for a short amount of time. TIAs are strong predictors of stroke. This is sometimes known as a mini stroke.



## Know the Signs and Symptoms of Stroke


**B**



**BALANCE**

Does the person have loss of balance, headache or dizziness?


**E**



**EYES**

Is there blurred or sudden vision loss in one or both eyes?


**F**



**FACE**

Ask the person to smile. Does one side of his or her face droop?


**A**



**ARMS**

Ask the person to raise both arms. Does one drift downward?


**S**



**SPEECH**


Ask the person to repeat simple sentence. Is there speech difficulty?

**T**



**TIME**


If person shows ANY of these symptoms, call 911 immediately!



## B.E.F.A.S.T.


**"B" is for Balance**


- Sudden loss of balance, coordination, or trouble walking



**"E" is for Eyesight**

- Sudden double vision or loss of vision in one or both eyes






### B.E.F.A.S.T.



**"F" is for Face**

- ❖ Ask the person to smile- does one side of their mouth not raise?
- ❖ Are they drooling?



**"A" is for Arms**

- ❖ Could involve clumsiness of one arm
- ❖ *Sudden* numbness on one side
- ❖ Ask patient to hold both arms up, they may have a drift on one arm like the picture below





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### B.E.F.A.S.T.

**"S" is for Speech**

- ❖ Incomprehensible sounds
- ❖ Slurred speech
- ❖ Using the wrong word for an item (example: pointing at the phone and saying remote)



**"T" is for Time**

- ❖ Time=Brain
- ❖ Identification is the first step in saving brain tissue

**If you are in HMC and observe anyone with the signs or symptoms of a stroke (BEFAST)...anyone can dial 444 and activate a Rapid Response Team.**

**RNs or LIPs can dial 444 and activate Medical Alert Stroke Response**

**In the community call 911**



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### Treatment Options


**Hunterdon Medical Center is a primary stroke center**

Treatment options available at HMC include:

- "Clot Buster" medication- Tenecteplase (TNK), if patient meets specific criteria
- Teleneurology consult-acute evaluation by a neurologist is available 24/7

Additional treatments are available at Comprehensive Stroke Centers for those patients who meet criteria for interventions

- Mechanical Clot Retrieval- device used to remove blood clot in the brain
- Other interventions for strokes that involve bleeding in the brain




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### Risk Factors for Stroke

**There are risk factors associated with stroke. It is important to identify your or your patient's individual risk factors.**

- **Heart Disease:** Atrial fibrillation (a rapid, irregular heartbeat) should be treated; talk with your physician about your options
- **High blood pressure:** Should be controlled and maintained at less than 140/90 mmHg. A different goal may be recommended by your doctor based on your other medical conditions.
- **Carotid artery disease:** Can be treated by surgery, stenting a clogged artery in the neck, or medical therapy.
- **Smoking:** If you smoke, you are putting yourself at a much higher risk for stroke and many other dangerous health conditions. It is important that you quit smoking now.




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### Risk Factors for Stroke

**There are risk factors associated with stroke. It is important to identify your or your patient's individual risk factors.**

- **High cholesterol:** Total cholesterol should be less than 200, bad cholesterol (LDL) should be less than 100. Eat a diet low in saturated fat, cholesterol, and salt. There are also very effective medications available to help lower cholesterol.
- **Diabetes:** Increases the risk for stroke and should be controlled through diet, oral hypoglycemics (medications taken by mouth that lower blood sugar) or insulin.
- **Obesity:** Increases your risk for stroke. You can speak to your provider about weight loss strategies.
- **Excess alcohol intake:** Increases your risk for stroke. Speak to your provider about strategies to decrease your alcohol consumption.
- **Physical inactivity:** Being inactive increases your risk. Speak with your physician about starting an exercise plan.
- **Other risk factors:** Poor nutrition (studies show that 5 servings of fruits and vegetables a day reduce risk of stroke by 30%), recreational drug use, hormonal therapies and stress.




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### Risk Factors for Stroke

**Risk factors you cannot control:**

- **Age:** Your risk of stroke doubles each decade after the age of 55
- **Gender:** More men than women experience strokes
- **Heredity:** Family history of heart disease or stroke; African Americans, Hispanics/Latinos, and Asians have a higher risk
- **Prior Stroke:** A person who has one or more TIAs is almost 10 times more likely to have a stroke



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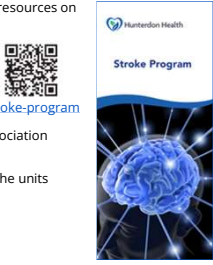

### Find More Information About Stroke

View our **Clinical Practice Guidelines** and other resources on the HMC intranet page  
**Clinical tab → Stroke Program**

Visit our public Stroke page on the HMC website by scanning the QR code or by visiting:  
<https://www.hunterdonhealth.org/services/stroke-program>

American Heart Association/ American Stroke Association  
[www.stroke.org](http://www.stroke.org)

HMC Stroke Program brochures are available on the units

### Patient Safety Creating Highly Reliable & SAFE Patient Care

Hunterdon Health is improving patient and staff safety.

To provide the highest, most reliable safe care requires a culture and environment that puts safety first, improving quality and service for our patients and employees.

**Our goal is to eliminate harm.**

Delivering the safest care effectively requires STRONG High Reliability Safety Behaviors, effective Event Reporting and Teamwork.




### High Reliability Health Care Organization

- **High Reliability Organizations** (HRO's) are preoccupied with safety and recognize the probability of failure and error.
- HRO's practice safety behaviors, improve systems, report incidents including near misses and improve processes to prevent errors and reduce harm.
- HRO's recognize human fallibility and value learning from mistakes.

**The goal of high reliability organizations is to create a culture that radically reduces human and system failures and eliminates harm to patients and employees.**






### Practice: What are the Safety Behaviors?

Highly Reliable Safe Care means we ALL practice the safety behaviors that spell "STRONG":

- Speak up for Safety
- Think Critically
- Reliably Communicate
- On Task
- No Harm
- Got Your Back


**Soooo...What are the SPECIFIC Safety Behaviors.....?**

### Specific Safety Behaviors

<b>S</b>	<b>Speak up for Safety</b>	ARCC is UP! (Uninterrupted, Persistent, Respectful, Clear) Chain of Command
<b>T</b>	<b>Think Critically</b>	Use a Questioning Attitude: <b>Validate</b> - Does this make sense? <b>Verify</b> - Is there a risk? <b>Stop</b> - Stop! (When you hear "STOP" or "STOP OUT")
<b>R</b>	<b>Reliably Communicate</b>	3 Way Repeat Back / Read Back: <b>Clarifying Questions</b>
<b>O</b>	<b>On Task</b>	Before you do something, ask yourself: <b>STOP - Think, Act, Review</b>
<b>N</b>	<b>No Harm</b>	If you are committing an error, or making an error, <b>STOP</b> - Stop the Line
<b>G</b>	<b>Got your Back</b>	Every body has the right to give and receive feedback, and to be supported in their learning.

