



EMPLOYEE HANDBOOK

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Mission Statement: The mission of the K'ima:w Medical Center is to provide high quality health care to the Native American people and all others who may seek the service we provide in the Hoopa Valley Indian Reservation and surrounding areas.

Vision Statement: In service of its mission, by continuously improving the quality of our service, K'ima:w Medical Center will be the best and most qualified health center for the Hoopa Valley and surroundings, the primary force in improving the quality of life of our people.

Values Statement:

1. OUR PATIENTS are our first responsibility. Patient satisfaction is the top priority of every employee.
2. PREVENTING health care problems is our highest priority. We will strive to provide family focused prevention and health education that will result in healthier lifestyle choices.
3. WE VALUE the people and entrust their health care resource to K'ima:w Medical Center and pledge to be a responsible trustee for these resources. We must be cost conscious by implementing an effective planning process oversees allocations of adequate human resource, space and technical resources.
4. PATIENT CULTURAL, bio-psychosocial, spiritual and personal values must be respected by KMC employees as well as those outside health providers to whom we make patient referrals.
5. WE RESPECT the rights and the responsibilities of individuals in making informed decisions that affect their health status. Each patient has the right to be informed of any investigation, research or educational activities related to care and can refuse to participate in any such activities without that refusal compromising the usual care.
6. WE ARE PROUD of the ethical manner in which we conduct our marketing practices, and we will bill our patients only for the service and care provided.
7. WE EXTEND equal rights to access our health care service by the people in the KMC service area and we will strive to meet their needs within the bounds of our limited resources.
8. WE LOVE the community, in which we live and work. We encourage civic improvement, better health and education.
9. WE PROMOTE self-esteem, self-reliance, and self-determination as essence of KMC. We must create a culture that supports and encourages our employees to act with authority and responsibility.
10. WE LISTEN to the requests of our patients for accessible, prompt, accurate, and consistent service. Excellence is expected in the quality and quantity of work. Accountability and continuous performance improvement of our employees must be recognized and rewarded.
11. WE HONOR our elders and we shall learn from their experience. We must provide resources that foster their dignity and independence.
12. WE VALUE and inspire from the richness of our Native culture and Native health practices.

Welcome to the K'ima:w Medical Center Team.

We are happy to have you join us.



Patient Satisfaction

What can I do to promote patient satisfaction?

Communication makes all the difference.

- Keep patients informed, explain what you are doing and why.
- Make yourself clear, use direct explanations. Check to be sure you've been understood.
- Invite patients' reactions. Encourage them to express concerns and make requests.
- Listen to patients. Give them a chance to talk.
- Find answers to all questions. Be sure to take the patient's concern seriously.
- Respect patient privacy.
- Anticipate patient needs.
- Negotiate differences.
- Get the family involved and keep them informed.
- You can learn a lot from patients! Addressing patients' concerns is a chance to improve quality.
- If you satisfy your patient you can enjoy great job satisfaction yourself.
- Be sensitive that health problems and length of visit can cause inconvenience to patients - ask how you can help.
- Make sure the patient's emotional/spiritual needs are addressed.
- Do the right thing and do it well!!

How does KMC measure Patient Satisfaction?

Patient satisfaction is very important to KMC and is monitored and addressed through yearly use of a Patient Satisfaction Survey. Data is collected, aggregated, and then analyzed. Results are shared with appropriate KMC leadership and staff. Staff put actions in place to improve areas of concern noted by our patients. Survey results are also compared against similar ambulatory care facilities in a nation-wide base.

Emergency Preparedness

In case of an electrical power outage:

Call Pacific Gas & Electric (PG&E) and report the outage at 1-800-734-5000. To inquire about outage information call 1-800-743-5002 (KMC Account #xlw3994501).

Emergency Numbers

What number do I call for emergencies?

- | | |
|----------------------------|----------------------|
| 1. Tribal dispatch | 625-4202 or 911 |
| 2. Ambulance Services | 625-4180/X266 or 911 |
| 3. Humboldt County Sheriff | 629-1025 or 911 |



4. Fire Department 625-4180/4480 or 911

What number do I call for security issues? 326

Fire Safety

In case of FIRE, follow the acronym RACER:

- Rescue anyone in immediate danger
- Activate the alarm (Pull Box of dispatch/911)
- Contain smoke and flames (close doors, windows)
- Extinguish, if possible
- Relocate patients to a safe and comfortable area

When using a FIRE EXTINGUISHER, follow the acronym PASS:

- Pull the pin
- Aim at the fire
- Squeeze the trigger
- Sweep the base of the fire

The locations of all fire pull stations/fire extinguishers in my work area are:

What should I do if I hear the fire alarm?

1. Medical staff will determine the number of patients requiring oxygen or patients who cannot be without oxygen.
2. Staff will remove all patients and visitors and evacuate your work area.
3. Managers or key staff will check rooms, close and tag all doors when evacuating building.
4. Key Staff will be stationed at front/rear facility doors to prevent re-entry.
5. All staff will report to their pre-assigned area.
6. Staff will try to remain calm and reassure patients and each other, as necessary.

Where do I find information on fire safety in my department? In the Environment of Care (EOC) Plan.

Department Location:

Hazardous Communication

What is SDS? MSDS stands for (Material) Safety Data Sheet. An SDS helps you know potential hazards of chemicals you frequently work within your department. Know what chemicals you frequently work within

your department and how to protect yourself:

Where are copies of SDS kept? Each department keeps SDS in their EOC Plan, which includes the Hazardous Materials Communication Plan. If there are too many SDS to fit in this manual, a separate notebook may be used. In my area, the SDS notebooks/Hazard Communications Manual is kept:

What do I do in the event of a chemical spill?

