

**CULTURE OF SAFETY/JUST CULTURE:** This is built on the knowledge that even good people can make mistakes and mistakes may be due to system or process issues. Everyone has a responsibility to be report potential or actual safety incidents. These are defined as any happening that is not consistent with the routine care of a particular patient or an event that is not consistent with the normal operations of a particular organization. Examples include, but are not limited to: medications, falls, equipment failures and visitor occurrences. Within Beaumont Health, incidents are reported via RL solutions. See unit charge nurse for assistance.

**CONFLICT RESOLUTION/CHAIN OF COMMAND:** When a situation arises, or a potential exists for a negative outcome that you cannot resolve on your own, you may need to initiate the Chain of Command which includes going to the next level of authority. The best interest of the patient must be respected at all times to ensure maximum safety and excellent outcomes. All involved parties are responsible to follow the Chain of Command process until the situation is resolved. The Chain of Command sequence is as follows:

Hospice Nurse <-----> Patient's Staff Nurse and Physician

Unit manager designee and/or Hospice manager

House Director/chain of command      Hospice chain of command  
 Reports are also entered on line into RL Solutions.

**ETHICAL ISSUES:** Consults can be initiated by anyone concerned about an ethical issue. Patient/family involvement is encouraged. Notify the Clinical Manager/designee to advise of the situation.

**ABUSE AND NEGLECT:** All allegations, observations, or suspected cases of abuse, neglect, or exploitation must be reported to the nurse manager designee immediately. Forms of abuse include: child abuse, adult/elder abuse, physical assault, domestic violence, sexual assault (including rape and sexual molestation), and exploitation.

**END OF LIFE CARE:** End of life care is personalized to meet the physical-emotional-spiritual and cultural needs of the patient/family. Restraints are to be avoided. Efforts are made to accommodate the needs of patients and their families with respect for the comfort and safety of all. Resources vary by site.

**PATIENT AND FAMILY CENTERED CARE (PFCC)**

PFCC is an approach to planning, delivery, and evaluation of health care built on mutually beneficial partnerships among patients, families, and providers shaped by patient preference. PFCC is about working with patients and families as partners in care rather than doing to and for them. Patient and family-centered care is based on four core concepts:

1. People are treated with respect and dignity
2. Health care providers communicate and share complete and unbiased information with patients and their families in ways that are affirming and useful
3. Individuals and families build on their strengths through participation in experiences that enhance their control and independence
4. Collaboration with patients, families and providers occurs in policy and program development and professional education, as well as in the delivery of care

**LIMITED ENGLISH PROFICIENCY:** Resources are available at all sites. To locate information go to Beaumont Intranet-> Departments/Services -> Clinical Language Services

**PATIENT CONFIDENTIALITY REMINDER AND IT SECURITY:** ALL patient information and patient related information MUST remain completely confidential. It is *illegal* for you to discuss patient information outside of or within the hospital environment in an inappropriate area. This includes all forms of social media. Use confidential disposal bin for any personal health information (PHI), protect IT password, use computers only for work related purposes, log off or lock computer when not in use, protect computer screens from view. If you are found sharing patient information inappropriately, your privileges at Beaumont Health will be revoked.

**ELECTRONIC ACCESS:** Electronic access will be provided after all necessary employment and orientation information is received from the hospice liaison. EMR access (EPIC) will be provided after training is completed. Access to the EMR is available for nurses and clinical staff. Only RNs may take phone orders from physicians or mid-level providers. For problems with access or passwords contact IT

**STANDARDIZED PATIENT ARM BANDS**

- White:** Patient identification
- Yellow:** Falls. Use yellow slippers
- Red:** Allergies
- Green:** Elopement
- Blue:** Restricted extremity
- Orange:** No information

# Beaumont

## Hospice Partner Information

Required for orientation and annual education for Beaumont Health

REVISED 2019



**Mission:** Compassionate, extraordinary care every day  
**Vision:** To be the leading, high-value health care network focused on extraordinary outcomes through education, innovation and compassion

- Values**
- Compassion
  - Respect
  - Integrity
  - Teamwork
  - Excellence

**IMPORTANT PHONE NUMBERS:** To dial a number outside the clinical site you must dial a 9 first. If dialing a number within the facility you need dial only the last five numbers. When paging always include your full 10 digit phone number

**Fire, Security (DB,TA,TN,WA) – Emergency 811**

**Fire, Security-FH: 8258, GP: 3911, RO: 90911, TR: 40911**

**Code Blue &/or Rapid Response Team DB,TA,TN,WA: 888**

**Code Blue &/or Rapid Response Team FH: 8333, GP,RO,TR: 555**

**EMERGENCY CODES:** Fires and disasters will be announced overhead by the operator using the following code names:

- CODE RED-Fire (RACE) Emergency; PASS
- CODE BLACK-Bomb Threat
- Medical Alert
- Severe Weather Alert
- Security Stat
- Security Alert
  - Active violence/shooter
  - Elopement patient
  - Lockdown
- Amber Alert/Missing Vulnerable Adult
- Facility Alert
  - System (utility failure)
  - CODE ORANGE: Internal Hazardous Spill
  - Evacuation
- External Incident (mass casualty or hazmat)

**FIRE & SAFETY:** Fire extinguishers are available in designated areas on all units. Please identify them upon arrival on your designated unit.