- **ARCC - Ask**, Request a behavior change, voice Concern, Use YOUR Chain of command
- Have a **Questioning Attitude, Validate and Verify**
- Use **SBAR, 3 Way Repeat Back/Read Back, use Clarifying Questions**
- **Stop - Think - Act - Review** ("STAR" before ANY automatic action!)
- **Stop the Line**
- **Cross Check and Coach**

### Fair and Just Culture

- As part of our High Reliability Organization (HRO) journey, we have a **Fair and Just Culture**.
- **Fair and Just Culture** builds accountability and focuses on **behaviors**.
- In a **fair and just culture**, it is important to know that employees are treated *fairly and consistently* when behaviors do not meet expectations.






### In a fair and just culture...

- No punishment for unintended human error or mistakes driven by system problems.
- Repeat human errors will lead to additional review to keep patients safe.
- Fair consequence for intended decisions to act against the rule (non-compliance).
- The Performance Management Decision Guide helps us to know the difference between unintended and intended decisions.



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### Performance Management Decision Guide

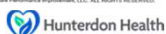
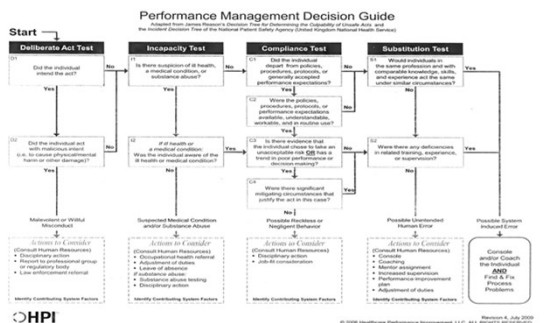
#### What is the Performance Management Decision Guide?

- A flowchart that can be used in clinical and non clinical situations and will take you through a series of questions to determine whether or not the error or behavior is a result of:
  - ✓ Willful misconduct
  - ✓ Possible reckless or negligent behavior
  - ✓ Possible unintended human error
  - ✓ Possible system error
- Please ask your supervisor to review this with you if you have any questions.



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### Performance Management Decision Guide



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### EMTALA

#### What is EMTALA?

- EMTALA requires hospitals with an emergency department to provide a medical screening exam to *any* patient who comes to the emergency department regardless of ability to pay, race, or citizenship.
- Prohibits hospitals with emergency departments from refusing to examine or treat patients with an emergency medical condition.
- Requires hospitals to provide necessary stabilizing treatment for emergency medical conditions and labor within the hospital capacity and capability.
- If the hospital does not have the capability to treat the emergency medical condition, an appropriate transfer of the patient to another hospital must be done in accordance with the EMTALA provisions



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### EMTALA

#### Hospitals are required to:

- Provide a Medical Screening Exam (MSE)
- Provide stabilization for patient's presenting with an Emergency Medical Conditions (EMC)
- Have policies and procedures for EMTALA and be able to enforce them
- Maintain an on-call physician list
- Maintain a central log for all patients presenting to the hospital
- Retain transfer records
- Post signage must be for patient's to visualize



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### EMTALA

#### Hospitals are required to:

- Prevent any delay in examination or treatment
- Hospitals are obligated to accept appropriate transfers of patients with an emergency medical condition (EMC) if the hospital has specialized capabilities or facilities and has the capacity to treat those patients, OR
- Transfer patients "appropriately"
- Report transfer violations to CMS or the State Agency (SA) within 72 hours
- Have protective measures against the whistleblower



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## Informed Consent

**What is Informed Consent?**

- The written agreement obtained by the practitioner from their patient authorizing medical treatment and/or surgery after the practitioner has provided information to the patient concerning the nature, consequences, benefits and risks of the procedure to be performed, as well as any alternatives to the procedure/treatment, recommended or not, and the benefits and risks of same.
- The procedure/surgery will not be performed without the signed consent of both the patient and the practitioner available at the time of the procedure.
- The consent is a legal document and will be kept in the patient's medical record.

**Informed Consent for Non- English speaking Patients/Hearing Impaired Patients**

- Translation accommodations preferred by the patient must be used and documented.

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## When should Informed Consent be obtained?

**When should Informed Consent be obtained?**

**All procedures performed in the:**



- Operating Room
- Endoscopy/Bronchoscopy Suite
- Cardiac Cath Lab
- Special procedures in Medical Imaging
- Blood administration
- Anesthesia Administration

*\*\*\*Note: Any procedure requiring a time out also requires informed consent.*

**Exceptions Include:**

- In case of medical emergencies where time is of the essence in saving the patient's life.

**For more information please refer to "Informed Consent" policy located on the Intranet.**


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## Incident Reports

An incident report is the documentation of any unusual event, incident, or other situation that is likely to lead to undesirable effects or that varies from established policies and procedures or practices.

Anyone who observes or is involved in or receives the initial notification of such an event, incident or situation is required to complete an online incident report in the **Clarity** system **within 24 hours** of the event.

Occupational Health Forms for injuries/illness that occur during work are also included in the online Clarity Safety Zone Reporting System.





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## Incident Reports

**Examples of Reportable Incidents include:**

- A patient/visitor falls or injures himself/herself
- Medical errors
- Patient property missing/broken
- Unexpected medication reaction
- Loss of power/utilities (i.e. electrical)
- Patient leaves hospital without notification
- Disruptive behaviors by physicians, employees and patients


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**Proceed to test.**

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**2024 Education Express Part Two**

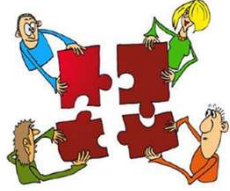

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### Patient Experience

How you can provide Patient Experience? There are two important components:

- \*Essential Behaviors
- \*Service Recovery

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### Essential Behaviors

Why is Essential Behavior important?

Essential Behaviors can help all healthcare professionals learn or enhance their skills that will help provide better care for their patients, families, visitors.

Essential Behaviors can also develop a greater sense of professionalism and confidence, which can lead to improved job satisfaction and retention rates.