- § Secure the area
- § Evacuate the immediate area before clean-up if necessary
- § Assist the contaminated employee if necessary
- § Notify key-personnel



How and where are employees taught about Hazardous Communication? Education occurs through department safety training and through an annual general Hazardous Communication training by the Safety Officer.

Human Resources & Employee Education

How is new staff oriented to K’ima:w Medical Center? Newly hired employees attend new employee orientation. In addition, each department develops job-specific orientation plans and maintains a copy of completed check-lists (e.g. safety) in employee files located in the Human Resource Department. An individualized orientation is provided to all student workers.

How am I competent to do my job? Required job competencies may include licentiate, academic education, continuing education (e.g. age-specific education), orientation, specific unit or department competencies, and certifications (e.g. CPR, ACLS, PALS).

How is job competence evaluated? Orientation, continuing education, job description, and performance appraisal are part of the competency evaluation process. Performance standards have been identified for each job description, and competence is measured annually against these standards through the performance appraisal process.

How can I utilize age-specific education to facilitate how I meet the needs of my patients? Having knowledge of age-specific needs can influence care decisions, legal issues, and the focus and strategies of patient education.

What resources are available to staff to enhance their job and personal development?

- Managers develop individual education plans during their evaluation process.
- Individual training identified by the manager is scheduled to maintain and enhance staff skills.
- Self-study books and internet classes are also an option offered.

Infection Control

What can we do to reduce the spread of infection and enhance patient safety?

- Practice good hand washing habits.
- Soap and running water
- 15 seconds friction rub
- Dry hands with paper towel, then turn off faucet with towel
- Use alcohol hand sanitizer when sinks are not convenient for washing hands. Perform thorough hand washing after every 15 uses of hand sanitizer.
- Keep a clean environment
- Do not come to work when ill
- If you have patient contact -
- Keep immunizations current - check with the Infection Control Officer your immunity status of vaccine-preventable diseases.
- Participate in annual TB screening administered by an Employee Nurse
- Familiarize yourself with and follow all infection control medical center policy and procedures.

What are standard precautions? Standard Precautions is an approach to practice that assumes that all excretions, secretions, blood and body fluids from patients contain potentially infectious material and should be handled so as to prevent exposure to and contamination from these substances. Gloves, gowns, masks, and face shield are worn, as appropriate, to protect health care workers and others from potential exposure/contamination.

What is 'isolation'? 'Isolation' is a term often used to refer to a system of enhanced precautions designed to contain the spread of specific communicable organisms and conditions transmitted in ways other than by direct exposure to blood/body fluids. This system is known as "Transmission Based Precautions," and consists of 3 types of "isolation". The types of isolation in use at KMC are ...

What kind of trash do I place in the red trash bags? Red bags are used for biohazard waste along with the specially labeled biohazard containers found throughout the patient care areas. Only disposable items *saturated* with blood/body fluids should be placed in red bags. Red bags are handled in a separate waste stream from regular trash and undergo expensive special processing and complete destruction.

What are examples of Personal Protective Equipment? Gloves, gowns, masks, eye protection, shoe covers, one-way resuscitation mouthpieces.

How do I handle ... ?

- **Sharps (needles, lancets, scissors, scalpels, contaminated broken glass, etc.):** Place sharps in sharps

boxes

- **Infection waste:** Discard infectious waste in properly labeled containers
- **Soiled linen:** Use gloves to handle soiled linen and place in leak-resistant linen bags
- **Transporting specimens to lab:** Use gloves and place in leak resistant container

How do I care for a patient known to have, or suspected of having TB?

Where do I find the exposure control plans for:

- *Blood borne pathogens (HIV, Hepatitis B)*
- *Tuberculosis and Anthrax*

In the policy: Blood borne Pathogens and Exposure Plan

Information Management

Where are medical records for a patient's past visit kept? All visits documented in the patient's record are housed in the medical records department.

How are medical records retrieved? In order to protect patient confidentiality, medical record information is available to practitioners on a 'need-to-know' basis.

To access patient medical record information under conditions other than a 'need-to know' basis, or in the treatment setting, a signed and dated request must be sent to Medical Records. Further information on access to confidential patient records can be obtained from the Medical Records Department or the Policy and Procedure in Medical Records.

How is patient information kept confidential?

- Avoid casual conversation about patients in public areas.
- Log off the computer station when finished.
- Only review medical records when you have a 'need-to-know.'
- Return the medical record to the Medical Records Department as quickly as possible.

HIPAA

What is HIPAA? HIPAA is the Health Insurance Portability and Accountability Act of 1996. The intent of the act is to assure health insurance coverage reduce healthcare fraud and abuse, guarantee security and privacy of healthcare information and enforce standards for health information.

What are the components of HIPAA and when do they go into effect?

- *Electronic Transaction Standards - 10/16/02*

- *Unique Health Identifiers for providers, employers, payers, patients*
- *Standard Codes Sets - 10/16/03*
- *Privacy - 4/14/03*
- *Security - Soon to be finalized*

What does HIPAA say about security? HIPAA defines security as the ability to control access and protect information from accidental or intentional disclosure to unauthorized persons and protect from alteration, destruction, or loss. The Act insures the integrity and confidentiality of information.

What does HIPAA say about privacy? The Act gives individuals the right to determine and restrict access to their identifiable health information. This information can include such things as name, age, occupation, address as well as specific health information. Patient privacy protections will apply to all individual maintained or transmitted including hardcopy, electronic, and some verbal communication. Patient consent will be required to share information for treatment, payment and healthcare operations. Exceptions as verbal discussions between providers or initial call to pharmacies will be allowed without consent.