To properly use extinguishers, remember:

**PASS = PULL, AIM, SQUEEZE, SWEEP.**

In case of a fire remember the **RACE** acronym:

**R** = Remove patient from fire or smoke area, close door

**A** = Activate the alarm or pull station. Dial 811 with exact location

**C** = Contain or confirm the fire by closing all doors

**E** = Extinguish the fire if it is safe to do so.

Evacuate if needed. When entering or exiting through the doorways, remember to feel the door. If it is **HOT, do not open**. If trapped in a room by a fire, place damp clothes or blankets around the edges of the door to prevent smoke and fire from entering the room. If entering a smoke filled room keep to the floor as close as possible because smoke always rises.

**SMOKING POLICY:** Smoking is not allowed anywhere in the hospital or on hospital grounds. This includes smoking in cars or parking lots.

**ELECTRICAL SAFETY:** All patient care equipment is to be inspected by Bio-medical personnel before any use. Damaged or malfunctioning hospital equipment must be removed from service, labeled and reported to Facility Services for repair.

**HAZARDOUS MATERIALS:** Hazardous materials are anything potentially dangerous to health and safety such as infectious diseases, chemotherapy, radiation, ethylene oxide, medical gases and chemicals. All containers will be labeled with identity, hazard, name and address of responsible party.

**MSDS (MATERIAL SAFETY DATA SHEETS):** Located on the units. Refer to your unit “Right to Know” poster for exact location of MSDS sheets for your area.

**MEDICAL WASTE:** Federal and state laws regulate how medical waste is handled, packaged and labeled. Medical waste includes laboratory waste, liquid human and animal waste, pathological waste and sharps.

All containers with medical waste will be labeled with a biohazard symbol.

Medical waste will be separated at the point of origin into proper containers.

All sharps (i.e., glass, needles, sharp instruments) will be placed in the appropriate red containers .

All other medical waste is to be placed in the large red medical waste containers in the dirty utility room.

Medical waste will be packaged, contained and located in a manner that protects and prevents release into the environment.

Medical waste will not be mixed or compacted with other waste.

Medical waste must be stored in a manner that prevents putrefaction or contact with the air or individuals for no more than 90 days.

**TB EXPOSURE CONTROL PLAN:** This plan has been developed to reduce the risk of TB transmission to healthcare workers, patients, visitors and the community. The TB assessment sheet will be used on all patients exhibiting possible TB symptoms. Patients exhibiting possible TB symptoms will be masked and isolated in one of the negative pressure rooms on the nursing units until medically cleared by their physician. All employees having contact with patients in

airborne isolation must wear appropriate Personal Protective Equipment (PPE).

**INFECTION CONTROL:** All blood and bodily fluids must be treated as contaminated. Always practice thorough hand washing immediately after contact with blood, bodily fluids or contaminated objects. Wear barrier protection, such as gloves, goggles, face masks/shields, fluid resistant aprons, gowns, boots, and use ventilation devices for resuscitation, whenever there is a possibility of contact with blood/body fluids, substances exist. Healthcare workers who have open lesions, dermatitis or other skin irritations should not participate in direct patient care. Contaminated needles must not be bent, clipped or recapped.

**HANDWASHING:** Handwashing is the most effective way to reduce transmission. It must be done before & after any patient encounter. Foam is located in rooms and hallways. Soap and water must be used for visible contamination and after care in isolation rooms.

**OSHA BLOODBORNE PATHOGEN STANDARD:** OSHA standards and guidelines concerning bloodborne pathogens were developed to make clear what is necessary to protect employees and to inform employers of their specific obligations to provide worker safety and protection from exposures to bloodborne pathogens. For specific information regarding “Bloodborne Pathogen Exposure Control Plan” refer to the Policy available on Beaumont Health Intranet.

**PERSONAL PROTECTIVE EQUIPMENT (PPE):** (PPE wall storage units located in the unit hallways.) includes: 1) CPR pocket mask; 2) Surgical mask; 3) Goggles/full face shield; 4) Fluid resistant apron or cover gowns; 5) Protective gloves; 6) Protective shoe cover and 7) Protective hair covers.

**ISOLATION:** Isolation rooms are identified with signage indicating the type of isolation and precautions. Isolation carts are located outside of the room.

**BODY MECHANICS/BACK SAFETY**

1. Keep loads close to your body.
2. Bend at your knees not waist.
3. Divide work into smaller parts.
4. Get help from co-worker.
5. Use a mechanical device, whenever appropriate.