**Enhancing the HUMAN Experience (This means EVERYONE & YOU!)**

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### Essential Behaviors

**Knock before entering**



- any patient area (even if door is open)

**Introduce yourself**

- to the patient and family, include your role on the care team

**Ask the patient their name**

- (What do they prefer, use correct pronouns, personalize the experience)

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### Essential Behaviors

**Use Appropriate Body Language:**

- Eye Contact
- Smiling
- Commit to Sit
- Be Eye to Eye and Heart to Heart with the patient

**Active Listening**

- Ask clarifying questions

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### Essential Behaviors

**Promote a QUIET environment**



- Be mindful of your volume when talking and content

**Be sure to ask "How can I help you today? Can I do anything else for you before I leave?"**

- Establish mutual goals

**Manage Up your colleagues**

- Hand Off and promote your peers

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### Essential Behaviors

**Phone Etiquette**

- Professional, courteous, "warm handoff"

**Elevator Etiquette**



- "Last In - Last Out"

**Email Etiquette**

- Respond within 24 hours

**Dress Code**

- Professional (see "Appearance & Grooming" policy)

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### Service Recovery

**What is Service Recovery?**  
Resolving a complaint and restoring a patient/family/customer to a state of satisfaction with the organization.

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### Service Recovery

**Acknowledge how they feel:**

- "Sounds like it has been a rough experience"
- "Looks like we haven't met your needs"
- "You've had a long wait"

**Apologize:**

- "I'm sorry about....."
- "I apologize for ...."
- "I feel badly that ....."

**Appreciate the feedback:**

- "Thank you for letting us know"

**Amend the Situation:**

- "I'm going to see how we can..."
- "What can I do to help?"
- "Would be helpful if I..."

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### Resolving Patient/Family Complaints and Grievances

A **complaint** is a concern expressed by a patient (or his/her representative) regarding patient care, or other issues, that should be addressed and resolved promptly by staff present.

A **grievance** is a formal or informal written or verbal complaint by a patient (or their representative) regarding patient care. A grievance requires a written response within 7 days.

Clarity should be used - which is the Incident Reporting System (on every desktop/laptop)

- Refer to *Administrative Policy, Resolution of Patient/Family Complaints /Grievances*

Strive to resolve patient/family concerns immediately with **Compassion and Empathy** before it becomes a grievance.

If unable to resolve - Involve your Manager/Supervisor/Director for help.

If patient/family is not satisfied - Ask the Patient Advocate for assistance.

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### End Of Life Care Training

The main goal for these next slides is to talk about starting a conversation about **advanced care planning** or also known as end of life care.

Many do not know where to start with the planning process for end of life care but just this small act of planning for advanced care can give some control back to patients and their families and result in comfort and many times less stress and acceptance.

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### Palliative Care: Definitions and Principles

**Palliative Care** is specialized medical care for people with a serious illness.

- This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

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### Identification and Control of Symptoms

- 1) Palliative care is received in variety of setting including home, outpatient or in the hospital setting.
- 2) How do you know if palliative care is right for your loved one?
  - Chronic illnesses may include cancer, heart disease, lung disease, kidney disease, Alzheimer's disease
  - Palliative care can be provided at any stage of an illness and along with symptomatic and preventive treatment

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### What Patients Can Expect From Palliative Care

- Relief from symptoms such as pain, shortness of breath, fatigue, constipation, nausea, etc.
- A medical team of specialists
- The palliative care team working in partnership with your own doctors




### Ethical, Legal, Psychological, Spiritual Issues

- Feelings of grief, sadness, despair, fear, anxiety, loss and loneliness are present, at times, for nearly all patients facing the end of their lives.
- Many times in spite of such painful feelings, patients, even those with significant vulnerabilities, are able to achieve acceptance of their illness and its prognosis.
- Focus needs to be on effective coping and the attainment of a degree of peace at the end of life.
- Good communication and trust among patient, family, and clinical team, the ability to share fears and concerns, is imperative
- Attention needs to be paid to physical comfort, as well as psychological and spiritual concerns.




### Ethical, Legal, Psychological, Spiritual Issues

### End Of Life Care


**End-of-life care**, also known as comfort care, is a type of health care that provides support and medical care to people who are near the end of their life.

- It can take place in the hours, days, or months before a person dies, and can include physical, emotional, social, and spiritual support for the patient and their family.
- The goal of end-of-life care is to help the patient be as comfortable as possible by managing symptoms and improving their quality of life



### Benefits of Teamwork in End of Life Care

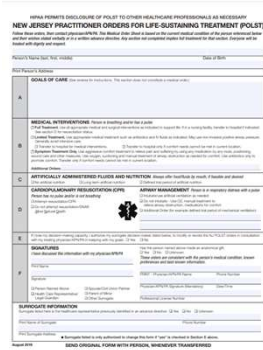

- **Better decisions:** Well-functioning teams can make better decisions and avoid burnout.
- **Delegation:** Teams can delegate tasks effectively and determine the most efficient way to accomplish goals.
- **Reduced errors:** Multiple sets of eyes can review and verify orders, medications, and treatments, which can help catch mistakes before they reach the patient.
- **Learning opportunities:** Teamwork can provide an opportunity for healthcare professionals to learn from each other, which can enhance their skills and expertise.
- **Interprofessional collaboration:** Interprofessional collaboration can lead to a dignified death.
- **Advocating for patients:** Multidisciplinary teams can advocate on behalf of the wishes of patients, families, and carers.



### POLST

**New Jersey Practitioner Orders for Life-Sustaining Treatment (POLST) includes:**

- Goals of Care
- Medical Interventions
- Artificially Administered Fluids and Nutrition
- CPR and Airway Management

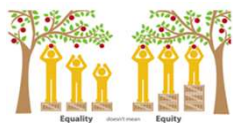



### Health/Health Care Disparities, Health Equity

**Health Disparity** refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. (Groups can include race, gender, sexual orientation, geographic location, education, and more).

**Health Care Disparity** typically refers to differences between groups in health insurance coverage, access to and use of care, and quality of care.

**Health Equity** allows everyone to have the opportunity to attain their highest level of health.



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### Examples of Health / Health Care Disparities

- Lesbian women are less likely to get needed preventive cancer screening.
- The average life expectancy of those living in Trenton is 14 years less than those living in Princeton.
- New HIV diagnosis affects Black Americans at a rate disproportionate to the general population (in 2018 Black Americans represented 13% of population, but 42% of people with a new HIV diagnosis).
- Transgender people are 4X more likely than the general population to have an income less than \$10,000 (limiting health care access).
- Smoking is more common among: those who did not go to college, men, those with generalized anxiety disorder, those who live in the Midwest, and members of the LGBTQIA community.



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### Achieving Health Equity

**We can not achieve health equity by simply treating everyone the same.**

For those who have been discriminated against, it is necessary to be intentionally inclusive to signal that our health care facility is a safe space for care.

