



APN STAFFING
&
EMPLOYMENT SOLUTIONS
Practitioner Handbook
Healthcare Staff

August 2017

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WELCOME

Welcome to the APN Staffing and Employment Solutions team! We look forward to working with you and assisting you in achieving exciting and rewarding career opportunities with APN Staffing and Employment Solutions. This handbook will serve as your point of reference for any standards, policies and procedures that APN Staffing and Employment Solutions' Practitioners are expected to follow.

It is required that you review and return the acknowledgement form located at the back of the handbook. This acknowledgement form will be kept on file for our records.

Your association is at will and this handbook is in no way, shape or form a contract. You, the Practitioner and APN Staffing and Employment Solutions have the right to terminate the association with or without notice or cause at any time.

MISSION STATEMENT

APN Staffing and Employment Solutions provides top quality healthcare professionals to all our Client facilities, patients and community in a manner that ensures:

- patient safety
- quality of care
- patient satisfaction
- patient quality of life
- efficiency and effectiveness of delivery
- continuous improvement

All healthcare professionals perform duties in compliance with the responsibilities outlined in their professional job description.

ADMINISTRATIVE BASICS

Availability of APN Staffing and Employment Solutions' Office Staff

The APN Staffing and Employment Solutions office, located in Phoenix, Arizona, is open Monday through Friday from the hours of 8:00am to 5:00pm. Our local telephone number is **602-788-5890**. Outside of normal business hours and in the event of an emergency, please contact us at the same number listed above. APN Staffing and Employment Solutions' on call staff will be available to assist you.

Our goal is to always provide you with a consistent level of service. If for any reason you are dissatisfied with our service or the service provided by one of our healthcare professionals, we encourage you to contact the local manager to discuss the issue. APN Staffing and Employment Solutions has processes in place to resolve complaints in an effective and efficient manner. If the resolution does not meet your expectation, we encourage you to call APN Staffing and Employment Solutions and ask to speak with the Healthcare Administrator. We will work with you to resolve your concern. Any individual or organization that has a concern about the quality and safety of patient care delivered by APN Staffing and Employment Solutions healthcare Practitioners, which has not been addressed by APN Staffing and Employment Solutions management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at (630) 792-5636. APN Staffing and Employment Solutions demonstrates this commitment by taking no retaliatory or disciplinary action against Practitioners when they do report safety or quality of care concerns to the Joint Commission.

In the event of an emergency, pandemic, natural disaster or other uncontrollable event, APN Staffing and Employment Solutions will continue to provide service to you through our network from a location where telephones or cell phones and computers are functional. APN Staffing and Employment Solutions will do everything possible to

support you in meeting your needs during crisis situation(s). A copy of our Emergency Management Plan (APN Pandemic Influenza Response Continuation Plan) is available upon request.

Work Related Injuries and/or Exposures

APN Staffing and Employment Solutions provides Workers Compensation insurance for its Practitioners as required by law. It is our philosophy that if a Practitioner is injured while at work, it is our intent to assist that Practitioner to return to work as soon as possible. The Practitioner is obligated to report a work related injury to APN Staffing and Employment Solutions within 24 hours. An **Employee's Report of Injury Form** needs to be completed by the Practitioner as soon as possible after the injury.

The severity of the injury and when the injury was reported will determine whether or not a physician will see the Practitioner.

1. If the injury is severe, needle stick, the Practitioner was exposed to TB or the Practitioner is an APN Staffing and Employment Solutions' Practitioner outside of the Phoenix area, they will follow their employing Client's (e.g., hospital's or clinic) protocol.
2. If the injury is not severe, the Practitioner will be referred to the nearest approved health care facility or will follow their employing hospital's or clinic's protocol.

Holiday Pay

Holiday pay varies for each Client contract. For further information on holiday pay, consult with APN Staffing and Employment Solutions' payroll and management directly.

Lunch Break Policy

APN Staffing and Employment Solutions' Practitioner agrees to clock in and out for a minimum of thirty (30) minutes and up to a maximum of one (1) hour for meal periods, unless otherwise specified by facility policy. If the facility requests APN Staffing and Employment Solutions' Practitioner to work their lunch period due to patient care and safety, APN Staffing and Employment Solutions' Practitioner agrees to obtain a supervisor signature from a Client Manager for each applicable shift and to have the supervisor sign off their approval on the sign-in sheet in the nursing office

Orientation

An APN Staffing and Employment Solutions' internal Practitioner will gather the necessary assignment protocol information for each Practitioner prior to the start of an assignment and the internal Practitioner will discuss the assignment details directly with each Practitioner. This information will include, but is not limited to scheduling, timesheet submittal, Client facility arrival instructions and to whom the Practitioner reports. This information will be kept on file at APN Staffing and Employment Solutions and the conversation duly recorded.

Clinical Supervision

APN Staffing and Employment Solutions' Healthcare Administrator provides Practitioner supervision. APN's Healthcare Administrator has an understanding of the scope of services provided by the healthcare professionals supervised. APN's Healthcare Administrator utilizes the appropriate practice acts, the professional licensing and certification boards and professional associations as clinical resources, as needed. It is the responsibility of APN's Healthcare Administrator to identify and report aberrant or illegal behavior to professional boards and law enforcement agencies.

Floating Policy

APN Staffing and Employment Solutions' Practitioners may only be placed in assignments that match the job description for which APN Staffing and Employment Solutions assigns them. If a Practitioner is asked to float to another department with the customer, the department must be a like department or unit and the float Practitioner must have demonstrated previous competency and have the appropriate certifications and/or credentials for that department/unit. Practitioners should only be floated to areas of comparable clinical diagnoses and acuties.

The following procedures should be followed for Practitioners when assigned to an area in which they do not feel competent:

- The healthcare provider will immediately notify APN Staffing and Employment Solutions,
- The APN Staffing and Employment Solutions' Practitioner is obligated to inform the hospital of his/her professional limitations based upon the State Boards and Professional Associations standards and upon APN Staffing and Employment Solutions' Client contract specifications as they relate to the assignment.
- APN's Healthcare Administrator will work within the bounds of each discipline's State Governing Body and Professional Association standards and the Client agreement to resolve the issue.
- APN Staffing and Employment Solutions will pay Practitioners for hours worked up until the end of his/her shift.

JOINT COMMISSION POLICY STATEMENT ON ADMINISTRATION

APN Staffing and Employment Solutions is committed to providing a higher standard of service and to the delivery of safe, quality patient care. APN Staffing and Employment Solutions complies with the Joint Commission's Standards for Healthcare Staffing Services. You can have confidence that, through the processes utilized by APN Staffing and Employment Solutions, health care professionals working in your organization have met the requirements established by the Joint Commission. To assure compliance with the Joint Commission Standards for healthcare staffing services, APN Staffing and Employment Solutions provides the contracted Client a written description of the following service features:

1. Competency Review

It is the responsibility of APN Staffing and Employment Solutions to conduct and finalize the pre-employment assessment of the health care professional's competency based on the techniques, procedures, technology and skills needed to provide care, treatment and services to the populations served by the Client upon completion of APN Staffing and Employment Solutions' orientation.

It shall be the responsibility of the Client to cooperate in a review or evaluation of each Assigned Practitioner, relative to the Practitioner's ability to perform specific job functions upon completion of Practitioner's assignment or shift. APN Staffing and Employment Solutions relies on the Client's feedback in order to accurately assess and re-assess the competency of the Assigned Practitioner on an ongoing basis based on the Client's report of clinical performance.

2. Subcontractors

APN Staffing and Employment Solutions will not engage subcontractors to provide assigned Practitioners, unless agreed to in advance by the Client. APN Staffing and Employment Solutions will conduct and finalize the pre-employment assessment regardless of subcontractor's assessment of assigned Practitioners.

3. Orientation of Clients

APN Staffing and Employment Solutions will provide all new Clients with an orientation to the company's policies and procedures. It shall be the responsibility of the Client to orient assigned Practitioners to the facility and its rules and regulations and to acquaint them with the facility's policies and procedures, including dress code, physical layout and equipment and to validate competency and ability of assigned Practitioner to properly use equipment.

4. Client and Independent Contractors

APN Staffing and Employment Solutions will be the agency/registry of assigned Practitioner to Client. At its sole discretion, APN Staffing and Employment Solutions reserves the right to utilize independent contractors

in addition to specifications of direct hires, to assist in the provision of all agreed upon healthcare staffing services.

5. Incident, Error, Tracking System

Upon notification of Incidents and or Errors, APN Staffing and Employment Solutions shall document and track all unexpected incidents, including errors, sentinel events and other events, such as injuries and safety hazards related to the care and services provided, utilizing its data gathering tools. Information gathered tracked and analyzed is to be shared and reported appropriately to Clients, regulatory bodies and the Joint Commission as required.

6. Communicating Occupational Safety Hazards/Events

It shall be the responsibility of the Client to notify APN Staffing and Employment Solutions within 24 hours of the event; any competency issues, incidents, and/or complaints related to the assigned Practitioner and/or APN staff member. Client agrees to initiate communication with APN Staffing and Employment Solutions whenever an incident/injury report related to the assigned Practitioner is completed

7. Requirements for Staff Specified

The requirements of Practitioners sent to the Client by APN Staffing and Employment Solutions are to be determined by the Client as part of the written agreement between the two parties. It is APN Staffing and Employment Solutions' obligation to comply with the requirements of the Client by supplying staff and/or independent contractors who have the documented competencies, certifications, health screening and experience to satisfy the requirements specified by the Client in order to deliver safe care to the population being served.

8. Staff Matching Requirements

APN Staffing and Employment Solutions shall verify the assigned Practitioner's licensure, certification, education and work experience to assure Practitioner is competent and possesses the skills and experience that match requirements for the assignment. Matching the assigned Practitioner's licensure, certification, education and work experience to assure Practitioner is competent and possesses the skills and experience matching the specified requirements of the assignment may include the use of new grad Practitioners upon the request or approval of the Client.

9. Reassignment

Assigned Practitioner may only be placed in assignments that match the job description for which APN Staffing and Employment Solutions assigns him or her. If an assigned Practitioner is asked or requests to be reassigned to another facility with the Client, the department must be a like department or unit, and the Practitioner must have demonstrated previous competency and have the appropriate certifications and credentials for that department/unit. Assigned Practitioners should only be resubmitted to areas of comparable clinical diagnoses and acuties as well as other suitably matched assignments of APN Staffing and Employment Solutions' various Clients.

10. Information

The APN Staffing and Employment Solutions office, located in Phoenix, Arizona is open Monday through Friday from the hours of 8:00AM - 5:00PM. Our local telephone number is (602) 788-5890. Outside of normal business hours and in the event of an emergency, please contact us at (602) 788-5890 and leave a voice message.