What are the penalties for disclosure of health information?

- *General non-compliance: \$100 to \$50,000 per violation (or per record), per person up to \$1.5 million/yr.*
- *Wrongful disclosure: \$50,000 and/or 1 year of imprisonment*
- *Disclosure Under False Pretense: \$100,000 and/or 5 years of imprisonment*

How can I find out more? Contact the KMC Compliance Officer, ext. 288 or visit www.ihs.gov

Medical Device Safety

How do I know if medical equipment is ready for use? Some bio-medical device displays a Preventive Maintenance (PM) Inspection Label. The number on the label corresponds to the month on which the PM is due. The Medical Equipment Planner is responsible for ensuring that the PM's on equipment are up to date.

What is SMDA? SMDA stands for Sale Medical Device Act. A SMDA reportable incident exists when a device had contributed to the injury, illness or death of a patient. If this happens, the device must be removed from service and inspected, and an occurrence report must be completed and forwarded to risk management.

KMC Emergency Codes:

Fire Emergency	Code Red
Medical Emergency	Code Blue
Natural Disaster	Code Green
Bomb Threat	Code Orange
Hazardous Waste	Code Yellow
Hostile Alert	Code Purple
Child/Infant Abduction	Code Pink
Hostile with a Weapon	Code Silver
Active Shooter	Code Black

Patient & Family Education

Who is responsible for patient and family education? The medical, nursing and allied health care team staff provides education as part of total patient care. The primary care-giver coordinates individual patient and family education activities.

Is there a multi-disciplinary approach to planning patient and family education? Safe and effective use of medication; pain management; fall prevention; possible food-drug interactions; nutrition and special diets; rehabilitation techniques; on-going healthcare needs; patient and family responsibilities for patient care; personal hygiene and grooming; when and how to obtain further treatment; and access to community classes.

What types of teaching materials/methods are used for education? Information sheets, booklets, brochures, videotapes, models, and special classes. Some examples of classes at KMC are: Diabetes Clinic, child-birth classes, and exercise classes.

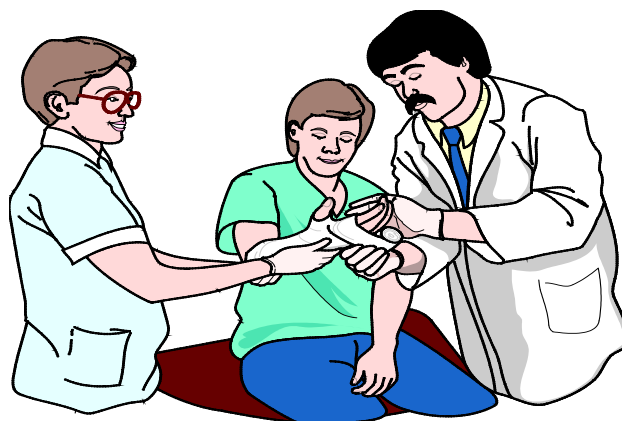
What department provides patient and family educational materials? The development/revision of materials are coordinated through professional resources. Each department maintains their own supply of materials used most frequently on their departments. Some departments supply specific material in their department for specific patient populations.

How is patient's education determined? Through patient and family interviews and assessment.

What individual characteristics should be considered when determining a patient's ability and readiness to learn? Age, culture, religion, emotional barriers, motivation, physical, cognitive and financial limitation.

Where is education documented and by whom? Education is documented by writing in the patient's medical record. Patient education is documented on the patient's PCC and progress notes. All members of the clinical staff are responsible for documenting patient education. Some teaching plans will require a signature from the patient or family that they understand the information.

How do I know I am achieving success in teaching patient and family education? Ask the patient and family to demonstrate skills or explain in their own words the procedures or information that has been taught. Document the patient's response in the Medical Record. Some teaching plans require a signature from the patient or family that they understand the information.



Patient Rights & Organizational Ethics

How are patients told about their rights and responsibilities? On admission, each patient is offered the patient's Rights and Responsibility brochure. The brochure is also available in patient care areas.

How can a patient formulate an advance directive (living or durable healthcare power of attorney)? Due to cultural sensitivity the physician talks to the patient face to face and/or refers them to the clinical social worker.

Can a patient decide not to be resuscitated or choose to have limitations in their resuscitation effort? Yes. A competent patient may choose the DNR, do not resuscitate status after a full and complete discussion with his/ER attending physician or designated house officers. Following the discussion with the physician, a patient may select to be resuscitated by with limitations. The patient's identified representative, the person who can make medical care decisions, can make decisions for an incompetent patient.

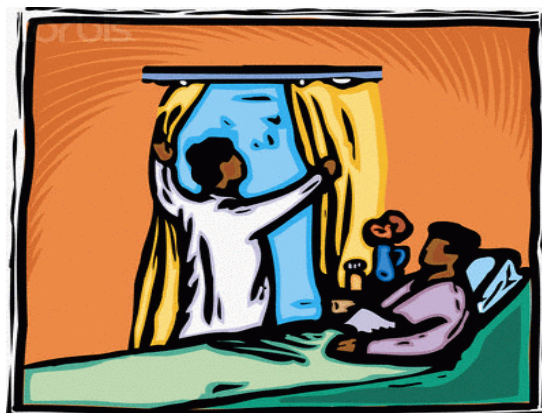
What can patients or family members do if they have concerns about care or hospital services? Patients and family members should be encouraged to discuss their concerns with their physician or nurse. Patient representatives may also be contacted.

How can I arrange services for disabled patients? The patient representatives, case managers, social workers, and nursing personnel can assist in providing adaptive equipment.