It also requires looking at social determinants of health, unique care needs, and barriers to care to come up with strategies to improve the health of patients and our community.



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### Health Equality Index (HEI)

Hunterdon Medical Center has chosen to take part in the Health Equality Index (HEI) which serves as the national LGBTQ+ benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of LGBTQ+ patients, visitors, and employees.

In 2024, we achieved High Performer Status on this index.



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### Health Equality Index (HEI)

#### LGBTQ+ Community

HMC has an LGBTQIA+ navigator to help with the questions you and your patients may have.

Sara Travin, LGBTQIA Navigator  
Phone: 908-246-8309

You can learn more on your own by taking advantage of free courses brought to us through participation in the Health Equality Index. This can be reached through the intranet under Human Resources → Employee Benefits → Benefit Resource Site → Form Library



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### Policies for Inclusion and Better Informed Care

Please review these important policies which ensure equitable treatment for all and, specifically include non-discrimination based on gender identity and sexual orientation, found in Policy Tech on the Intranet:

- Non-discrimination policy for patients
- Equal employment for staff
- Visitor policy ensuring patients may have the visitor of their choice
- Transgender policy providing guidance for best practices



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### LGBTQIA status and HIPAA

Medical Professionals agree that patients receive better medical care when they are able to be honest and open with their healthcare providers. Information about a patient's sexual orientation and gender identity is often relevant, and sometimes crucial, to the provision of quality healthcare. A patient's LGBTQIA status and related information are protected by federal privacy rules.

Information regarding a patient's transgender status, such as diagnosis, medical history, birth-assigned sex, or anatomy, constitute protected health information. Such information should not be disclosed to anyone- including family, friends, and other patients- without the patient's consent. This information should also not be disclosed to other medical facility personnel unless there is a medically relevant reason to do so. If this information is shared for any other reason, including casual conversation, it is a violation of HIPAA.



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### LGBTQIA status and HIPAA

Studies have demonstrated that many members of the LGBTQIA community are reluctant to discuss their sexual orientation or gender identity with their health care providers out of fear of ridicule, abandonment of care, or improper disclosure of their sexual orientation, gender identity, or health status to third parties. By consistently adhering to HIPAA, we can reduce this fear and promote more open and honest exchange with our patients.



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### Gender Inclusive Language

To help all people feel welcome, it is helpful to use gender inclusive language and avoid assumptions about family structures.

Gendered Nouns	Gender Neutral Options	Rationale
He/Him- She/Her	Use the person's name or identified pronouns if known	Using the wrong pronouns for a person invalidates their identity
Father - Mother	Parent-Adult-Guardian	Not all children have a mother and/or father. A grandparent, parent's partner, or other may be with the child
Son-Daughter	Child-Kid-Patient	Avoids misgendering the child
Brother-Sister	Sibling	Avoids misgendering the sibling
Husband-Wife	Partner, significant other, or spouse if you know they are married	Not everyone is married or married to someone of the opposite gender.



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### Visitor Policy Highlights

- It is the policy of the Hunterdon Medical Center to have open visitation on patient care units by encouraging family support and visiting in an environment which promotes patient comfort, rest, safety, and healing.
  - There are a few unit specific exceptions, Please review our website or our policies for further clarification*
- Patients may have the visitor(s) of their choice during their stay.
- The Medical Center is committed to non-discrimination and welcoming visitors without regard to race, color, sex, national origin, disability, age, religion, marital status, citizenship, gender identity, gender expression, sexual orientation, and/or other legally protected classification at all patient locations.



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### Visitor Policy Highlights

- Family for the purpose of visitation, means any person (s) who plays a significant role in an individual's life including:
  - Person(s) not legally related to the individual
  - Spouses, domestic partners, partners in civil union and both different sex and same sex significant others
  - Parents of minor patients, regardless of gender of either parent
  - Parents may be legal parents, foster parents, same-sex parents, step-parents, those serving in loco parentis, and other persons operating in caretaker roles



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### Patient Rights

**Patients have the right to request a chaperone during exams, tests and/or procedures. Patients also have the right to decline care if a chaperone of their choice is not available.**

We also encourage all patients to have the health care proxy of their choice. This can be a spouse, an unmarried partner of the same or opposite sex, parent, sibling, child, friend, or anyone the patient chooses.



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### Cultural Competence: Asking the Difficult Questions

The State of New Jersey has passed a statute (N.J.S.A. 26:2H-5.36) requiring all hospitals licensed in the state to implement an evidence-based cultural competency training program for staff members who have direct contact with patients and are responsible for collecting race, ethnicity, and sexual orientation/gender identification from patients.

#### Important Notes

- This statute requires initial training and ongoing update sessions.
- **You will receive department-specific training if your role requires it.**

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### What is Cultural Competence?

- As a healthcare system we must collect data that can be used to assist us as we provide care to the people we serve.
- We have access to information that may be seen as very private and personal.
- A part of ensuring accurate care for patients, we need to collect Birth Sex and Sexual Orientation and Gender Identity (SOGI) information
- **Cultural competence** is learning how to ask questions with a sensitive approach and be able to interact with the individual appropriately even though the individual may become protective and defensive.
- It includes the “how to ask the question” and options to respond to the person to help understand the reason the questions are asked.

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### What is SOGI?

**SOGI information is data related to Birth Sex and Sexual Orientation and Gender Identity.**

#### Birth Sex

The sex, male, female or intersex, that a doctor or midwife uses to describe a child at birth based on their external anatomy.

#### Gender Identity

Refers to a person's innate, deeply felt, psychological sense of gender which may or may not correspond to the person's body or designated sex at birth. It is a person's innermost concept of self as male, female, a blend of both, or neither.

#### Sexual Orientation

How a person describes their emotional, romantic, and sexual attraction to others. An individual's sexual orientation is independent of their gender identity.

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### Providing Culturally Sensitive Care

#### What is Cultural Sensitivity?

- Cultural Sensitivity is broadly recognized as the knowledge, skills, attitudes, and beliefs that enable people to work well with, respond effectively to, and be supportive of people of all cultures
- Elements of culture can include: age, cognitive ability, country of origin, degree of acculturation, education level attained, environment and surroundings, family and household compositions, gender identity, health practices, language, military affiliation, occupation, perceptions/beliefs about family/community/health/diet, physical ability, political beliefs, racial and ethnic groups, sex, sexual orientation, socioeconomic status

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### Providing Culturally Sensitive Care

#### Reasons for Culturally Sensitive Care

- To respond to current and projected demographic changes in the US
- To eliminate long standing disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds
- To improve the quality of services and primary care outcomes
- To meet legislative, regulatory, and accreditation mandates
- To gain a competitive edge in the market place
- To decrease the likelihood of liability/malpractice claims

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### Sexual and Other Forms of Harassment

Hunterdon Health prohibits all forms of harassment, including sexual harassment and harassment on the basis of race, color, national origin, ancestry, religion, creed, physical or mental disability, medical condition, marital status, sexual orientation, age, gender, or any other basis protected by law.