In the event of an emergency, pandemic, natural disaster or other uncontrollable event, APN Staffing and Employment Solutions will continue to provide service to you through our corporate network from a location where phones and computers are functional. APN Staffing and Employment Solutions will do everything possible to support you in meeting your needs during crisis situation(s). A copy of our Emergency Management Plan (APN Pandemic Influenza Response Continuation Plan) is available upon request.

Our goal is to always provide you with a consistent level of service. If for any reason you are dissatisfied with our service or the service provided by one of our healthcare professionals, we encourage you to contact the local manager to discuss the issue. APN Staffing and Employment Solutions has processes in place to resolve complaints in an effective and efficient manner. If the resolution does not meet your expectation, we encourage you to call the APN Staffing and Employment Solutions corporate office at (602) 788-5890. A corporate representative will work with you to resolve your concern. Any individual or organization that has a concern about the quality and safety of patient care delivered by APN Staffing and Employment Solutions' Practitioners, which has not been addressed by APN Staffing and Employment Solutions' management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at (630) 792-5636. APN Staffing and Employment Solutions demonstrates this commitment by taking no retaliatory or disciplinary action against Clients when they do report safety or quality of care concerns to the Joint Commission.

CODE OF BUSINESS ETHICS

The first element of the Code of Business Ethics is putting the interests of the Client facilities and ultimately the patient above our personal and individual interests. It is in the best interest of APN Staffing and Employment Solutions to avoid conflicts of interest between the Client, hospital, clinic, Practitioners and staff.

APN Staffing and Employment Solutions has developed corporate compliance guidelines to supplement and reinforce our Client facilities' existing policies and procedures. It is also meant to assist APN Staffing and Employment Solutions comply with all applicable laws, rules and regulations.

- All Practitioners are responsible for conducting their jobs in a manner reflecting standards of ethics that are consistent with accepted criteria for personal integrity.
- Preserving APN Staffing and Employment Solutions' reputation for integrity and professionalism is an important objective. The manner in which Practitioners carry out their responsibilities is as important as the results they achieve.
- All activities are to be conducted in compliance with both the letter of the law and spirit of the law, regulations, and judicial decrees.
- No Practitioner should, at any time take any action on behalf of APN Staffing and Employment Solutions which is known or should be known to violate any law or regulation.
- Information about healthcare provider's medical condition and history is required during the hiring process. APN Staffing and Employment Solutions recognizes this health information and electronic information must be held securely and in confidence. It is the policy of APN Staffing and Employment Solutions that clinical staffs' specific information is not to be released to anyone outside of APN Staffing and Employment Solutions without a court order, subpoena of applicable statute.
- Marketing materials, regardless of medium, shall accurately describe the services, facilities and resources of APN Staffing and Employment Solutions.
- To maintain high standards of performance, APN Staffing and Employment Solutions employs only those individuals it believes are most qualified without regard to race, color, religion, sex, age, national origin, handicap or disability in compliance with all federal and state laws regarding discrimination.
- APN Staffing and Employment Solutions is committed to maintaining a work place environment in which Practitioners are free from sexual harassment.
- APN Staffing and Employment Solutions will not tolerate violence or threats of violence in the workplace, including but not limited to abusive language, threats, intimidation, inappropriate gestures and/or physical fighting by any Practitioner. These actions are strictly prohibited and may lead to severe disciplinary action up to and including termination.
- APN Staffing and Employment Solutions recognizes that its Practitioners and clinical staff are its most valuable assets and is committed to protecting their safety and welfare. Practitioners are required to report accidents and unsafe practices or conditions to their supervisors or other management staff. Timely action will be taken to correct unsafe conditions.
- Practitioners that are licensed or certified in any profession shall follow all applicable rules and professional codes of conduct pertaining to that profession, in addition to the rules stated herein.

- APN Staffing and Employment Solutions prohibits the use or possession of illegal drugs and alcohol abuse on APN Staffing and Employment Solutions property or while engaged in company activity.
- APN Staffing and Employment Solutions is committed to providing initial and ongoing education for all Practitioners regarding their responsibilities to uphold the code of business ethics and this set of APN Staffing and Employment Solutions' Compliance guidelines.
- APN Staffing and Employment Solutions prohibits internal staff to discuss bill rates of Clients or special rates of APN Staffing and Employment Solutions with other healthcare Practitioners.
- APN Staffing and Employment Solutions prohibits its Practitioners from discussing the personal or business affairs of any staff member or contractor (field or office staff) with any individual not directly involved with the said personal or business affair.
- APN Staffing and Employment Solutions is committed to protecting the privacy, confidentiality and security of personal (education, employment and health) information of its Practitioners. This policy is designed to assure compliance with applicable state and federal laws and regulations.
- APN Staffing and Employment Solutions is committed to protecting its own and its Client's trade secrets, proprietary information and other internal information.
- It is the desire of APN Staffing and Employment Solutions to provide authorized third parties with information whenever requested, while committing to our responsibility to control the release of information to protect the privacy and confidentiality of the Practitioner and/or corporate information.
- Practitioners are not authorized to issue any statement, written or oral, to any news media representative or grant any public interview pertaining to the company's operations or financial matters.

Any Practitioner that becomes aware of any ethical issues or unethical practices must immediately report them to their supervisor. If the supervisor is unavailable or Practitioner believes it would be inappropriate to contact that person, because of their involvement in the situation, Practitioner should immediately contact the APN Staffing and Employment Solutions' Corporate Office or any other member of APN's management. Any Practitioner can raise concerns and make reports without fear of reprisal or retaliation.

All reports and inquiries are handled confidentially to the greatest extent possible under the circumstances. Practitioners may choose to remain anonymous, although in some cases that can make it more difficult to follow up and ensure resolution to the situation.

APN Staffing and Employment Solutions wants every Practitioner to report violations of our ethical or other principles whenever they see them or learn about them. In fact, it is a requirement of each Practitioner's employment. If Practitioners do not know whether something is a problem, they should ask a member of APN's management.

STANDARDS OF CONDUCT

It is the responsibility of every member of APN Staffing and Employment Solutions' clinical field staff to exercise appropriate judgment, and conduct themselves in a manner that reflects the highest standards of professional and personal ethics and behavior.

APN STAFFING & EMPLOYMENT SOLUTIONS' PRACTITIONER RESPONSIBILITIES

APN Staffing and Employment Solutions' Practitioner is and shall be duly licensed and/or credentialed to practice his/her profession in any State where APN Staffing and Employment Solutions' Practitioner is assigned and shall maintain current professional standing at all times. Evidence of such licensing and/or credentialing shall be submitted to APN Staffing and Employment Solutions prior to commencing the Assignment. APN Staffing and Employment Solutions' Practitioner agrees to give immediate notice to APN Staffing and Employment Solutions in the case of suspension or revocation of his/her license and/or credential, initiation of any proceeding that could result in suspension or revocation of such licensing or credentialing, or upon the receipt of any notice or any other matter which may challenge or threaten such licensing or credentialing.

APN Staffing and Employment Solutions' Practitioner agrees to submit to APN Staffing and Employment Solutions, before commencing any Assignment, all requested documentation that is necessary to comply with Joint Commission, Client and APN Staffing and Employment Solutions' expectations 10 days prior to Assignment start date in Assignment Detail.

APN Staffing and Employment Solutions' Practitioner agrees to and shall observe and comply with the applicable policies, procedures, rules and regulations established by Client.

APN Staffing and Employment Solutions' Practitioner agrees to work all scheduled shifts as directed by Client (including weekends and holidays).

APN Staffing and Employment Solutions' Practitioner agrees to adhere fully with all quality assurance, peer review, risk management program or other programs that may be established by Client to promote appropriate professional standards of medical care. APN Staffing and Employment Solutions' Practitioner agrees to accept both clinical and operational supervision from his/her immediate supervisor.

APN Staffing and Employment Solutions' Practitioner agrees that patient records and charts shall at all times remain the property of the Client. APN Staffing and Employment Solutions' Practitioner agrees to maintain the confidentiality of all information related to patient records, charges, expenses, quality assurance, risk management or other programs derived from, through, or provided by Clients and all information related to this Agreement.

APN Staffing and Employment Solutions' Practitioner agrees to immediately provide written notice to APN Staffing and Employment Solutions as to any legal proceeding instituted or threatened, or any claim or demand, made against APN Staffing and Employment Solutions' Practitioner or APN Staffing and Employment Solutions with respect to APN Staffing and Employment Solutions' Practitioner's rendering of services under this Agreement.

APN Staffing and Employment Solutions' Practitioner agrees to notify Client and APN Staffing and Employment Solutions of any unscheduled absence at least two (2) hours prior to the beginning of a shift.

Any injury or illnesses suffered by APN Staffing and Employment Solutions' Practitioner must be reported to an APN Staffing and Employment Solutions' representative within 24 hours of the incident. If injury occurs while working, notify your supervisor immediately, and if applicable, seek appropriate medical attention and follow the Client's specific injury procedures.

Practitioner agrees not to disclose any APN Staffing and Employment Solutions trade secrets or any confidential or proprietary information of APN Staffing and Employment Solutions, APN Staffing and Employment Solutions' Practitioners, Clients, or patients of Clients.

Practitioner agrees to refer Client facility to APN Staffing and Employment Solutions for any future arrangements for temporary or permanent coverage that may be requested of Practitioner by Client facility, including without limitation any hospital, clinic, office, organization, individual, or group directly or indirectly owned by, operated by, or affiliated with Client facility for a period of two (2) years from the last day of service.

APN Staffing and Employment Solutions' Practitioner further agrees not to compete either as a direct competitor or with a competing company at the Client assignment where APN Staffing and Employment Solutions' Practitioner has been placed by APN Staffing and Employment Solutions for a term of six (6) months after APN Staffing and Employment Solutions' Practitioner's final day of work at Client. This clause does not apply to Federal Government contracts.

APN STAFFING AND EMPLOYMENT SOLUTIONS' PRACTITIONER TERMINATION POLICY

Do Not Send (DNS) Policy

The following point system is used to determine termination of employment between Practitioner and APN Staffing and Employment Solutions as a result of unsatisfactory Practitioner services, referred to as **Do Not Send**. The contract Practitioner will be notified and counseled if a **Do Not Send** is documented. A Practitioner who receives **5** points will be considered for termination of contract with APN Staffing and Employment Solutions. Any Practitioner involved in illegal activity will result in contract being terminated immediately.