What makes consent an 'informed consent'? The physician discusses with the patient the diagnosis, proposed treatment or procedures, the names of the physician who will be performing the procedure(s) known possible risks, benefits, and alternatives. This discussion is documented in the medical record on the informed consent form.

How do I report ethical concerns? Staff should follow the supervisory chain for resolution of ethical issues that arise in the care of the patient. Any staff member who feels he or she cannot participate in any aspect of care for religious or ethical reasons should follow the supervisory chain. Ethical consultation is available by notifying the on call consultation ethics person.

How can I help protect and assure patient privacy and security? Pull curtains and/or doors during procedures and daily care routines; cover patients during transport. Protect privacy during interviews and conversations, and in handling medical records and charts.



Also follow security measures for your department. Be aware of unusual or suspicious activity in your area and report any such activity to security officer. The security officer can be contacted at ext. 326. If the situation is an emergency, dial 911, or Tribal Police at (520)625-4202.

Performance Improvement & Patient Safety

What does Performance Improvement (PI) mean? What does it mean at K'ima:w Medical Center?

Performance is what is done and how well it is done. PI means the design assessment, measurement and improvement of what is done, and the degree to which it is available in a timely manner. At K'ima:w Medical Center, PI means developing solutions, systems, programs and processes aimed at improving organizational quality, customer and employee satisfaction, and community services.

What Performance Improvement Model is utilized at K'ima:w Medical Center?

Focus-PDCA (See pages 20, 21, 22, & 23)

What are examples of Performance Improvement (PI)?

- Continuous improvement of patient care delivery and communications with customers.
- Interdepartmental and interdisciplinary teams working in collaboration to improve processes.
- Participating in PI training activities.
- Using data and quality improvement tools to demonstrate improvements.
- Customer satisfaction.
- Complementing regulatory requirements.

How do Performance Improvement Teams record information using the Focus-PDCA model?

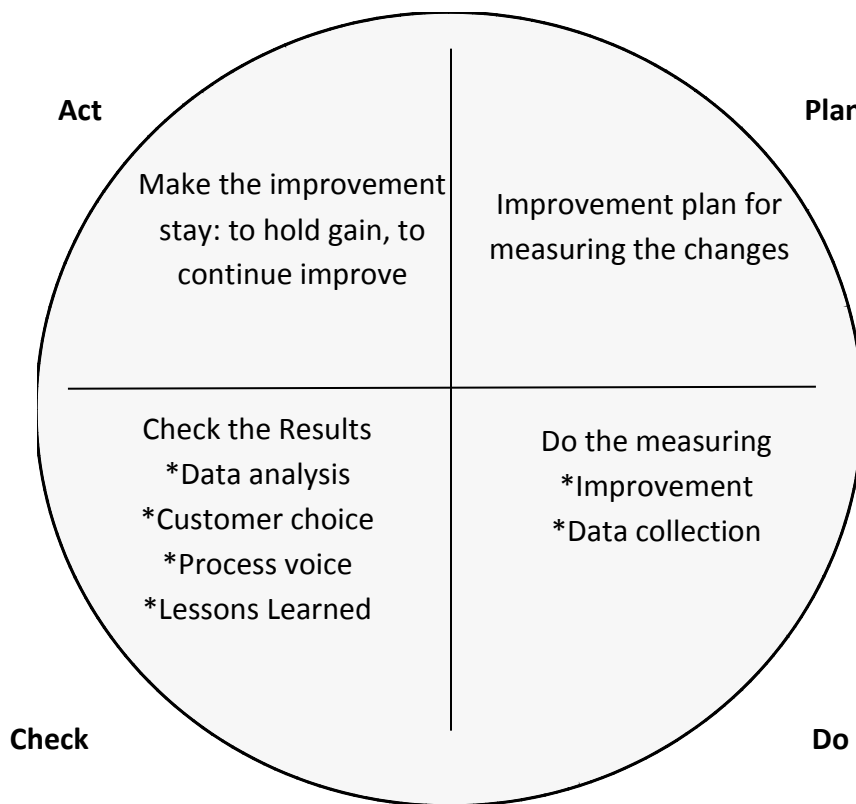
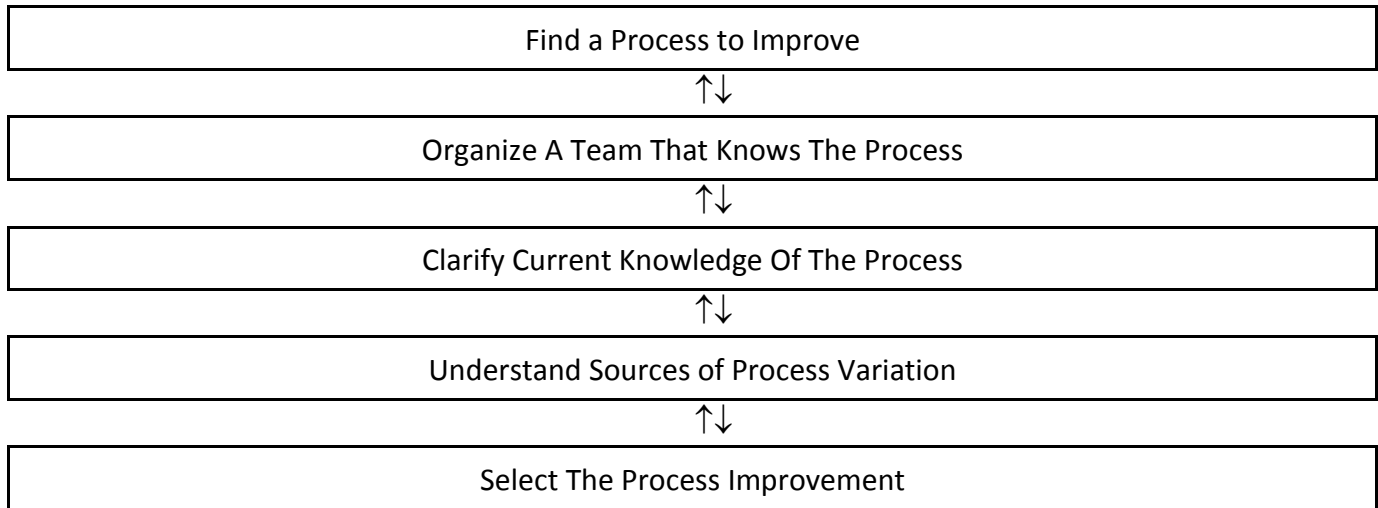
(See pages 24 & 25)