**Please refer to Human Resources Policy, “Sexual and Other Forms of Harassment” for more details.**

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## Harassment

**What is Harassment?**


While not all harassing behaviors meet the standard of illegal conduct, at Hunterdon Health any workplace harassment is inappropriate and will not be tolerated.

**Retaliation is prohibited.**

**Repeated and/or Unwanted Behavior**

The most important criteria that identifies sexual harassment is that the behavior is repeated and/or unwanted.

"Repeated" can be as few as two (2) times.



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## Hostile Environments

**Hostile environments and harassment can involve any of these types of behavior:**

- Physical Conduct
- Verbal Conduct
- Visual Conduct






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## Physical Conduct

**Examples of physical conduct include:**

- Unwanted sexual advances
- Touching, hugging
- Physical Assault
- Standing too close (personal space)
- Pats on the back/back rubs
- Blocking a person's path
- Gifts, after you've been asked to stop
- Repeatedly ignoring someone
- Forming exclusive cliques, excluding or shunning someone





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## Verbal Activities

**These can include:**

- Vulgar language
- Derogatory comments, slurs, epithets
- Discussing sexual activities or desires; conversations filled with sexual innuendo and double meanings
- Use of pet names, such as "Sweetheart" or "Cutie"
- Repeated requests for dates
- Repeated excuses to be in one's presence
- Sexually explicit or crude jokes
- Ridiculing someone for the attire, hair style, personal interests or hobbies
- Retaliation for reporting a complaint
- Written communication containing statements which may be offensive to individuals in particular protected groups, such as racial or ethnic stereotypes or caricatures.





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## Visual Activities

**Examples include:**

- Displaying obscene or sexually suggestive objects, pictures, cartoons, calendars or posters-can be hard copy or on line
- Suggestive or unwanted gifts, cards or e-mails
- Offensive gestures or motions
- Leaning over someone at a desk
- Leering/sexual staring

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## Complaint Procedure


**If you experience harassment or observe harassment:**

- Take action
- Notify the offender
- Notify management or Human Resources




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Proceed to test.



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2024 Education Express  
Part Three



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### Information Services Security


Information Services Security is defined as having controls, countermeasures, and procedures that are in place to ensure the appropriate protection of patient health information (PHI), financial information, proprietary information, and any and all forms of confidential information.

Information Services Security is focused on the following three areas:

**Confidentiality:** Prevents unauthorized disclosure of sensitive information. Examples of a breach of confidentiality would include sharing your password or sharing information with a person who does not have the need to know.

**Integrity:** Prevents unauthorized modification of systems and information. An example of this would be to falsify or remove information from records.

**Availability:** Prevents disruption of service and productivity.




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### Information Services Security

Information Services maintains Information Services Security by:

- performing system audits,
- employee training,
- investigations of inappropriate behavior,
- Performing information risk assessments.



It is the job and responsibility of all employees of Hunterdon Health to assist with the HIPAA Security Standards.

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### Information Services Security



- Never share or post your passwords. You will be held accountable for any activity that was done under your account.
- Never download or install software without having Information Services permission. Failure to do this can cause viruses, spyware, computer slow down, errors, system conflicts, and can tax current system resources.
- Never allow anyone to use your account, even if it is your co-worker or supervisor.
- Create a password of at least 8 characters in length has both upper and lower case letters, numbers, and special characters. This will create a password that is more secure.
- Never open emails from people you do not know or appear suspicious.
- Ensure that your voicemail password is not the same as your extension.

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### Information Services

- Storing any personal information, personal medical records, or data such as documents/phones, etc. on any company-owned devices including but not limited to, laptops, desktops, cell phones, or shared drives is NOT permitted.
- Upon separation of employment, employees will lose access to all systems, and will not be provided copies of any personal information stored on Hunterdon Health devices.


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### Information Services Security

If you have an information Services Security issue or question, please do not hesitate to contact one or more of the following.

Emails, calls and questions will be kept anonymous.

- Email to [informationsecurity@hhsnj.org](mailto:informationsecurity@hhsnj.org)
- Craig Franklin  
Administrative Director Infrastructure Information Services  
Ext: 2999



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### National Patient Safety Goal

**Goal 7: Reduce Risk of healthcare associated infections**



Hand Hygiene before and after patient contact.

- Use alcohol cleansers or soap and water.

By following infection prevention policies we prevent:

- MRSA, C- Diff and VRE infections.
- Central-line associated blood stream infections.
- Urinary catheter associated infections.
- Surgical site infections.

Educate the patient and family on all the above.

110

### Infection Prevention



Everyone has two roles in preventing the spread of infectious organisms:

- To protect ourselves
- To protect our patients.

Hand hygiene is the single most effective way to do both.

Apply enough alcohol foam to cover all the skin on your hands, dip your fingers into your wet palms then rub the foam all over your hands until it's dry...OR...use soap and water, rubbing all surfaces of your hands for at least 20 seconds.

...And avoid touching your face.


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### Infection Prevention

Keeping Our Equipment Clean...  
One Wipe at a Time!


**SaniCloth PRIME**  
1 Minute  
Wet Time

**SaniCloth Bleach**  
4 Minute  
Wet Time  
(\*May be used on telemetry monitors\*\*)



**STOP... THIS IS NOT CORRECT!**

PLEASE MAKE SURE THAT ALL LIDS ARE CLOSED ON THE SANICLOTHS WHEN NOT IN USE AND THAT THEY ARE THREADED PROPERLY IN THE DISPENSERS.



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### Infection Prevention

- Do you clean your stethoscope after using it?
- Was that stretcher cleaned?
- How about that thermometer? The phone? Your cell phone?
- When was that computer keyboard last cleaned with a disinfectant wipe?

**Each of us needs to take responsibility!**



Please do your part to keep all equipment and the environment clean and safe for our patients and our staff!




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### Infection Prevention

- If you're sick, stay home: protect your patients and your co-workers.
- Report symptoms to Occupational Health.
- Never cough or sneeze into your hands; use your upper arm/elbow.
- Throw used tissues away right after use and wash your hands.

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### Infection Prevention

Vaccines save an estimated **42,000 lives** every year in the U.S. alone.