1 Point

- Unprofessional communication / lack of professionalism (Client or Patient)

2 Points

- Clinical incompetence – poor clinical performance
- Poor time management
- Medication Error
- Documentation Deficiencies/Facility Reported Charting Error

3 Points

- Danger to patient.
- No call-No show.
- Departing facility before end of shift without prior approval from facility.

5 Points

- Illegal Behavior (includes false identity; falsified documentation, use of or distribution of controlled substances, etc.)
- Error resulting in patient death or permanent physical or mental damage
- Inappropriate contact with children or adults
- Self-terminating assignment without proper notice to facility or APN Staffing and Employment Solutions

Other Points

If any of the following are found to be no longer acceptable once a Practitioner has begun working, an assessment of the severity of the situation will be made by APN Staffing and Employment Solutions Healthcare Administrator and Do Not Send Points will be applied accordingly.

- Background Check, AMA, or other report is found to have previously undisclosed negative information.
- Job Appropriate Credentials are found to have lapsed. APN Staffing and Employment Solutions will routinely notify the Practitioner that credentials are set to expire with the intent of reminding them to prevent lapse in licensure or credentialing. If a Practitioner fails to keep current all necessary licensure or other requirements, he or she will be immediately removed from their current assignment (as they will no longer be qualified) and if possible, once licensure or credentialing is brought up to date, returned to the position.

GENERAL STANDARDS

The following set of standards, are to inform and guide all staff assigned to work in clinical settings, such as hospitals, clinic units and home healthcare. The guidelines below include, but are not limited to, the following:

- Practitioners are to render care in a manner that enhances the personal dignity and rights of each patient. Any form of patient abuse and/or neglect will not be tolerated and Practitioners are to support APN Staffing and Employment Solutions’ policies and procedures in this regard.
- Interactions with all patients, visitors, Practitioners, physicians, vendors, etc., must be conducted in a courteous and professional manner at all times ensuring that APN Staffing and Employment Solutions is always presented in the most favorable light.
- The practice of counseling of the patient regarding personal problems and / or participation of the APN Staffing and Employment Solutions’ Practitioner in conversations with patients about topics not relevant to the plan of care--is discouraged and unacceptable.
- Patients are to be dealt with equally and fairly and the selection of "favorites" is not acceptable.

- Appropriate language is to be used at all times when an APN Staffing and Employment Solutions' Practitioner is at an APN Staffing and Employment Solutions' Client facility, and in any patient care area private and / or public. Abusive, profane, threatening, demeaning, language resulting in a violation of HIPPA regulations or compromising patient confidentiality can result in immediate termination.
- Touching patients, except in the direct delivery of care or by a greeting, is prohibited.
- Socializing with patients and/or patient's significant others outside of the facility is unacceptable.
- Socializing with patient's and/or patients' significant others after discharge from the facility or healthcare setting is prohibited. Staff are not to call, date, nor develop personal or social relationships with patients, former patients, or family/significant others of patients, including giving of personal information or residential phone numbers. Staff should discuss with their manager, any matter of concern regarding their contacts with current or former patient/family members of patient's significant others.
- All staff will uphold all rules and regulations related to patient confidentiality in all areas including patient care, public and non-patient care areas. These rules and regulations include, but are not limited to the following:
 - Patient care providers are not to divulge to anyone any information or records concerning any patient without proper authorization. Unauthorized release of confidential information may constitute ground for termination and/or civil action.
 - Conversations regarding patients are not to be held in the presence of other patients or any other person not privileged to this communication.
 - Problems of a patient are not to be discussed with another patient.
 - Patients are not to be named or discussed with anyone in or outside of the facility who does not have the legal right to receive information about the patient.
- Personal problems, concerns or personal life information of Practitioners are not to be discussed with any patient, patient group or family/significant others.
- Staff is not to discuss disagreements or criticize other Practitioners or physicians within earshot of patients/families/significant others. A professional difference of opinion must be discussed in an appropriate, private space.
- Behavior in patient areas and at the Practitioners' station shall be oriented toward patient care. Personal reading and conversations, including personal phone calls, are not to be conducted in these areas.
- Practitioners must avoid any situation, which involves a possible conflict between their personal interests and those of APN Staffing and Employment Solutions. Staff shall not solicit, and are encouraged not to accept gifts or compensation of any kind from any individual.
- Any inappropriate interactions between patients and staff, staff and staff, or staff and others within the Client's facility will be met with investigation and quick response within the framework of APN Staffing and Employment Solutions' policy and procedure.
- Practitioners who are licensed or certified in any profession shall follow all applicable rules or professional codes of conduct pertaining to that profession, in addition to the rules stated herein.
- All APN Staffing and Employment Solutions' Practitioners will be expected to maintain English proficiency standards and use English exclusively during all paid working hours.
- APN Staffing and Employment Solutions' name badge must be worn at all times while on assignment, above the waist with Practitioner's picture, name and title fully visible.
- While at the Client's facility, all Practitioners must follow the following basic rules:
 - Eating and drinking are to follow Client's protocols.
 - Sleeping is not permitted during paid working hours.
 - Personal phone calls on the unit during work time are prohibited, except in emergency situations
 - Assigned duties must be carried out in a timely, efficient manner as directed or delegated.
 - When entering and exiting a patient's room, APN Staffing and Employment Solutions' Practitioners will adhere to Client facility's protocols.

DRESS CODE/FINGERNAIL POLICY

APN's Practitioners will adhere to Client's dress code policy. Absent a Client dress code policy, Practitioner must adhere to APN's dress code policy that follows at all times, while on the Client's premises. The APN Staffing and Employment Solutions' dress code includes, but is not limited to, the following:

- Clothing must be clean, neat, and allow for quick, efficient movement as necessary in the performance of job duties, including emergencies. Professional healthcare attire is acceptable.
- Unacceptable attire includes but is not limited to:
 - Bare midriffs
 - Low cut, tank, tube or sleeveless tops
 - Transparent, provocative, excessively form fitting or revealing clothing
 - Mini skirts
 - Sweat (warm-up) shirts or pants
 - Clothing with printed messages, caricatures or pictorial representations (e.g., university logos, beverage cans, and cartoon characters) applications that have the potential of falling off (e.g. sequins, glitter) shorts. Note: Exception business attire that is identified by small logo (e.g. Polo insignia).
 - Denim jeans (any color).
 - Spandex tights or leggings.
 - Fishnet stockings.
 - Hats (other than nursing caps).

Note: Exceptions to these rules may be made with the written approval of the manager when the job expectations demand different attire.

- Jewelry is to be kept at a minimum and be in keeping with the general safety and infection control practices for the Practitioner and the patient. Long dangling earrings, large or excessive necklaces and/or bracelets and sharp rings are not acceptable.
- Fingernails must be kept short, clean and natural; no artificial applications are to be worn.
- Hair must be neat and well groomed.
- Shoes must be clean, in good repair, provide good support and protection and allow for quick and efficient movement as necessary in the performance of job duties, including emergencies. Heels should not be more than two-and-a-half inches high. Open-toed and open-back shoes are not permitted. Socks or stockings must be worn at all times.

SUBSTANCE ABUSE: DRUGS IN THE WORKPLACE

APN Staffing and Employment Solutions believes that maintaining a workplace that is free from the effects of drug and alcohol abuse is the responsibility of all persons involved in our business, including APN Staffing and Employment Solutions' Practitioners and Clients.

The use, possession, sale or transfer of illegal drugs or alcohol on company property, in company vehicles, or while engaged in company activity is strictly forbidden. Also, being under the influence of drugs or alcohol, while on company property, in company vehicles, or while engaged in company activities is strictly forbidden. A violation of this policy will result in disciplinary action up to and including termination. Depending upon the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any violator of this policy. In accordance with the Drug-Free Work-Place Act of 1989, as a condition of employment, Practitioners must comply with this policy and notify management within five (5) days of conviction for any use of, or distribution of a controlled substance. Failure to do so will result in immediate termination of employment pending the outcome of any legal investigation and conviction.

For the protection of our Practitioners, the public and to ensure an environment as free from the influence of illegal drugs as is reasonably and practically possible, the company requires a pre-employment drug screen, annual drug employment screen and reserves the option to conduct a “for cause” drug screen for the presence of illegal drugs under certain conditions. Consent to the testing program will be a condition of further employment of each and every Practitioner. If any director, manager, supervisor or other company officer or Client representative has any suspicion that a Practitioner under his or her supervision may be affected by or under the influence of illegal drugs, the Practitioner under suspicion will be asked to undergo a laboratory test to determine the presence of illegal drugs. Refusal to take the test will subject the Practitioner to immediate termination. Additionally, consistent with the law, drug and alcohol screening tests will be given after accidents

or near misses, or upon reasonable suspicion of alcohol or drug use, when a Client requires pre-assignment testing, or upon any other circumstances which warrant a test.

SEXUAL AND OTHER UNLAWFUL HARRASSMENT

APN Staffing and Employment Solutions is committed to providing a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation, or any other legally protected characteristic will not be tolerated.

Sexual Harassment is defined as unwanted sexual advances, or visual, verbal, or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser. The following is a partial list of sexual harassment examples.

- Unwanted sexual advances—verbal and/or non-verbal.
- Offering employment benefits in exchange for sexual favors.
- Making or threatening reprisals after a negative response to sexual advances.
- Visual conduct that includes leering, making sexual gestures, or displaying of sexually suggestive objects or pictures, cartoons or posters.
- Verbal conduct that includes making or using derogatory comments, epithets, slurs, or jokes.
- Verbal sexual advances or propositions.
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, e-mails or invitations.
- Physical conduct that includes touching, assaulting, impeding or blocking movements.

Unwelcome sexual advances (either verbal or physical), requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly as term or condition of employment.
- Submission or rejection of the conduct is used as a basis for making employment decisions.
- The conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment.

Upon experiencing or witnessing sexual or other unlawful harassment in the workplace, report it immediately to your supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person, you should immediately contact the APN Staffing and Employment Solutions' Corporate Office or any other member of management. You can raise concerns and make reports without fear of reprisal or retaliation.

All allegations of sexual harassment will be quickly and discreetly investigated. To the greatest extent possible, the alleged victim's confidentiality, that of any witnesses, and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, the alleged victim will be informed of the outcome of the investigation.

Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment must immediately advise the President or any member of management so the allegation can be investigated in a timely and confidential manner. Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.

CUSTOMER SERVICE

It is important for all APN Staffing and Employment Solutions' Practitioners to promote our culture of service excellence while on assignment at a Client facility. Every time you interact with a customer and patient, you are representing APN Staffing and Employment Solutions.