K'ima:w Medical Center Performance Improvement Model (Focus-PDCA)

- F Find a process to improve
- O Organize a team that knows the process
- C Clarify current knowledge of the process
- U Understand sources of process variation
- S Select the Process Improvement

- P Plan the Improvement
- D Do the Improvement
- C Check the results
- A Act to hold the gain

**K'ima:w Medical Center
Performance Improvement Model**



KMC Performance Improvement Documentation/PDCA

<p>F: Find a process to improve</p> <p>O: Organize a team that knows the process</p> <p>C: Clarify current knowledge of the process</p> <p>U: Understand sources of process variation</p> <p>S: Select the process improvement</p>	<p>Problem Statement/Analysis:</p> <ol style="list-style-type: none"> 1. WHY are you doing this PI activity? (<u>Opportunity statement</u>: add supporting measurement and data that help focus the PI project. Summarize the issues or incidents and process variation that have occurred.) 2. Identify the dimensions of performance, key function(s) and elements of prioritization_ 3. WHAT can be improved? 4. HOW will the PI support our mission, strategic imperatives, core values and patient safety? 5. WHO are the people from within and outside (Interdisciplinary) your department that know the process? 6. Select and design the improvement. (Use FOCUS data/information as basis. How do you plan to improve the process, create a new process, make changes? What does the new process look like (flow chart)? What resources, standards, requirements had to be met to design the process?
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<p>P: Plan the Improvement</p>	<ol style="list-style-type: none"> 1. Plan the improvement activities (Document the activities planned, the time line, education, the measurement and outcomes you will track. Document the meetings you held) 2. Plan data collections. (How will you measure improvement/Document brainstorming, cause and effect, process/flow diagrams, collection tools, baseline measurements, measurements of variation, controls
<p>D: Do the Improvement</p>	<ol style="list-style-type: none"> 3. Set trial for the process improvement. <ol style="list-style-type: none"> A. Make the change (what policies and procedures did you put in place, what new standards or forms did you develop; what training/competency tolls did you develop; what training did you do; how did you implement the process change?) B. Measure the impact of the change through data collection (flow charts, run charts, control charts, histograms. Begin outcome measurements, process measurements. Attach graphs, charts, flow diagrams, tools, firms developed.)
<p>C: Check the results</p>	<ol style="list-style-type: none"> 4. Evaluation <ol style="list-style-type: none"> A. Goal met (Evaluate whether you have met the PI goal established at the beginning of the PI) B. Data Analysis (Pareto diagrams, run charts, control charts, histograms, cause and effect diagrams) 5. How have you made a difference by doing this PI?
<p>A: Act to hold the gain</p>	<ol style="list-style-type: none"> 6. Sustainment (Continue evaluation to verify that improvement is sustained. Repeat plan, do and check steps as needed)

KMC Performance Improvement Team Worksheet

Name: _____

(f) Find a process to improve (name the process, describe the beginning and ending steps in the process, name the customers served, name the KQC (Key Quality Characteristics), and tell why it is important to work on now)

Opportunity statement:

Dimension of Performance (circle all that apply):(Efficiency)

(Appropriateness)(Availability)(Timelessness)(Safety)(Effectiveness) (Continuity) (Efficacy)(Respect & Caring)

(KQC - Key Quality Characteristics)

Key Function: Patient Right and Organizational Ethics Leadership Education

Assessment of Patients Continuum of Care Infection Control Environment of Care Care of Patients Human Resources Organizational Performance Information Management

Prioritization: High risk High volume Problem prone Resource intensive

High impact on performance High potential for improvement Patient safety

Supports strategic direction Other: _____

Strategic Imperative Support: Yes No *(If yes, select all that apply):*

- Become the dominant choice of consumers and payers for advance medical care and the preferred choice of consumers for primary and secondary care.
- Become the preferred employer - national, regional and local
- Maintain the margin necessary to meet our educational, research and community service missions
- Maximize opportunities to remove clinical programs expeditiously to Fitzsimons
- Define relationships between UCH and HSC as we collaboratively strive to reach our vision
- Transform the patient experience through interactive internet access to UCH services, information and their personal electronic medical record.

(o) Organize a Team that knows the process:

List team members:

(c) Clarify the current knowledge:

What do we know about the person?

(u) Understand source of variation:

Why are we looking at this process? Why is the process not going the way we planned?

(s) Select the improvement:

What are we going to do differently?

(p) Plan the improvement:

How will we be different? Establish the measurable expectations from the improvement?

(d) Do the Improvement:

Implement the process improvement and measure how it is making the difference. Collect Data:

(c) Check the Results:

Look at the data. Does the new process make a difference? Did you meet the measurable expectations that you established?