**3X more** than seatbelts and child restraints combined.

**Immunize.**  
Prevent what's preventable.

**Immunize: Prevent What's Preventable**

- Healthcare workers are at risk for exposure to serious and sometimes deadly diseases. Protect yourself, your patients, and your family members. Make sure you are up-to-date with recommended vaccines:
- COVID-19, Hepatitis B, Influenza, MMR (Measles, Mumps, & Rubella), Varicella (Chickenpox), Tdap (Tetanus, Diphtheria, Pertussis)

**Infection Prevention Resources**  
Amin Director Quality and Patient Safety

- Lisa Rasimowicz (ext 6169) Infection Preventionist
- Liddy Arnold (ext 3168)

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### SwipeSense Hand Hygiene Overview

- The SwipeSense System helps hospitals quantify how hand hygiene is impacting patient care by providing accurate hand hygiene compliance tracking through SwipeSense badges and location hubs.
- Protect staff, minimize patient risk, and maximize operational efficiencies by washing your hands in and out of a patient's room.
- You are the primary defense between hospital-acquired infections and the patient. The most effective method to eliminate these infections is frequent hand washing.
- Always wear your badges at chest level with your ID at all times.

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### Healthy Neck and Back

**Preventing Work-related Injuries**

Body Mechanics

- Utilizing proper body alignment/ergonomics (neutral spine) during movement and static positions prevents wear and tear or injury to ourselves and others.

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### Healthy Neck and Back

**Prevention of Neck and Back Injuries**

- Use correct lifting techniques.
- Maintain proper posture for lifting or static positions (i.e. sitting, standing).
- Exercise regularly to keep back, abdominal, and leg muscles strong and flexible.
- Maintain proper body weight.
- Avoid smoking. It increases the risk of osteoporosis.
- Obtain education on work injury prevention.

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### Principles of Lifting

- Plan ahead. Test the load.
- Ask for assistance. Use a team approach, a cart or lift.
- Maintain a wide stable base when lifting.
- Keep the load close to the center of your body.
- Lift with your legs, not your back.
- Keep heels flat on the floor to maintain balance.
- Move your legs/feet. Do not twist.
- Push, not pull, when possible.
- Avoid overhead lifting. Use a ladder or step if possible.
- Avoid repetitive or prolonged positions. Take frequent breaks. Change positions often and vary tasks.

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### Bed Mobility/Boosting/Safe Patient Handling

- Have patient assist as much as possible.
- Raise bed to waist height.
- Place your hands under patient's trunk (hip and scapulas), never the arms.
- Always bend your knees and push with legs to move a patient.
- If it is a two person transfer, be synchronized-COUNT.
- Use lifting equipment (ie Viking/Golvo/Sabina) and/or an Airmatt.



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### Transfers

- Have patient assist as much as possible.
- Both surfaces should be at the same height; if not, transfer to a lower surface.
- Always bend your knees and lift/lower with your legs.
- Place hands on patient's center of mass (usually hips).
- Remove leg rest and arm rests.
- Use equipment to assist in transfers, i.e. Viking/Golvo/Sabina/Airmatt.
- For two person transfer, ensure the stronger person is at the head and counts.




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### Catching a Falling Patient

- Cushion the fall.
- Bring the patient close to you.
- Put one leg out.
- Lower patient to the floor.
- Use legs to lower patient, not your back.



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### Workstation Ergonomics



**Ergonomics is the science of arranging your work environment to fit you and your body.**

These are five easy steps to good ergonomics that can help you assess your workstation and make simple adjustments that can improve your comfort and safety on the job.

**Step 1**  
Assess how comfortable you are at your workstation.

**Step 2**  
Adjust your chair. Your chair affects your comfort more than anything else in your work environment.

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### Workstation Ergonomics

**Step 3**  
Reorganize your work area. A well organized and properly adjusted workstation can improve your efficiency and help prevent injury. Example: move phone closer, so you do not have to reach.


**Step 4**  
Check the lighting. Proper lighting can reduce eye strain and help you avoid headaches.

**Step 5**  
Make lifestyle changes. Regular exercise and getting enough sleep will go a long way toward helping you feel better and work more comfortably.

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### Adjusting Your Chair and Workstation





**Backrest**  
The backrest should fit snugly against your lower back. If it doesn't, adjust the backrest until your back is fully supported. If you can't adjust the backrest, use a small pillow to support the lower back.

**Arm and keyboard position**  
With fingers on the middle row of your keyboard, your forearms should be straight and relaxed.

**Foot position**  
Your feet should rest firmly on the floor with 3-6 inches of leg room between your lap and desk or keyboard tray. Your knees should be bent to 90-100 degree angle. If your chair is not adjustable, and your feet do not touch the floor, use a foot stool to support your feet.

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### Adjusting Your Chair and Workstation

**Screen position**  
The top of the monitor should be at or below eye level. The screen should be 18-30 inches from your eyes, or about arm's length.

**Workstation**  
Arrange things most commonly used within easy reach. Document holders should be at same height and distance as monitor. Your workstation should be free of glare from light coming through outside windows and overhead lighting should not create glare on your screen.




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## Emergency Management


Hunterdon Health has an Emergency Operations Plan. The plan applies to a variety of different emergencies and disasters. You should be familiar with how the plan applies to the activities of your department, as well as your specific roles and responsibilities in the event of a disaster or emergency.



Possible threats to Hunterdon Health or our community include:

- Natural Events (Blizzards, Hurricanes, Ice Storms, etc.)
- Technological Events (Power Failure, Water outage, Communications Failure, I.T. Failure, etc.)
- Human Events (Mass Casualty, Bomb Threat, Active Shooter, Pandemic, etc.)
- Hazardous Material Events (Hazmat Mass Casualty, Chemical Exposure, Chemical Spill, etc.)

For more information, see your supervisor or refer to the Emergency Management Policies and Procedures on Policy Tech.




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## Hospital Command Center Activation

When an event occurs which results in a significant change to hospital operations due to an internal or external circumstance such as a major accident or community disaster, the hospital may implement a Hospital Command Center Activation. If a Hospital Command Center Activation is announced over the public address system, all employees must report immediately to their respective departments for assignment.

Designated individuals shall report to the Hospital Command Center located in the Library/Conference Room behind the cafeteria. Employees at the end of their shift are not permitted to leave until the "all clear" is given, or as approved by their supervisor. It is important that each employee know his or her role in the event of a disaster. A copy of our Emergency Management plan is located Policy Tech.



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## Bioterrorism Preparedness

**Bioterrorism** is the intentional use of bacteria, viruses, parasites, and their by-products to inflict terror and cause illness.

Hunterdon Health has worked in conjunction with local government and law enforcement and other agencies to address the issue of domestic preparedness and our respective capacities to respond to bioterrorism.