Behaviors of Exceptional Customer Service:

1. Take pride and joy in creating a positive experience.
2. Smile and be friendly.
 - a. Make eye contact.
 - b. Give a genuine warm greeting, using the patient/customer's name, when possible.
 - c. Be positive, talk positively.
 - d. Respect patients and co-workers.
 - e. Take ownership: you are responsible for safety, cleanliness and confidentiality
 - f. Standards of Service Excellence
3. Use L.E.A.P: if you receive a patient complaint, OWN IT!
 - a. L- Listen
 - b. E- Empathize
 - c. A- Ask questions
 - d. P- Produce a solution
4. Customer perceptions are reality: Deliver service the customer wants (not what you think they want)
5. Provide SMART feedback to team members. Everyone wants feedback. Build positive relationships with coworkers by recognizing their strengths, successes and weaknesses. Be:
 - a. S- Sensitive
 - b. M- Meaningful
 - c. A- Accurate
 - d. R- Reinforcing
 - e. T- Timely

Telephone Courtesy

Telephone courtesy guidelines include, but are not limited to:

- Answering the telephone, preferably by the third ring.
- Allow your voice to reflect courtesy and a smile. What and how you say what you say makes a difference.
- Identify yourself by giving your department and name.
- Identify the caller and find out what they are requesting.
- When leaving the line, before placing the caller on hold, ask the caller if he/she can hold the line and wait for the caller's response.
- When returning to the line, thank the caller for waiting
- When transferring a call, let the caller know that you are transferring the call and why. Also, identify the extension to which you are transferring, in case the caller is inadvertently disconnected.
- When you transfer the call to another person, inform them that they have a call and who is calling.
- Try not to leave the caller holding for more than thirty (30) seconds. If you have to handle several calls at the same time or are unable to find the requested information or person quickly, ask if the caller would prefer to wait or to be called back.
- If the person receiving the call is not available, advise the caller of this and offer the options of speaking with someone else or leaving a message.
- After taking a message, repeat the message to the caller to confirm that you have taken it down correctly and thank the caller.
- Practitioners are to seek guidance from their manager when there are questions, concerns or problems with these rules or any other part of their employment.
- Any violations of the Code of Conduct will be investigated and may result in Disciplinary action up to and including termination, per APN Staffing and Employment Solutions' Policy and Procedures.

PHYSICAL ASSAULT/WORKPLACE VIOLENCE

APN Staffing and Employment Solutions is committed to providing a safe and secure workplace and an environment free from physical violence, threats and intimidation. Practitioners are expected to report to work to perform their jobs in a nonviolent manner. Conduct and behaviors of physical violence, threats or intimidation by a Practitioner may result in disciplinary action up to and including discharge and/or other appropriate action.

APN Staffing and Employment Solutions will not permit employment-based retaliation against anyone who, in good faith, brings a complaint of workplace violence or who speaks as a witness in the investigation of a complaint of workplace violence.

Definitions

Workplace violence is any physical assault, threatening behavior or verbally abusive remark that is made in the workplace and/or effect the workplace behavior of a Practitioner, which includes but is not limited to:

1. Verbal Abuse: Any verbal expression issued with the intent of creating fear or intimidation in another individual, or group of individuals, or verbal remarks or comments expressed in a loud, harsh or threatening tone of voice or in a joking manner within the workplace.
2. Physical Abuse: Any intentional movement of the body, which may include touching, gestures, pushing, striking, stalking or any unwanted intrusion of “reasonable space” of a Practitioner. Any intentional use of any object toward an individual.
3. Creating a Hostile Work Environment: Any intentional nonphysical action that can be considered intimidating, or harassing with the intent of creating an environment that has the purpose or effect of unreasonably interfering with an individual’s performance or where behaviors create a threatening environment.

Responsibilities

1. Management: will foster an environment that is safe and free from workplace violence and will take action immediately to reduce the effects of workplace violence and/or verbal or physical abuse.
2. Practitioner: Practitioners will conduct themselves in such a way to reduce the possibility of any conflicts or acts that would create a violent, abusive or unsafe workplace environment for themselves or others. Practitioners will notify management of workplace violence incidents, which have occurred on or off-site that have the potential of impacting the work environment. Practitioners will remove him/herself from any situation that may result in workplace violence. This means that if confronted with a potential situation involving workplace violence, a Practitioner must make a serious attempt to retreat from the situation and report to management.

SAFETY MANAGEMENT

SAFETY FIRST POLICY

APN puts Safety first. Below is the order of priority to follow:

1. Employee’s (your own) Safety
2. Team’s Safety
3. Patient’s Safety

LIFE SAFETY (FIRE) MANAGEMENT

GENERAL RULES

When fire strikes, the actions taken during the first few minutes make the difference between containment and catastrophe. It is with the training of personnel that proper action can be taken during these very important first few minutes and avert disaster.

Important locations you need to know:

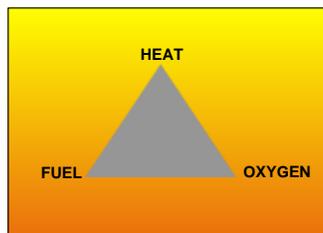
- Fire extinguisher in your department
- Closest fire-alarm pull
- Evacuation route
- Fire doors and walls
- Next safe fire zone (smoke compartments)

Important facility conditions to maintain:

- Keep emergency exits, firefighting equipment and fire-alarm pull stations clear at all times
- Never put door wedges under doors that prevent doors from closing.
- Keep doors closed unless they are controlled by an electromagnetic system.
- Keep all corridors and exits clear of all unnecessary traffic and/or obstruction.
- Keep telephone lines clear for fire control.

Creation of fire

A fire requires that the following three elements (known as the fire triangle) are present at the same time to burn:



If the sides of the triangle are not allowed to meet – if the triangle does not form, there will be no fire.

In the event of a fire, follow the below action plan:

- R** Rescue- remove everyone in immediate danger from the fire area.
- A** Alarm- Pull the nearest FIRE ALARM box and alert PBX to announce a Code Red.
- C** Contain- Close the door and isolate the fire.
- E** Extinguish/evacuate- With proper extinguisher, fight fire without endangering yourself.

When using a fire extinguisher, follow the below action plan:

- P** Pull- Pull out the safety pin.
- A** Aim- Aim the nozzle at the base of the fire, standing about 10 feet away from the fire.
- S** Squeeze- Squeeze the handle.
- S** Sweep- Sweep the nozzle from side to side.

ENVIRONMENTAL SAFETY

In every facility, it is important to follow security procedures. By taking simple security precautions, you can help to:

- Protect personal, patient, and institutional property.
- Maintain a safe environment.

Personal Property

There are a number of security precautions that you can take at your facility to help protect your own personal property:

1. Lock car doors.
2. Secure all valuables.
3. Keep purses and wallets in a locked area or locker.

Patient Property

Patients should be encouraged to leave their valuables at home. If patients choose to bring their valuables into the facility with them, you can help to keep them safe by:

1. Securing patient valuables.
2. Educating patients about security.

Follow your facility policy for securing patient valuables. For example, valuables may be placed in the facility safe according to policy. You can educate patients by explaining the visitor policy, including who can visit, visiting hours, and any restrictions. You should also explain how patients can identify staff.

Institutional Property

There are also things you can do to protect institutional property:

1. Keep restricted areas locked.
2. Report missing or damaged equipment.

“Security-sensitive” Areas

Some areas in your facility may be restricted or "security-sensitive." This means that only people who need to be in these areas should be there.

Security-sensitive areas may include the following:

- Pharmacy
- Operating rooms
- Obstetrics (especially the Practitionersry)
- Pediatrics
- Medical Information Systems
- Medical Records
- Billing.

If you work in a security-sensitive area, follow facility policies and procedures to keep them secure. Procedures that should be followed all the time, especially in security-sensitive areas may include:

1. Wearing your ID badge
2. Keeping doors locked
3. Reporting missing or damaged equipment.

You should wear your ID badge according to facility policy. If you lose your badge, you should report it and have it replaced immediately. It is important for you to be properly identified. It is also important to insure no one else uses your badge.

In addition to wearing your own ID badge, you should be suspicious of people who are not wearing proper identification. Remember, wearing a lab coat or scrubs does not mean someone is a Practitioner.

You should also be sure to keep doors to security-sensitive areas locked. Do not prop doors open that are supposed to be secure. If you do see someone acting suspiciously, report it to your security personnel.

There are good reasons that some areas need to be secure. For example, the pharmacy must restrict access to drugs. In Obstetrics (particularly the Practitionersry), it is important to guard against infant abduction. Medical Records contain sensitive personal information. By following procedures, you can help keep these areas secure.

In addition to protecting personal, patient, and institutional property, it is important to ensure your personal safety. Take the following simple precautions:

1. Do not walk alone to your car at night.
2. Park in well-lit areas.
3. Do not keep valuables in your car.
4. Report any potential security hazards.
5. For your own safety, do not walk alone to your car at night or any time you feel uncomfortable. Follow your facility procedure to get an escort. Park in well-lit areas and do not keep valuables in your car, especially in plain sight. If you do have valuables in your car, lock them in the trunk.
6. Report anything that you feel might be a security hazard. This includes such things as burned-out lights in a stairwell or garage. If you feel someone is acting suspiciously, notify security personnel immediately.

Some areas in your facility are "security-sensitive areas." These are areas with limited or restricted access. Security-sensitive areas may include the following:

- Pediatrics and Obstetrics (especially the Practitioners), because of the risk of infant or child abduction.
- Pharmacy, because of access to drugs.
- Medical Information Systems and Medical Records, because of access to confidential information.
- Billing.
- Your facility may have policies restricting access to these areas. There may also be security devices, such as alarms and video cameras. Restricted access to security areas applies to everyone, even staff. Only people who need to be in a restricted area should be there.

EMERGENCY PREPAREDNESS/DISASTER SAFETY

Emergencies or disasters can be classified as either "internal" or "external."

An internal emergency is one that directly involves the facility and is a threat to the staff and patients, such as an in-house fire, a toxic chemical spill, or a natural disaster such as a tornado, earthquake, or hurricane that causes damage to the facility.

An external emergency is one that occurs outside of the facility and does not directly threaten the staff, patients and others inside the building(s). The indirect effect on the facility is the possibility of large numbers of casualties arriving for treatment. External disasters include such things as:

- Accidents involving buses, trains, airplanes or multiple vehicles.
- Explosions.
- Chemical spills.
- Large fires.
- Violent incidents involving a large group of people.
- Natural disasters occurring outside the facility such as tornadoes or floods.

All organizations must have an emergency management plan or disaster plan so that patient care can continue if a disaster occurs.