(a) Act to hold the gain:

Can we keep the process in place? When should we measure the process again?

Repeat PDCA as needed.

Submit this form and copies of supporting documentation to the CQI Department

Patient Safety

What is the purpose of the patient safety program? The purpose of the patient safety program is to improve patient safety and reduce risk to patients through a non-punitive approach to reporting errors, near misses, and other occurrences.

Does KMC have a policy on Patient Safety? Yes, the Patient Safety Policy.

What is a non-punitive approach? An approach that encourages personal accountability, provides a safe place to report errors, and seeks to learn from mistakes to improve overall safety of the system.

Who is responsible for the oversight of the Performance Improvement and Patient Safety Program at KMC?
The PIL Committee.

What are some focus areas KMC monitors to support patient safety?

- Falls
- Medication errors
- Unexpected Deaths
- Infant abductions
- Legibility of handwriting in the patient record

What did KMC do to determine the culture of patient survey? In summer of 2003, KMC conducted an employee survey on the culture of the patient safety. The physicians were also surveyed on patient safety.

Does KMC have a policy regarding the disclosure of adverse outcomes to patients and family? Yes, the process is outlined in the Patient Safety Policy.

Do patient share responsibilities related to the safe delivery of care?

Yes. The Patients Rights identifies the patient's responsibilities for the safe delivery of care. The Rights are posted throughout the organization and is printed in the Patient handbook and in separate brochures given at admission.

Who is involved in K'ima:w Medical Center PI process? Everyone is involved.

What are the responsibilities of the CQI Department related to performance improvement? To provide general oversight and support of PI activities, facilitate PI activities, assist with data collection and analysis and communicate organization-wide PI activities.

What is FMEA? FMEA stands for failure modes and effects analysis. FMEA is systematic way of examining a process prospectively for possible ways in which a failure can occur. KMC uses this analysis process to assist in the prevention of sentinel or adverse events.

A copy of the Performance Improvement is available at each department and CQI Department at ext. 270.

Sentinel Event

What is a sentinel event? An adverse sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, 'or the risk thereof' includes any process variation from which a recurrence would carry a significant change of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.

What is an adverse event? An adverse event is an untoward, undesirable, and usually unanticipated event, such as death or serious injury of a patient, visitor or employee in a health care organization.

What is a near miss? A near miss is used to describe a process variation which did not affect the outcome, but for which a recurrence carries a significant change of serious adverse outcome.

What is root cause analysis? Root cause analysis (RCA) is a retrospective process for identifying the basic or casual factor(s) that underlie variation in performance, including the occurrence or possible occurrence of sentinel events. A RCA focuses primarily on systems and processes, not individual performance.

Who do I report a sentinel event to? Contact your immediate supervisor first. Then your supervisor should contact the Risk Management officer. The process of reporting includes completing the incident report form and sending it to Risk Management.

Is there a time frame for reporting to regulatory agencies? Yes. Sentinel events and most adverse events need to be reported within 24 hours of the event.

Risk Management & Incident Reporting

The Risk Management and Patient Safety Program is a system designed to (1) identify, classify, and evaluate risks of patients; (2) measure the potential frequency and severity of risks; (3) initiate action to eliminate or minimize the risks; and (4) integrate risk activities into the Performance Improvement Plan. A 'risk' is defined as any situation procedure of person, which has the potential of directly or indirectly causing personal injury to patients.

The term 'risk management' is defined as the prediction of risk of injury, avoidance, and control of exposure to predict any other risks and the minimization of malpractice claims loss. Patient incident reporting notifies the K'ima:w Medical Clinic Risk Management Officer (RMO) of all occurrences with actual or potential injury to patients. The Incident Report is a confidential communication to the PRMO, which enables the PRMO to take corrective actions, reduce losses, improve the quality of health care produced by KMC and Dental and ensure appropriate regulatory agency reporting. It is also a reporting mechanism to our Self-Insured Trust of potential liability claims. The purpose of reporting patient incidents is to improve patient safety and reduce risks to patients through analysis of systems for necessary improvements. This reduction of risks is accomplished

through a non-punitive approach to reporting errors, near misses and other occurrences.

When do I fill out an Incident Report? Fill out an Occurrence Report when something out of the ordinary happens for when a recurrence of an event carries a significant chance of a serious adverse outcome.

Who should be notified that an incident has taken place?

- Your supervisor
- Immediately call Risk Management and Safety Officer if the incident report instructs you to do so
- Forward complete incident forms to the Safety Officer within the instructed time frames.

During an emergency, the nursing staff may be directed to shut the medical gas valve. During routine service calls, Engineering Services will shut off the gas.

Medication Errors

What is a medication error? Any dose of medication that deviates from the prescriber's order as written in the patient's chart, or that is given dire to a prescribing error. To be considered a medication error, the medication dose has bypassed established systems and controls and has actually reached the patient. An exception to the definition is errors of omission. An error of omission will be classified as a medication error.



What is a potential medication error or near miss? A mistake in prescribing, dispensing, or planned medication administration that is detected and corrected through intervention (by another healthcare professional or the patient) before actual medication administration.

Why report medication errors?

Reporting medication errors (actual and potential) provides an opportunity for the organization to assess and improve the medication use process and provide a safe environment for the patient care.

Who should report medication error? All persons involved with the medication use process at the K'ima:w Medical Clinic are responsible for reporting medication errors.

How to report a medication error:

Any healthcare professional that discovers or has knowledge of a medication error should complete a Patient Occurrence Report and/or contact the Risk Management officer directly.