A comprehensive plan and set of procedures have been formulated to guide all agencies in Hunterdon County that are responsible for detecting and responding to bioterrorism events.






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## Reporting an Emergency (Dial "444")

**At the Medical Center Campus:**  
To report an Emergency at the Medical Center Campus, Dial "444" and state type of emergency, location, your name and your telephone extension. Stay on the phone until the Operator tells you it is alright to hang up.

**All Locations OTHER than the Medical Center Campus:**  
To report an Emergency at any location that is not on the Medical Center Campus, Dial "9-911" and state type of emergency, location, your name and your telephone extension. Stay on the phone until the 911 Operator tells you it is alright to hang up.

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## Emergency Codes Update

### Out with the Old – In with the New

No Longer Using	Moving to Alerts
Code Red	Facility Alert
Code Blue	Medical Alert
STAT 99	Security Alert

**Code Confusion Exists**


- 40 percent of healthcare workers self-report code confusion
- Up to 40 percent physicians work in multiple facilities with variable codes
- 35 percent of nursing hours are filled by temp staffing; travel or per diem




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## FACILITY ALERT

- Fire**
  - Facility Alert + Fire Alarm + Location + Directions (as needed)
- Evacuation/Relocation**
  - Facility Alert + Evacuation + Location + Directions (as needed)
- Decontamination**
  - Facility Alert + Decontamination + (internal/external) + Location + Directions (as needed)
- Electrical Interruption**
  - Facility Alert + Power Interruption + Location + Directions (as needed)
- Water Interruption**
  - Facility Alert + Water Interruption + Location + Directions (as needed)
- System Interruption**
  - Facility Alert + Information System/Phone Interruption + Location + Directions (as needed)
- Weather Alert**
  - Facility Alert + Weather Alert + Directions (as needed)




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### MEDICAL ALERT

- Adult Medical Assistance** - used for non-inpatient areas
  - Medical Alert + Medical Assistance + Location
- Adult Rapid Response** - used for inpatient areas
  - Medical Alert + Rapid Response + Location
- Adult CPR Response**
  - Medical Alert + CPR Response + Location
- Pediatric Medical Assistance** - used for non-inpatient areas
  - Medical Alert + Pediatric Medical Assistance + Location
- Pediatric Rapid Response** - used for inpatient areas
  - Medical Alert + Pediatric Rapid Response + Location
- Pediatric CPR Response**
  - Medical Alert + Pediatric CPR Response + Location
- Stroke Response**
  - Medical Alert + Stroke Response + Location
- Critical Census**
  - Medical Alert + Critical Census + Location + Directions (as needed)
- Mass Casualty**
  - Medical Alert + Mass Casualty + Location + Directions (as needed)



### SECURITY ALERT

- Lockdown** (Threat inside the building)
  - Security Alert + Lockdown + Directions (as needed)
- Lockout** (Threat outside the building)
  - Security Alert + Lockout + Location + Directions (as needed)
- Disturbance** (Workplace Violence Incident/ formerly STAT 99)
  - Security Alert + Disturbance + Location + Directions (as needed)
- Bomb Threat**
  - Security Alert + Suspicious Item + Location + Directions (as needed)
- Missing Child**
  - Security Alert + Missing Child + Location + Directions (as needed)
- Missing Adult**
  - Security Alert + Missing Adult + Location + Directions (as needed)





### Guidelines for Calling Rapid Response Team

**Anyone can call a Rapid Response for any concern for the person's condition.**

**Anyone should call if they see a change in:**

- Mental status or level of consciousness
- Breathing
- Musculoskeletal strength
- Level of pain
- Seizure activity
- "Something is wrong but I can't put my finger on it"...

Calling for a Rapid Response has saved lives at HMC!

### Mechanism for Calling the Code Team


**Patient with no pulse or not breathing - CALL FOR A CPR RESPONSE**

- Dial 444 from any hospital phone (patient or department)
- Inform the operator if CPR is in progress, the patient age, location, and STAY ON THE PHONE UNTIL THE OPERATOR TELLS YOU TO HANG UP
- For the Doctor's Office Building, Bright Tomorrows, or Parking Lot, the operator will also call 911 for an ambulance to respond

**Mechanism for calling a Rapid Response**

- The Rapid Response Team is available 24 hours a day, 7 days a week
- Dial 444 from any hospital phone (patient or department)
- Inform the operator to page that there is a Medical Emergency, the patient age, and location, and STAY ON THE PHONE UNTIL THE OPERATOR TELLS YOU TO HANG UP
- For the Doctor's Office Building, Bright Tomorrows, or Parking Lot, the operator will also call 911 for an ambulance to respond

Refer to Administrative Policy - Rapid Response Team (RRT)



### Fire Safety

#### How To Respond To A Fire

There are 4 steps to take if you discover a fire:

**R**



**Rescue**

anyone in immediate danger of the fire.

**A**



**Alarm**

pull the nearest fire alarm AND call 444.

**C**



**Contain**

fire by closing all doors as you evacuate.

**E**



**Extinguish**

small fires. If not, smelt, leave the area and close the door.



### How to Properly Use a Fire Extinguisher: PASS

Before you fight a fire, stand 6-8 feet away and position yourself with your back to an exit. That way you will be able to exit quickly in case something unexpected happens.

**1. PULL**



Pull the pin on the fire extinguisher.

**2. AIM**



Aim low. Point the extinguisher at the base of the fire.

**3. SQUEEZE**



Squeeze the handle or lever to discharge the extinguisher.

**4. SWEEP**




Sweep from side to side until the fire is completely out. Make sure you continue to watch in case the fire re-ignites.

LAFORCE

Call the Safety and Security department at ext. 4250 for additional education and training.





### Remember The Following



- Know the location of the closest pull box, fire extinguisher and medical gas shut-off in your department or area.
- The department clinical decision maker can authorize the shut off of medical gases.
- Remember, the fire alarm is just an alert. The alarm does not correlate with a specific location. Listen to the audible overhead announcement for the actual location.
- During a Fire Alarm (Fire Emergency), do not use telephones except for emergency calls and do not use elevators.
- If you are away from your work area when a Fire Alarm is announced, you should stay where you are. Wait for the All Clear announcement before resuming normal activities.
- Be sure you are familiar with evacuation procedures.


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### Evacuation Procedures

If evacuation is necessary, the appropriate emergency response personnel will direct you.

- **Horizontal** – Evacuation from one area to another on the same floor beyond the nearest set of fire doors.
- **Vertical** – Evacuation down to another floor.
- **Total** – Evacuate the building.



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### Suspicious Mail or Packages

Do not open, touch or move. Contact the Security Department immediately at ext. 6199 or by calling the operator.