Hospital disaster/emergency management plans must:

- Address both external and internal disasters
- Include general activities that will occur no matter what the emergency situation
- Allow specific responses to the types of disasters the facility might face
- Include a plan for evacuation of the facility if all or part of the facility is damaged or non-functional.

When there is an emergency situation that could affect many workers, a facility's facility-wide notification system will be activated to let you know what is going on and the location. The notification will direct you to take action according to the type of emergency.

EVACUATION

Hospital and Clinic evacuation is an entirely different process than is recommended for schools and factories. Leaving the facility is the very last resort, while in other establishments the objective is to clear the building as quickly as possible.

Familiarity with several types of evacuation is a necessity in any hospital, clinic or other medical care location. There are four types of evacuation. Each may be a separate and complete operation, or all four may have to be used in successive stages, if circumstances so require.

1. **Partial Evacuation:** This is removing one or more patients from a dangerous room or ward. When the patients are removed, an attempt must be made to subdue the situation (e.g., subdue the fire with the extinguisher and hose line. If this is impossible, the door must be closed and the threshold sealed with a wet towel or blanket. If the fire continues to grow, then the next step is for the fire department to proceed with horizontal or vertical evacuation.).
2. **Horizontal Evacuation:** This type of evacuation takes place when an emergency (e.g., fire or heavy smoke) in a single room or ward threatens to spread to the adjoining area. All patients should be moved laterally by bed, cart, wheelchair, gurney, blanket or other conveyance to the nearest and safest protected area. Patients in immediate danger should be moved first, including those who might be separated from safety (e.g., if the fire enters the corridor). Next to move (and contrary to some opinion) should be the ambulatory patient. Panic is never caused by helpless people. Those who are ambulatory should be pre-instructed to line up outside their rooms, form a chain by holding hands and follow a lead person into the safe area. The rooms should be checked for stragglers and all windows and doors closed. When horizontal evacuation is ordered, the personnel in the receiving area should assist in the removal of the patients, if needed.
3. **Vertical Evacuation:** This is the downward movement of patients to a safe area. This may be one or two floors below, or it may be down and out of the building. If the movement is out of the building, it should be an area far enough from the building to be safe and also to be out of the way of the fire department and/or other emergency personnel. In most cases, this movement will be preceded by a horizontal movement to a safe stairwell. The priority for movement is the same for a horizontal movement.
4. **Total Evacuation:** This means vacating all floors to a place of safety. Cause would be possible conflagration or an enemy air attack warning, or dense smoke and fumes. A place of safety might mean the basement, or even leaving the building, or even leaving the city. It would be necessary to use all stairways and safe elevators. It would require the help of everyone available. This action must be undertaken floor by floor with enough trained help above and below to keep traffic moving quickly and properly by stair and elevator.

Untrained or unassigned personnel would report to the manpower pool under the direction of assigned personnel. Remember more good work can be accomplished, and less panic created, by the work of two dozen competent people than by 300 anxious, but untrained volunteers.

There should be carrying teams to get patients downstairs and to fire escapes. People should be organized as loaders, movers and carriers. Organizing work around these three positions results in a much more orderly evacuation than for a single team to tackle all three phases.

EMERGENCY REMOVAL

In a facility fire, the first duty of the personnel is to remove the patient(s) who are in immediate danger. This may require moving one person or many. If eight out of twenty-five are helpless as acknowledged, then it seems sensible to assume that the proper time to learn removal techniques would be before rather than during the fire.

Three considerations may be dominant factors in emergency patient handling:

1. The nature of the emergency.
2. The weight and condition of the patient.
3. The strength and adaptability of the rescuer.

Of all the possible equipment for evacuation, the BLANKET is more important than any other. It can be used to smother a fire, drag a patient from the room, made into a stretcher with or without poles, used for carrying in halls, on stairs, or fire escapes. Eight or ten infants can be carried easily and safely in a blanket.

There should be no uncertainty in bed fires. **GET THE PATIENT ON THE FLOOR.**

In an oxygen fed fire: **SHUT OFF THE OXYGEN, THEN GET THE PATIENT ON THE FLOOR.**

In both situations, if you throw a blanket on the floor, you can use it to smother the fire or as a drag. The fear of handling people who are on fire is undeserved. Bodies do not burn, they cook. So, really all you have to contend with is the night clothing and the patient's hair, once you remove the patient from the bed.

Personnel working in orthopedics should carry a small, sharp pocketknife. Do not depend on the pair of scissors in the desk; someone else may need them, too. Remove the small pair of scissors in your pocket, because they may severely injure you or the patient you are moving. If there is any question of responsibility in removing someone from traction, just remember that there is always a chance of recovering from an aggravated fracture, but never from cremation or asphyxiation.

In case of fire, do not be surprised to find the patient on the floor. He/she will get out of the bed if he/she can. If the patient is supposed to be in the room and you cannot see or feel him, look under the bed, or in the closets or elsewhere.

EARTHQUAKE/DISASTER PREPAREDNESS

1. Attempt to familiarize yourself with the facility/unit earthquake preparedness plan. You can reduce injuries to co-workers and patients and lessen the possibility of panic after the disaster has occurred by planning for all eventualities.
2. At least 2 persons in each unit or on each floor should assume leadership roles after the disaster has occurred. It is the facility's responsibility to be sure personnel are properly trained.
3. Understand how to protect yourself (and patients if possible) during an earthquake: Get under a desk or table or stand in a doorway away from the glass. Do not leave the building during the quake.
4. Attempt to locate and have available for immediate use, the telephone numbers and alternative means of communication with public safety agencies. When given the chance, participate in drills to take advantage of the opportunity to prepare for possible disasters.

5. In medication rooms, patient rooms, clean and dirty utility rooms, be aware of high or top-heavy shelves, cabinets, machinery or any other equipment that could fall during a tremor. Heavy objects should not be stored on top shelves, but should be stored in lower places.
6. Be aware of possible necessity to shut off lights, gas and water.
7. Attempt to locate several alternate routes of evacuation in the various parts of the unit and or facility, should you need to leave your work area because it is unsafe.
8. Consider the possibility that you may not be able to leave the premises and attempt to locate supplies on hand that may be needed.
9. Provide assistance for physically compromised patients and co-workers who are unable to leave the building without the aid of another person.
10. Attempt to locate areas of the facility that may be suitable as shelter areas should Practitioners and patients be required to stay there after the disaster.
11. Be sure the fire extinguishers are kept in good working order and that you know how to use them.
12. If your building is windowless, consider alternative means of ventilation and lighting if the power is off.
13. Attempt to locate contingency plans for continued operation of the hospital based on total and/or partial shut downs due to building/utility/communication/transportation failures. Try to identify key personnel, communication systems, utilities and other support needs for 24 hours, 72 hours, one week and one month, if available.
14. Organize Interdisciplinary Team and patients for whom they are responsible and determine what steps are to be taken in accordance with the hospital's earthquake plans.
15. Immediately check for injuries among fellow workers and render first aid as needed. Seriously injured persons should not be moved, unless they are in danger of further injury. Be sure your entire area is checked for injured.
16. In the event of fatalities, cover bodies and notify the coroner. They should not be moved.
17. Check for fires and fire hazards, especially for gas leaks and damaged electrical wiring.
18. See that these gas lines are turned off at main vales and switches if required.
19. Check for building damage and move patients to safe areas.
20. Do not use elevators or run into the street.
21. Flashlights should be used if power is off, since sparks from a match or light switch could ignite leaking gas. Locate appropriate battery supplies.
22. Immediately clean up dangerous materials that may have spilled.
23. Limit use of "land lines" and mobile telephones for outside calls, except in genuine emergencies. Use battery-powered radios for damage reports and information from public safety agencies. Locate appropriate battery supplies.
24. Check closets and storage areas very carefully, watching for falling objects.
25. After a major earthquake, prepare for aftershocks which will be occurring and may cause more damage.

25. Check that all telephones are correctly “on hook,” so the system does not indicate “busy” to incoming or internal calls.

ELECTRICAL SAFETY

Much of the work to support patient care depends on electrical devices. A few basic reminders will help you to maintain a safe work place.

- All outlets are “grounded” outlets, accepting three-prong plugs. Never try to introduce another kind of plug into the outlets.
- Water and electricity a bad mix. Never try to plug something in, or run an appliance, if water is in the area. Clean up the water first. Electricity passes easily through water and can cause serious harm to you and others around.
- If you notice an electrical hazard, contact your supervisor immediately.

CHEMICAL SAFETY/HAZARDOUS COMMUNICATIONS

A variety of chemicals are used to support patient care, including things as simple as cleaning agents or complicated medications such as chemotherapy drugs. It is your legally protected right to know about these chemicals.

Understanding the Material Safety Data Sheet (MSDS)

The Hazard Communication Standard is also known as the Workers’ Right-to-Know standard. You have the right to know about the chemical hazards in your workplace. The MSDS and manufacturer’s product label(s) are a fast and easy way to obtain information about how to work safely with a specific product.

A hazardous substance is one, which causes physical or related health hazards, may be found in The Emergency Response Guidebook that adheres to the Emergency Planning and Community Right-to-Know Act of 1986.

Information within the MSDS

1. Identification of product: You will find the product name, manufacturer’s name, address, telephone and emergency number.
2. Hazardous ingredients: Lists of all the ingredients in the product.
3. Physical data: Provides information on how to work with the chemical and describes the physical characteristics.
4. Fire and Explosion Hazard data: Specifies if the material may present a fire or explosive hazard and under what conditions the hazard exists.
5. Health hazard data: Identifies the symptoms related to overexposure (nausea, vomiting, and dizziness).
6. Reactivity Data: Describes what materials will react with the chemical you’re using.
7. Spill/leak procedures: Addresses how to respond to an accident spill or leak.
8. Control measures and special precautions: Specifies the type of PPE that you should wear when handling the product.
9. Handling and storage precautions: Describes how to safely store and handle materials.

The following are examples of some important information one may find on an MSDS.

Physical Hazards

The coverage of physical properties associated with the specific material may include the following information:

1. Compressed gas: such as high-pressure oxygen and nitrous oxide cylinders.
2. Explosive: substance that can explode under certain conditions of release.

3. Flammable or combustible: substance that burns easily such as alcohol.
4. Organic peroxide: derivative of hydrogen peroxide.
5. Pyrophoric: ignites spontaneously in air under certain conditions.
6. Unstable: reactive substance.
7. Water reactive: such as strong acids and bases when mixed with water.