Adverse Drug Reactions

What is an adverse drug reaction? Any reaction to a drug (FDA-approved) that is unexpected, undesirable, occurs at doses normally used for prophylaxis, diagnosis, or therapy, and results in one or more of the following:

- Clinic admission
- Discontinuation of the drug
- Change in drug therapy (including dose reduction)
- Initiation of supportive treatment (e.g. antihistamine)
- Complication of diagnosed disease state
- Negatively affects the prognosis
- Results in temporary or permanent harm, disability, or death

Why report adverse drug reactions?

- The Food and Drug Administration (FDA) relies on voluntary reporting by healthcare professionals to keep effective drugs and devices ability on the market.
- Individual practitioner reports may be the critical action that prompts a modification of use or design of a particular product. Reports help improve the safety profile of drugs and devices and ultimately increase patient safety.
- ADR reports promote education of healthcare providers and patients and ultimately reduces the incident of preventable ADRs by impacting the following:
 - ❖ Underlying system problems in the medication use process
 - ❖ Changes in the medication formulary
 - ❖ Implementation of prescribing practices
 - ❖ Modification of existing patient/teaching practices

Who should report an adverse drug reaction? All persons involved with the medication use process at K'ima:w Medical Clinic are responsible for reporting adverse drug reactions.

How to report an adverse drug reaction:

Any healthcare professional suspecting an ADR shall notify the attending physician responsible for the patient's care. Complete a Suspected Adverse Drug Reaction Form (available in all patient care areas and in pharmacy). ADRs should be recorded in the patient's progress note.

HOW TO PRESENT YOURSELF TO A JOINT COMMISSION SURVEYOR

Here are some helpful suggestions for interaction with a Joint Commission Surveyor:

1. If you are asked a question, pause, take a breath, and think before answering.
2. Relax, smile, and be positive.
3. If you don't understand, ask the surveyor to repeat the questions.
4. Be truthful if you don't know the answer, then tell how you would find the answer. E.g., policies, asking your manager or supervisor, etc.
5. Support your answers by referring to policies, procedures, or by giving samples, say what you do, then do what you say.
6. Talk about teamwork and problem solving.
7. Be prepared.



THE JOINT COMMISSION

- **Is there an organization that sets standards for healthcare organizations?** Yes, the Joint Commission.
- **What is JCAHO?** JCAHO stands for the Joint Commission on Accreditation of Healthcare Organizations. They are an accrediting organization sometimes referred to as JCAHO (“J-Ko”) or the Joint Commission. The mission of the Joint Commission is ‘to continuously improve the safety and quality of care-provided to the public through the provision of healthcare accreditation and related services that support performance improvement in health care organizations.’”
- **What is the period of time an ambulatory clinic can be accredited for?** An ambulatory clinic can be accredited for two-years.
- **Does JCAHO make recommendations when they do their accreditation survey?** Yes, JCAHO will review the clinics operations and performance and make recommendations. The clinic may be required to create corrective action plans based on JCAHO recommendations to gain accreditation.

- **What is Continuous Quality Improvement?** Continuous Quality Improvement refers to the process by which KMC continuously evaluates and improves processes to maintain performance that constantly meets or exceeds accreditation requirements.

Utilities

What do I do in the event of utility failure (e.g. electrical power, oxygen, water, HVAC [heating, ventilation, and air-conditioning], vacuums, compressed air, telephones, nurse call system, elevators, tube system)?

Address patient safety first, then contact Plant Management (ext. 229). Review department specific procedures or protocol for patient care when a utility problem occurs.

If emergency generator becomes operational due to a power failure, how much time does it take for the generator to restore power?

Power is restored in less than 8 -10 seconds. The generators are tested monthly by Maintenance/Engineering.

Who do I call with an environmental concern or complaint?

Cleanliness or trash disposal.....Housekeeping Service Ext. 305

Heating, Cooling, VentilationPlant Management Ext. 229

Safety Concerns.....Safety Department Ext. 213

Health Concerns.....Infection Control Ext. 231

Security Concerns.....Ext. 326

If necessary, who shuts off a medical gas valve, and where is the oxygen shut off valve in my area?

Safety

A safe work environment is the responsibility of every staff member. In addition to your own personal safety, you are responsible for the safety of your team members. Be alert! Be aware of what you are doing and what is going on in your work environment.

Identify the safety risks specific to your department (may include blood borne pathogen exposure, back injuries, for lifting, exposure to chemicals, infectious agents, heat, radiation), and know the safety precautions necessary to function in a responsible and safe manner.

Employees can protect themselves by:

- Locating the safety equipment such as the eye wash station/sink in the department
- Frequent hand washing
- Use Universal/Standard precautions
- Use personal protective equipment *PPE

- Use proper body mechanics
- Use needle safe/protective devices
- Apply ergonomic principles at your work station
- Notifying a supervisor or safety officer of hazards

How do I report an employee injury? Refer to policy Incident Forms/Incident/Injury Report

1. Notifying a supervisor immediately.
2. Complete an incident/injury form and give to the safety officer within 24 hours of the injury.
3. Go to Urgent Care. Take the injury report form with you.

- For life threatening injuries call 911
- For all eye injuries go to the Urgent Care Center
- For all body fluid exposures and needle sticks go to the urgent care within two hours of the exposure.

SENSITIVITY TO CULTURAL DIVERSITY

What language do you speak? What is your religion? What holidays do you celebrate? What is your racial identification? What is your ethnic identity? What is your culture?

Culture is that which shapes us; it shapes our identity and influences our behavior. Culture is our “way of being,” more specifically, it refers to the shared language, beliefs, values, norms, behaviors, and material objects that are passed down from one generation to the next.