**Safety Officer**  
The Hospital Safety Officer can be reached at Ext. 2586



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### Security

The Safety and Security department operates 24 hours a day, 7 days a week, and provides for the safety and security of all staff, patients, guests, contractors, service personnel, on the medical center Campus.

**To contact security**

- Emergency Situation - Call 444
- Non Emergency - **ext 6199 to talk to the dispatcher**
- Director of Safety and Security - **ext. 2586**
- ID Badges - email [Badges@hhsnj.org](mailto:Badges@hhsnj.org)
- Emergency Management - **ext. 4250**




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### Photo ID Badge

All staff members are required to wear ID badges on their outermost article of clothing between the chest and waist, with the picture facing forward at all times.

- If you have lost your ID badge or the print is no longer legible, please make arrangements to have it replaced email [Badges@hhsnj.org](mailto:Badges@hhsnj.org)
- Photo ID badges are the property of Hunterdon Health and must be surrendered upon separation from employment
- Employees are required to carry their ID badge to and from work. In the event of an Hospital Command Center Activation or weather emergency, hospital staff will be able to travel the roadways by presenting their ID badge to law enforcement.



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### Parking

In order to maintain available parking spaces for patients and visitors, employees are required to park only in areas designated for employee parking. Parking garage levels 3, 4, and 5 are acceptable for employee parking. Parking garage level 2 is also open to carpools registered through Flemington GoHunterdon and displaying the appropriate carpool hang tag. Please be considerate of patients and visitors. Parking violations will be issued to those who park in unauthorized areas.

Frequent violators will receive disciplinary action, up to and including discharge. Evening and night shift staff are permitted to park in specified patient/visitor lots during their shifts for safety reasons, provided they move their vehicles from these areas prior to day shift (Monday – Friday). For additional information, contact the Security Department at extension 6199.

Refer to *Administrative Policy, Parking Policy and Procedure*, and associated campus map.

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### Parking

**Hunterdon Health Campus Parking**

- Blue: Patient/Visitor Parking ONLY
- Green: Patient/Visitor/Employee Parking
- Yellow: Parking Garage
- Red: Level 1, 2, 3 Patient/Visitor Parking ONLY
- Orange: Level 1, 4, & 5 Patient/Visitor/Employee Parking
- Purple: Physician Parking (limited use)
- Light Blue: Emergency Department Patient Parking
- Dark Blue: Child Care Employee Parking
- Light Green: Bright Tomkinson Parent Parking
- Red: RESTRICTED PARKING

**Purple = D.O.B. Employee Parking**

**Green = Employee Parking**

Hunterdon Health

### Reporting Suspicious Activity

What constitutes suspicious activity has a lot to do with time, location and the circumstances. However, if you believe that something may be wrong, out of place, or just doesn't add up, contact security immediately. Employees are encouraged to request that anyone on site present their ID badge or explain the reason for their visit.

**How to Report Suspicious Activity**  
 The 5Ws: What to Include in Your Report  
 If you see suspicious activity, report it to Security Dispatch by calling 6199 and describe specifically what you observed, including:

- **Who** or **What** you saw;
- **When** you saw it;
- **Where** it occurred; and
- **Why** it's suspicious.

Hunterdon Health

### Compressed Gas Cylinders and Emergency outlets

**Compressed gas cylinders**, including oxygen, must be secured at all times and located in an approved holder or properly chained to the wall to prevent tipping over.

Please note and use the correct color-coded rack:

- **Red**= Empty
- **Yellow**= Partial /opened
- **Green**= Full /unopened

**Emergency Outlets**  
 In the event of a power outage, use outlets labeled with an:

- "E"
- That say "emergency" and/or
- That are red for emergency power

Hunterdon Health

### Utilities And Equipment

- Make sure all electrical equipment has the appropriate inspection sticker. Contact Healthcare Technology Management (HTM)/Clinical Engineering or Facilities Management if an inspection is needed.
- Patient care equipment must be inspected prior to initial use and on a routine basis.
- Never attempt to correct an electrical problem or repair any clinical or utility equipment yourself.
- Contact Facilities Management at Ext. 6119 for any non-clinical device, water, medical gas, heating, cooling or electrical problems.
- Contact HTM/Clinical Engineering at Ext. 6117 for clinical device concern or problems.
- TJC, CMS and NFPA have specific requirements for the type and use of relocatable power strips (RPT) also known as electrical outlet strips. Contact HTM/Clinical Engineering for use in clinical/procedure areas and Facilities Management for all other areas.

Hunterdon Health

### Evaluation and Management of Occupational Injuries/Illnesses

Report all occupational related incidents by completing an Employee Injury/Occupational Illness Report online via **Healthcare Safety Zone Portal/Clarity**. Available on the HHS desktop (Incident Reporting icon-blue HHS heart logo) Even incidents that do not require medical attention should be reported immediately.

Examples include:

- minor cuts,
- scratches,
- splinters or falls.

Hunterdon Health

### Evaluation and Management of Occupational Injuries/Illnesses

- If you sustain a work related injury and/or a body fluid exposure, please call Occupational Health Services at 908-788-6146.
- For serious work related injuries requiring immediate care when Occupational Health is closed, proceed directly to the Hunterdon Urgent Care Center or Hunterdon Emergency Department and follow up with Occupational Health during the next business day.
- Immediate reporting of all incidents helps to ensure that employees receive timely and proper medical care, triggers worker's compensation case management and starts the claim investigation process.

Occupational Health is located at 63 Church St, Flemington  
 Hours M-F 7AM-5PM


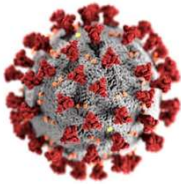
Hunterdon Health

### Covid-19

**Symptoms**

- Sore throat
- Loss of taste/smell
- Nausea/vomiting/diarrhea
- Cough
- Headache
- Shortness of Breath
- Muscle/Body aches
- Fatigue
- Chills
- Congestion or runny nose
- Fever 100.4 or higher

**DO NOT WORK WITH ANY SYMPTOMS**  
If you are sick, do not present to work.  
Call Occupational Health for further guidance.



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### Immunizations

**Mandatory Immunizations**

- MMR (measles, mumps, rubella)
- Varicella (chicken pox)
- Tetanus (Td/Tdap)
- Influenza
- Hepatitis B-for employees with exposure to bloodborne pathogens
- Meningococcal-for specific lab employees



**Covid-19 Vaccine**  
Highly recommended (*must sign declination to opt out*)



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### Return to Work

All employees who miss **3 or more shifts** need to call Occupational Health Services for a return to work clearance.  
A clearance note from your treating practitioner may be required.



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### Proceed to test.



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