Health Hazards

Disseminated as hazardous to your health are chemical substances. Both liquids and solids may be identified on a MSDS and are indicated as:

1. Carcinogens: these cause cancer, reproductive toxicity in males or females, reproductive toxins can result in fetus damage.
2. Toxic: a substance that acts as a poison.
3. Irritants: these may cause irritation to any body part.
4. Corrosives: these can cause damage to body tissue.
5. Sensitive: these can cause allergic reaction.
6. Hepatoxin: this is a liver poison.
7. Nephrotoxin: this is a kidney poison.
8. Neurotoxin: this is a nerve poison.
9. Hematopoietic System: Act on the system resulting in blood poisoning.
10. Substance compounds: damaging to lungs, skin, eyes or mucous membranes upon contact.

Acute and Chronic Exposure

An acute exposure is a short-term exposure to a substance and can cause dermatitis, headaches, or rashes.

A chronic exposure is a long-term exposure and can cause cancer or permanently damage a biological system.

Routes of Entry

1. Through inhalation (painting, stripping floors, anesthesia gas waste).
2. Through absorption (handling formaldehyde and glutaraldehyde).
3. Through ingestion (this can occur if you handle poisonous chemicals and do not wash your hands before eating, smoking or applying cosmetics. This can also occur if containers are not properly handled, labeled, sealed).
4. Injection (accidental needle sticks).

Your responsibilities when handling hazardous materials

1. Read the label and MSDS of new chemicals you are working with.
2. Follow warnings and precautions.
3. Use appropriate PPE.
4. Learn emergency procedures for the chemicals with which you work.
5. Act in a sensible manner, be a safe and responsible worker.
6. Never use hazardous material substances you're not trained to use.
7. Never place a chemical substance into an unlabeled container.
8. Never mix substances without asking your supervisor first.
9. Always ask your supervisor if you have a question about any substance.

HANDLING HAZARDOUS MATERIALS

Infectious waste: Separate infectious waste from other waste as soon as the material becomes a waste

Blood or body fluids: Minimize your risk by containing, removing, and disinfecting all blood or body fluid spills as quickly and effectively as possible.

Wear PPE: PPE stands for "Personal Protective Equipment." A PPE is an item you use for safety when working with chemicals. Some examples of PPE are Utility gloves, Safety glasses, Goggles, Gowns, Ventilators and Masks. PPE is listed on the MSDS (Material Safety Data Sheet) for all the chemicals you work with. The PPE necessary for each substance are determined by the ways the substance can harm you.

There are three ways that a chemical substance may harm you:

- Breathing the chemical
- Having physical contact with the chemical
- Swallowing the chemical

Breathing the chemical

The chemical may have toxic fumes that can injure your lungs, if you breathe them. For example, cleaning materials, especially bleach, are toxic when inhaled.

Appropriate PPE for toxic fumes may include:

- Special mask
- Ventilator

In addition, always use these products in a well-ventilated area. If you begin to feel dizzy or weak or have difficulty breathing when using a product, you need to leave the area immediately.

Having physical contact with the chemical

The chemical may injure any part of the body that comes in contact with it. Your eyes are in danger from liquid splashing into them. Any exposed skin is also at risk.

Appropriate PPE to prevent physical contact may include:

- Goggles, safety glasses, or other eye protection
- Gown
- Gloves
- Mask

In addition, flushing with water is usually the most immediate treatment for any accidental splashing of solutions in your eyes or on your skin.

Swallowing the chemical

Some chemicals are dangerous if swallowed. To prevent swallowing a solution that may have splashed on your fingers, always wash your hands thoroughly after coming in contact with anything that should not be swallowed.

Appropriate PPE to prevent swallowing may include:

- Mask (that covers your nose and mouth to prevent the solution from being splashed onto your lips).
- Gloves (to protect against hand to mouth transfer).

In addition, if you should accidentally swallow a harmful chemical, tell your supervisor immediately. You will probably be sent to the Nurse Health Practitioners or to your Emergency Department.

JOINT COMMISSION EDUCATION

The Joint Commission emphasizes prevention - identifying problems and correcting them before anything happens. The organization has definitions that you need to know for the following terms:

- Error
- Sentinel Event
- Near Miss
- Hazardous Condition

Error

An Error is an unintended act of either omission or commission, or an act that does not achieve its intended outcome. In other words, an Error is:

- Something done by accident.
- Something that should have been done, but was not.
- Something that was done that did not have the expected result.

An example of an Error is a patient's blood pressure not being measured when it should have been.

Sentinel Event

A Sentinel Event is an unexpected occurrence **which actually happened** and which either **resulted in death** or **serious physical or psychological injury**, or **carried a significant risk thereof**. Serious injury specifically includes loss of limb or function.

An example of a Sentinel Event is the wrong dose of medication being given to an infant, causing death.

Certain types of events are reported to The Joint Commission under their Sentinel Event policy, whether they actually or potentially resulted in death or serious injury. These events are:

- Rape
- Patient suicide
- Infant abduction or discharge to the wrong family
- Hemolytic transfusion reaction involving administration of blood or blood products
- Surgery on the wrong patient or wrong body part.

Near Miss

This term is used to describe any process variation which could have led to a Sentinel Event, but the Sentinel Event did not actually happen, because of some kind of intervention. A recurrence of the process variation carries a significant chance of a serious adverse outcome.

Following is an example of a Near Miss. By mistake, a patient is handed a medication to which she is allergic, and which could lead to death or serious illness. Fortunately, she recognizes the medication is different from what she is usually given, questions staff about it, and ultimately receives the correct medication, instead. In this case, the process variation is that the patient is not wearing a wristband listing her allergies, and that the information about her allergies is not available to staff anywhere else.

Hazardous Condition

This refers to any set of circumstances (other than the disease or condition for which the patient is being treated) which significantly increases the likelihood of a serious adverse outcome.

In other words, a Hazardous Condition is:

- Something that could cause the patient harm.
- Something other than the patient's disease or condition.

An example of a Hazardous Condition is a power outage and simultaneous failure of the back-up generator that shuts down life-support systems for some patients, meaning staff must manually ventilate affected patients until power is restored.

All hospitals must have a plan to identify risks to patient safety. They must also have policies for reporting and investigating sentinel events, near misses, and hazardous conditions.

2010/2011 NATIONAL PATIENT SAFETY GOALS

The National Patient Safety Goals are derived primarily from informal recommendations made in the Joint Commission's safety newsletter, Sentinel Event Alert. The Sentinel Event database, which contains de-identified aggregate information on sentinel events reported to the Joint Commission is the primary, but not the sole, source of information from which the alerts, as well as the National Patient Safety Goals, are derived.

1. Improve the accuracy of patient identification
Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products, taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures. For example, use the patient's name and date of birth.
2. Improve the effectiveness of communication among caregivers
 - For verbal or telephone orders or for reporting critical test results over the telephone, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
 - Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
 - Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
 - Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
3. Improve the effectiveness of communication among caregivers
 - Have on hand a small supply of the medicines that are used in the hospital.
 - Create a list of medicines with names that look alike or sound alike and update the list every year. This will prevent errors involving the interchange of these drugs.
 - Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in preoperative and other procedural settings.
 - Take extra care with patients who take medicines to thin their blood.
4. Prevent infection
 - Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
 - Report death or injury to patients from infections that happen in the hospital.
5. Check patient medicines
 - Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any medicines with their current medicines.
 - Give a list of the patient's medicines to the patient's next caregiver. Give this same list to the patient before they leave the hospital.
6. Prevent patients from falling

- Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.
7. Help patients to be involved in their care
 - Tell each patient and their family how to report their complaints about safety.
 8. Identify patient safety risks
 - Find out which patients are most likely to try to kill themselves.
 9. Watch patients closely for changes in their health and respond quickly if they need help
 - Create ways to get help from specially trained staff when a patient’s health appears to get worse
 10. Prevent errors in surgery
 - Create steps for staff to follow so that all documents needed for surgery are on hand before surgery starts.
 - Mark the part of the body where the surgery will be done. Involve the patient in doing this.

DO-NOT-USE LIST

Joint Commission has created a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout organization. The Do-Not-Use list applies to all orders and medication-related documentation and information that is handwritten or computer entered as free text

Do Not Use	Why	Use Instead
U (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write “unit”
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write “International Unit”
Q.D., QD, q.d., qd (daily) D.O.D., QOD, q.o.d., qod (every other day)	Mistaken for each other. Period after the Q mistaken for “I” and the “O” mistaken for “I”	Write “daily” Write “every other day”
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO ₄ and MgSO ₄	Can mean morphine sulfate or magnesium sulfate. Confused for one another.	Write “morphine sulfate” Write “magnesium sulfate”

INFECTION CONTROL: UNIVERSAL PRECAUTIONS AND BLOODBORNE PATHOGENS

APN Staffing and Employment Solutions strives to educate Practitioners on nosocomial infections and their method of transmission and to provide education on work practices; engineering control and personal protective equipment prevent the spread of nosocomial infections.

NOSOCOMIAL INFECTIONS

Nosocomial infections are infections which are a result of treatment in a hospital or a healthcare service unit, but secondary to the patient's original condition. Infections are considered nosocomial if they first appear 48 hours or more after hospital admission or within 30 days after discharge. This type of infection is also known as a hospital-acquired infection.

Nosocomial infections are even more alarming in the 21st century as antibiotic resistance spreads. Reasons why nosocomial infections are so common include:

- Hospitals house large numbers of people who are sick and whose immune systems are often in a weakened state.
- Increased use of outpatient treatment means that people who are in the hospital are sicker on average.
- Medical staff move from patient to patient, providing a way for pathogens to spread.
- Many medical procedures bypass the body's natural protective barriers.
- Routine use of anti-microbial agents in hospitals creates selection pressure for the emergence of resistant strains.

THE SPREAD OF GERMS

Germs can be spread through 4 different modes of transmission

1. Airborne transmission: Occurs by dissemination of either airborne droplet nuclei (small-particle residue of evaporated droplets containing microorganisms that remain suspended in the air for long periods of time) or dust particles containing the infectious agent. Microorganisms transmitted by airborne transmission include *Mycobacterium tuberculosis* and the rubeola and varicella viruses.
2. Droplet transmission: Contact of the mucous membrane of the nose, mouth or eye with infectious articles can be produced by coughing, sneezing, talking or procedures such as bronchoscopy or suctioning. Droplet transmission requires close contact between the source and the susceptible person because particles remain airborne briefly and can travel. Microorganisms transmitted by droplet transmission include the common cold and flu.
3. Blood borne transmission: Germs can live in the bloodstream and in other body fluids that contain blood components. A person's skin prevents germs from entering into the body, but if the skin is broken because of a cut, it is possible for infected blood of another individual to enter. Mucous membranes, found in the mouth, vagina, or rectum may also allow germs to spread through contact with blood and/or secretions containing blood. Unprotected sexual contact can lead to this method of transmission.
4. Direct Contact Method: Infectious agents can spread directly or indirectly from one infected person to another, often on contaminated hands. The best protection is proper hand washing (Please see Centers for Disease Control and Prevention Hand Hygiene Guideline for more information on proper hand washing).