According to the U.S. Census Bureau, the 2009 population in America was:

- 80% White
- 16% Hispanic or Latino origin (may be of any race)
- 13% African American
- 5% Asian
- 1% American Indian/Alaskan Native
- 0.2% Native Hawaiian/Pacific Islander

Each race encompasses a multitude of different ethnic groups. An ethnic group refers to people who are closely related to each other through characteristics such as culture, language, and religion. There are many ethnic groups in the United States, due in large part to its immigrant population; each of these groups contributes to America’s cultural heritage. From African Americans to Russian Americans, the United States is one of the most diverse nations in terms of culture.

What does it mean to be “culturally diverse”?

The term “culturally diverse” is often used interchangeably with the concept of “multiculturalism.”

Multiculturalism is defined as:

*“...a system of beliefs and behaviors that **recognizes and respects** the presence of all diverse groups in an organization or society, **acknowledges and values** their socio-cultural differences, and **encourages** and enables their continued contribution within an inclusive cultural context which **empowers** all within the organization or society.*

Sociologist Dr. Caleb Rosado, who specializes in diversity and multiculturalism, described seven important actions involved in the definition of multiculturalism:⁵

- **recognition** of the abundant diversity of cultures;
- **respect** for the differences;
- **acknowledging** the validity of different cultural expressions and contributions;
- **valuing** what other cultures offer;
- **encouraging** the contribution of diverse groups;
- **empowering** people to strengthen themselves and others to achieve their maximum potential by being critical of their own biases; and
- **celebrating** rather than just tolerating the differences in order to bring about unity through diversity.

Why is cultural diversity a “good thing”?

Culture is the lens with which we evaluate everything around us; we evaluate what is proper or improper, normal or abnormal, through our culture. If we are immersed in a culture that is unlike our own we may experience culture shock and become disoriented when we come into contact with a fundamentally different culture. People naturally use their own culture as the standard to judge other cultures; however, passing judgment could reach a level where people begin to discriminate against others whose “ways of being” are different than their own—essentially, we tend to fear that which we do not understand.

Cultural diversity is important because our country, workplaces, and schools increasingly consist of various cultural, racial, and ethnic groups. We can learn from one another, but first we must have a level of understanding about each other in order to facilitate collaboration and cooperation. Learning about other cultures helps us understand different perspectives within the world in which we live, and helps dispel negative stereotypes and personal biases about different groups.

In addition, cultural diversity helps us recognize and respect “ways of being” that are not necessarily our own, so that as we interact with others we can build bridges to trust, respect, and understanding across cultures. Furthermore, this diversity makes our community a more interesting place to live, as people from diverse cultures contribute language skills, new ways of thinking, new knowledge, and different experiences.

How can you support cultural diversity?

- Increase your level of understanding about other cultures by interacting with people outside of your own culture—meaningful relationships may never develop simply due to a lack of understanding.
- Avoid imposing values on others that may conflict or be inconsistent with cultures other than your own.
- When interacting with others who may not be proficient in English, recognize that their limitations in English proficiency in no way reflects their level of intellectual functioning.
- Recognize and understand that concepts within the helping profession, such as family, gender roles, spirituality, and emotional well-being, vary significantly among cultures and influence behavior.
- Within the workplace, educational setting, and/or clinical setting, advocate for the use of materials that are representative of the various cultural groups within the local community and the society in general.
- Intervene in an appropriate manner when you observe others engaging in behaviors that show cultural insensitivity, bias, or prejudice.
- Be proactive in listening, accepting, and welcoming people and ideas that are different from your own.

Cultural diversity supports the idea that every person can make a unique and positive contribution to the larger society because of, rather than in spite of, their differences. Imagine a place where diversity is recognized and respected; various cultural ideas are acknowledged and valued; contributions from all groups are encouraged; people are empowered to achieve their full potential; and differences are celebrated.

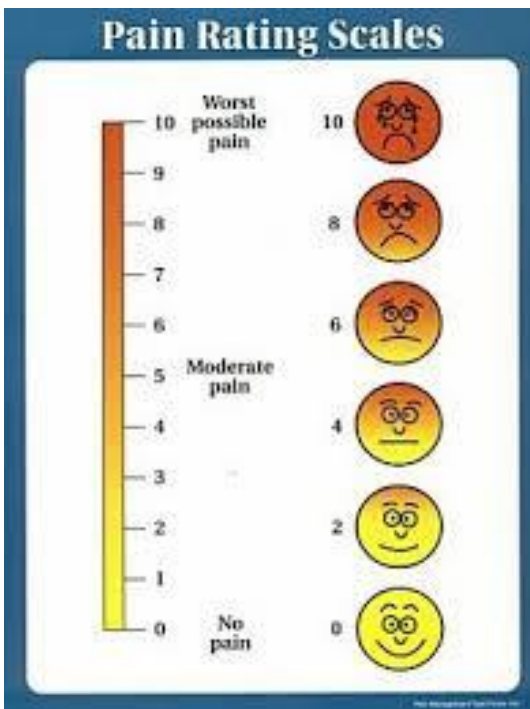
SENSITIVITY TO PAIN

An individual's tolerance to pain is as unique as the person, and is shaped by biological factors as well. In order to better assist and assess patients experiencing pain or discomfort, a common reference tool or shorthand can be helpful for both prioritizing patients' needs and for expediting the most severe cases. Use of a Likert or other visual scales by health care personnel can allow the patient to express their level of discomfort by pointing to an appropriate place on scale.

Examples of scales commonly used include, but are not limited to, the following:



Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5



Communication about pain or discomfort levels is relevant at each juncture of the patient experience with health care staff. Encouraging this communication will help the patient understand that you care about how they are feeling and have an understanding of they are experiencing.