GENERAL PREVENTION

General steps to follow to prevent the spread of germs are:

- Following the Infection Control policies of your facility.
- Identifying the people, patients, and staff, who are most at risk.
- Washing your hands.
- Staying healthy by getting plenty of rest, eating properly, and exercising.
- Getting vaccinated against flu and hepatitis B.

- Washing your hands.
- Following the standard recommended precautions with everyone.
- NOT coming to work if you are sick.

CDC HAND HYGIENE GUIDELINES

Improved adherence to proper hand hygiene has been shown to terminate outbreaks in health care facilities, to reduce transmission of antimicrobial resistant organisms and reduce overall infection rates.

The Centers for Disease Control (CDC) has released the following guidelines to improve adherence to hand hygiene in healthcare settings.

The six steps in routine hand washing are:

1. Wet hands thoroughly under running water. Warm or hot water is best.
2. Lather with soap from a dispenser.
3. Wash hands thoroughly, for 15 seconds, using friction. Be sure to include the backs, palms, wrists, between fingers, and under fingernails.
4. Rinse hands thoroughly under running water.
5. Leave the water running and use a paper towel or an air dryer to dry hands thoroughly.

The four steps to round alcohol hand rubs are:

1. Pour the alcohol hand rub in the palm of one hand.
2. Rub both hands together.
3. Rub all parts of the wrist, hand, and fingers.
4. Rub until completely dry.

STANDARD PRECAUTIONS

Standard Precautions combine the major elements of Universal Precautions and Body Substance Isolation. Standard Precautions call for the use of gloves and other personal protective equipment to guard against anticipated or accidental contact with any body fluid, secretion, or excretion.

Personal Protective Equipment (PPE) is to be utilized when there is a break in the skin or when working around mucus membranes. All Practitioners shall follow Standard Precautions in order to minimize and/or eliminate exposure to blood borne pathogens and communicable diseases. All body substances shall be treated as a potential source of infection and all facilities shall provide an adequate supply of Personal Protective Equipment in appropriate sizes to ensure all personnel have access when required.

At a minimum, all Practitioners should follow these basic practices:

1. Hand protection
Protect your hands by wearing latex/hypoallergenic gloves (the correct size) when:
 - Emptying a Foley catheter
 - Emptying a bedpan
 - Starting an IV
 - Dealing with trauma in the emergency room
 - Pricking the finger for blood glucose
 - Handling blood specimens
 - Drawing arterial or venous blood
 - Cleaning biomedical equipment.

2. Body protection

Wear gown, mask, and goggles to cover any part of your body that could be splashed or sprayed (or otherwise come in contact with) the blood and/or body fluids of another person (for example, when caring for a trauma patient in the Emergency Department or when assisting in a procedure where exposure is possible).

3. General protection

- Dispose of all materials containing blood in the proper waste containers.
- Use a barrier device, instead of performing direct mouth-to-mouth ventilations during CPR.
- Avoid contact with blood from needles by using safety devices provided by your facility.
- Never recap a needle (if you miss, you could jab your finger).
- Dispose of all sharps (needles, blades, IV catheters) in the proper disposal box.
- Wash your hands after removing gloves.
- Do not eat, drink, and apply make-up or contact lenses in areas where exposure to body fluids is possible.

POST EXPOSURE EVALUATION AND FOLLOW UP PLAN

An exposure incident to blood-borne pathogens involves specific eye, mouth, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of a Practitioner's duties. All Practitioners involved in direct patient care should be familiar with appropriate decontamination procedures, APN Staffing and Employment Solutions shall make immediately available a confidential medical evaluation and follow-up with the exposed individual. Post-exposure follow-up shall be:

- Made available at no cost to the Practitioner.
- Performed by or under the supervision of a licensed Practitioner who has a copy of all relevant information related to the incident.
- Made available at a reasonable time and place.

APN Staffing and Employment Solutions' post-exposure and follow-up shall include the following:

- Documentation of the route(s) of exposure, and the circumstances under which an exposure incident occurred.
- Identification and documentation of the source individual.
- Collection and testing of blood for HIV and HBV serological status.
- Post-exposure prophylaxis, as recommended by the U.S. Public Health Service.
- Counseling.
- Evaluation of reported illness.

APN Staffing and Employment Solutions maintains confidential medical records for each Practitioner with occupational exposure. Records are kept for the duration of employment **plus thirty (30) years**. Each record shall contain the Practitioner's name, social security number, Hepatitis B vaccine history, and a record of all post-exposure follow-up.

BLOODBORNE PATHOGENS

The Occupational Safety and Health Administration (OSHA) has a Standard which was developed to protect the healthcare worker. The Blood-borne Pathogen Standard addresses the potential exposure of healthcare workers to blood and body fluids in the work environment. Blood-borne pathogens are Hepatitis B, C and Human Immunodeficiency Virus (HIV).

HEPATITIS

Hepatitis is a serious disease of the liver, an organ necessary for life. Hepatitis B and C, the two most serious kinds of Hepatitis, are similar kinds of liver infection that are caused by different viruses. Methods of blood-borne transmission of both Hepatitis B and C include:

- Blood splashes from minor cuts and nosebleeds.
- Procedures that involve blood (especially in health care).
- Hemodialysis (using kidney machines).
- Sharing personal items like nail clippers, razors, and toothbrushes.
- Sharing needles for intravenous drug use In order to prevent the spread of Hepatitis:
 - Follow Standard Precautions.
 - Receive the Hepatitis B vaccine at no cost, if you are not already immune to the virus.
 - Maintain good personal hygiene habits.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HIV is the virus that causes AIDS, a condition in which the immune system begins to fail, leading to life-threatening opportunistic infections. Once this virus enters and infects the body, the person is said to be "HIV Positive." However, the person may be infected with the virus for up to 10 years or more, before developing AIDS.

The routes of transmission for HIV are:

- Sexual route: Acquired through unprotected sexual relations, wherein infected sexual secretions of one partner come into contact with the genital, oral or rectal mucous membranes of another
- Blood/blood product route: Accounts for infections in intravenous drug users, hemophiliacs and recipients of blood transfusions and other blood products.
- Mother-to-child: Occurs in utero during pregnancy and intrapartum at childbirth. In order to prevent the spread of HIV:
- Follow Standard Precautions
 - Wear protective equipment
 - Abstain from sex or sex-related activities when the HIV status of your partner is doubtful or not known.
 - If you are HIV infected and pregnant, take appropriate medication to reduce the chances of passing the virus to your unborn child.
 - If you are HIV infected, DO NOT breastfeed.
 - NEVER share needles, including needles used for tattoos, body piercing, or injecting steroids.

TUBERCULOSIS

Tuberculosis is a common and deadly infectious disease caused mainly BY *Mycobacterium tuberculosis*. Tuberculosis most commonly attacks the lungs (but can also affect the central nervous system, the lymphatic system, the circulatory system, the genitourinary system, bones, joints and even the skin. Tuberculosis is curable, but it involves taking medication for a very long time. TB is caused by airborne bacteria and spreads through coughing, sneezing, talking, laughing, and breathing.

Healthcare professionals and persons exposed to TB need to have a Purified Protein Derivative (PPD) skin test or a chest X-ray. Positive test results indicate the person is infected with TB but may not have TB disease. He or she may be given preventive therapy to kill germs that are not doing any damage now, but could break out later.

To protect yourself and others from contracting tuberculosis, follow your facility's recommended Special Precautions in addition to Standard Precautions.

Special Precautions for the treatment of TB patients:

- Place TB patients in private rooms.
- Ventilate rooms directly to the outside if possible, to prevent the circulation of TB germs to other areas of the facility.
- Wear a special "fit-tested" mask (and receive training in how to wear it correctly) when entering the room and while in the room.
- Explain to patients and visitors how to use special masks.
- Keep patients in their rooms as much as possible.
- Encourage patients to cough or sneeze directly into tissues and to dispose of them.
- Have patients wear masks when being transported to other areas of the hospital

MEDICATION SAFETY AND DOCUMENTATION

What are medication errors?

Medication errors are errors involving drugs that cause, or could cause, harm to a patient. They may be errors in prescribing, dispensing or administering, and they include both errors that reach the patient as well as those errors that do not reach the patient. They can occur in any patient care area or in the pharmacy.

What are common sources of medication errors?

- Lack of knowledge about drugs: with so many new drugs being developed each year, it's never been more important to understand what each drug can do and how to use it properly.
- Lack of patient information: Ensuring medication safety means it's important to know key information about each patient, including his/her age, weight, clinical status, known drug allergies and use of other medications (herbs, supplement, vitamins, other holistic remedies) and the potential for interactions.
- Poor communication: Problems can result from things such as:
 - Not using standardized abbreviations.
 - Handwriting that's hard to read.
 - Verbal miscues (for example, mispronouncing a drug's name).
 - Unclear decimal points.
- Storage and stocking of drugs: For example, the risk of someone picking up the wrong drug is higher when the two drugs are similarly packaged (but are very different).
- Equipment used to administer drugs: Variations in the design of IVs and infusion pumps can cause confusion. Poor maintenance and not understanding how to program automated equipment also increases the risk of medication errors.
- Patient identifications: A good system to identify patients, such as armbands, may be in place. However, the system must be utilized (i.e. the armbands must be checked) in order for it to work
- Distractions: Ringing telephones, too much conversation, and interruptions can cause even the most careful healthcare worker to lose concentration.

How can medication errors be prevented?

Contrary to popular belief, most medication errors are not due to a careless individual act, but are related more directly to some type of system failure or inefficiency. Medication errors can be prevented if everyone in the organization:

- Works together across departments, including physicians, pharmacists, Practitioners, support staff and administrators
- Focuses on systems, which means improving procedures to help prevent mistakes.
- Takes blame away from Practitioners and looks at the process(es) that led to the error.
- Helps patients understand their medications, follow their treatment plans, and take an active role in their care at every step along the way.
- Uses benchmarks to compare challenges and successes of other health care organizations with their own.

- Reports errors voluntarily, so that a root cause analysis can be performed. A root cause analysis is a step-by-step method to understand what went wrong and why. It allows us to make improvements to systems and monitor changes to see how well they are working.

Medication Administration and safety

- Administered by a licensed Practitioners upon a written order by a staff physician.
- Pour medications immediately before administration. No pre-pouring!
- Always check patient ID band and Medication Sheet. Two forms of identification must be used.
- Patients must take all medications in the presence of the administering Practitioners.
- Medications can be given ½ hour before or ½ hour after the scheduled time.
- Double-check all insulin, chemotherapy agents, anticoagulants and PCA narcotics with another licensed Practitioner.

Medication Documentation

- Document the time the medication was given on the Medication Administration Record (MAR).
- Include injection site for all injectables.
- Chart on the Practitioners' Notes and MAR all PRN medications and the results.
- When the patient is discharged, place all unused medications in a labeled bag and return to the pharmacy.
- Document the medication at the time it is administered- No pre-charting!

Narcotics

- Per Client facility documentation, administration and wastage of narcotics must be handled following State and Client facility policy and procedure.
- The narcotic count must be correct, before you leave at the end of the shift. Discrepancies must be brought to the immediate attention of the unit manager/supervisor.

Intravenous - IV

- Practitioners may monitor or discontinue IV therapy.
- IV certified LVNs may start and superimpose IV fluids through a peripheral line.
- Only an RN can add or regulate IV medications.
- IV tubing is to be labeled at the time of initial use with the date, time and expiration date.
- All IV tubing is to be changed every 72 hours, except TPN tubing, which is changed every 24 hours.
- IV sites must be assessed every 2 hours.

Medication Labeling

- Labeling and drawing of medications must be performed per Joint Commission Standards.

Why is clinical documentation so important?

- Communication
- Quality of care issues
- Compliance: reimbursement verification
- Fulfills federal, state, regulatory and accreditation requirements
- Supports if Standard of Care was met
- Memories fade, aids in defense in lawsuits when present
- May be used as teaching tools

Basic charting tips

- Use a pen, black ink is preferred
- Print legibly
- Date, time and sign all entries
- Don't use white-out or obliterate entries
- Use approved abbreviations
- Record objective information- be clear and concise

Good Documentation Habits

- Use language patient understands for discharge instructions and patient education material.
- Documentation of actions, conversations with the patient, family members, physicians.
- Documentation of safety precautions reviewed with the patient and/or family.
- Description of unusual incidents.
- Documentation of contacts with the provider.
- Contemporaneous, chronological.
- Do not editorialize, criticize, add 'hearsay.'
- Avoid blaming another person or department.
- Complete all boxes / forms accurately.
- Do not leave open lines on records between documentation entries.
- Verification informed consent was obtained.
- Instructions given to patient/verbalization of understanding.
- Do not alter entries.

Alteration of Records

- Medical records should never be 'edited' after the fact.
- Never document in anticipation of an event.
- Never chart for someone else.
 - Exceptions
 - * Code situations
 - * Supervisor starting an IV per your request
- You may be personally assessed for penalties related to falsification of documentation.
- Alterations in a record can make the case indefensible.

Late Entries

- Late entries are placing additional information in the medical record when pertinent information was missed or not written in a timely manner.
- A general guideline of when late entries can be added is within 7 days. Consult your Supervisor or Risk Manager for guidance if necessary.
- Should not be used if there has been adverse outcome to patient or there is known litigation.
- Must have a 'home' – notation should specify the date and time. See below:

Example:

4/20/07 1600: Late Entry for 4/19/14 at 0800:

Patient also complained of pain at base of neck and bleeding from nose. Dr. Jones notified, CT of head ordered along with CBC & diff, INR.

Corrections

Draw single line through entry, initial; write the correct information. Review your hospital's policy for corrections. Sign and date the entry.

Example:

4/19/14 0800: Pt found on floor in ~~room~~ LN hallway; BP:165/66

VS: 36.8-136-20

Dr. Jones notified. Orders for MRI obtained

SUSPECTED ABUSE: IDENTIFICATION, TREATMENT AND REPORTING

ELDER/ADULT ABUSE

With an elderly person (65 years of age or older) or disabled adult (18 years of age or older), abuse means the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm or pain or mental anguish or the willful deprivation by a caretaker or one's self of goods or services which are necessary to avoid physical harm, mental anguish, or mental illness.

SIGNS AND SYMPTOMS OF ELDER/ADULT ABUSE

- Patient or family member states that abuse is happening in the home.
- Explanation for injuries is inconsistent with the injury.
- Family or caregiver attempts to conceal injury.
- Indications that someone is exploiting patient's finances or property.
- Delay in seeking treatment.
- Multiple bruises or injuries in various stages of healing.
- Human bite marks.
- Burns especially on back or buttocks.
- Bruises in the shape of a hand or fingers.
- Patient's behavior changes in the presence of the family or caregiver.

CHILD ABUSE

With a child (under 18 years of age), abuse includes:

1. Mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning;
2. Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results an observable and material impairment.
3. Physical injury that results in substantial harm to the child or the genuine threat of substantial harm from physical injury to the child.
4. Failure to make a reasonable effort to prevent an action by another person that results in substantial harm to the child;
5. Sexual contact, sexual intercourse, or sexual conduct;
6. Failure to make a reasonable effort to prevent sexual contact, sexual intercourse, or sexual conduct.

SIGNS AND SYMPTOMS OF CHILD ABUSE

- Burns on the soles of the feet (from forced standing in hot places).
- Burns on buttocks, thighs, hands or feet (from submersion in hot water).
- Explanation for injury does not match developmental stage (for example, caregiver explains a broken leg by saying the patient fell down, but the patient is too young to stand up).
- Evidence of sexually transmitted disease.
- Bruising or tearing around the genital area.

NEGLECT

With an adult, neglect means failure to provide the goods or services, which are necessary to avoid physical harm, mental anguish, or mental illness.

With a child, neglect includes leaving the child in a situation where the child would be exposed to a substantial risk of harm (i.e., failure to seek or follow through with medical care, failure to provide food, clothing, or shelter.).

SIGNS AND SYMPTOMS OF ELDER/ADULT NEGLECT, INCLUDING SELF-NEGLECT

- Malnutrition.
- Dirty, unkempt.
- Unattended medical conditions.
- Alcohol or substance abuse by caretakers.

SIGNS AND SYMPTOMS OF CHILD NEGLECT

- Chronic truancy (caregivers do not send child to school).
- Failure to thrive (unexplained weight loss).
- Unexplained delay in development.
- Accidental injuries that suggest poor supervision.

SPOUSAL PARTNER/VIOLENCE

Spousal/partner violence involves the situation where a victim has been involved in an intimate, romantic or spousal relationship with the perpetrator. It encompasses violence against both men and women and includes violence in same-sex relationships. It consists of a pattern of behaviors that establish power over another adult

SIGNS AND SYMPTOMS OF SPOUSAL PARTNER/VIOLENCE

Signs and symptoms of spousal/partner violence can include the usual signs and symptoms of abuse and neglect. Violence in a relation may not result in physical evidence. For example, the abuser may deny the victim the ability to communicate with friends or relatives. The abuser may abandon the victim in a dangerous place, refuse help when sick or injured or prohibit access to money or other basic necessities.

EXPLOITATION

Exploitation is the illegal or improper act or process of a caretaker using the resources of an elderly or disabled person for monetary or personal benefit, profit, or gain.

- The treatment team may identify possible history of abuse, neglect, or exploitation.
- Any staff member suspecting child and or adult abuse and/or neglect is required to report suspicions according to local law and the rules and regulations of the state's Department of Human Services (DHS) or appropriate agency. If clarification is necessary concerning the criteria for reporting, the Adult Protective Supervisor will handle the situation without disclosing the identity of the patient and/or family.
- The report to DHS may be made orally or in writing. It shall include:
 - a) The name, age, and address of the person.
 - b) The name and address of the person responsible for care.
 - c) The nature and extent of the person's condition.
 - d) The basis of the reporter's knowledge.
 - e) Any other relevant information.
 - f) Documentation shall occur in the appropriate section of the patient record.
- If circumstances allow, the reporting procedure will be discussed with the patient and/or family involved, prior to the report being made. Consent will be obtained if deemed appropriately by the treatment team.

- Outside agency personnel requesting information about the family should be referred to the patient's physician or other appropriate staff.
- Any act of omission is reportable. A reportable suspicion includes a child victims or abuse shall be documented in the appropriate section of the medical record.
- Symptoms resulting from abuse will be addressed by the patient's treatment team.
- Documentation of physical marking should include photographic documentation (with appropriate patient identification) and included in the appropriate portion of the patient's medical record.
- Any other evidentiary material of abuse released by the patient will be included in the appropriate portion of the patient's medical record.
- Adult patients shall be given information regarding legal counsel.
- Physical injuries requiring medical attention will be treated as deemed necessary by the patient's physician.

ABUSE REPORTING

All healthcare Practitioners are mandated reporters. Social workers are not on site 24 hours/day, so Practitioners need to know appropriate procedures to take when abuse is suspected. Failure to report child, spousal or elder abuse or neglect is a misdemeanor punishable by up to six months in jail and a \$1000 fine. The law requires that the suspected abuse be reported immediately by telephone and followed up with a written report within 26 hours. In order to recognize these situations, it is important to know signs and symptoms of abuse.

Suspected abuse, neglect and/or exploitation should be reported directly to the Practitioner's Manager/Practitioners Director/Charge Practitioners and should include:

- a. A description of the incident.
- b. To whom the incident happened.
- c. When the incident occurred.
- d. Where the incident occurred.
- e. Who was responsible for the neglect/abuse.

NURSING ESSENTIALS

RESTRAINTS

It is the policy of APN Staffing and Employment Solutions that the patient has the right to be free from any physical or chemical restraints, unless it is necessary for the patient's safety or the safety of others. Restrictive devices/restraints will be applied when the safety of the patient and/or others are in jeopardy when less restrictive measures have proven inadequate. Restraints shall not be used in a manner that causes undue harm.

Practitioners must provide safety for patients and Practitioners and prevent injuries

BEHAVIOR MODIFICATION RESTRAINT:

“Behavior modification restraint means the use of a physical or mechanical device to involuntarily restrain the movement of the whole or a portion of a patient's body for the reason of controlling his/her physical activities in order to protect him/her or others from injury (such as the use of 5-point restraints to keep a patient from injury or soft times to keep a confused patient from self-injury). The following are not behavior modification restraints:

- Safety Restraint.
- The use of side rails or, in the case of infants, the use of a safety net to keep patients from falling out of bed.
- Handcuffs applied by peace officers.

- Isolation for control of communicable disease.

Behavior modification restraints shall only be used when alternative methods are not sufficient to protect the patient or prevent injury.

There are two types of behavior modification restraints:

1. **Psychiatric Behavior Modification Restraint** (“psychiatric restraint” used hereunder). A psychiatric restraint is used for patient signs of acute mental illness who appear to be a danger to themselves or others.
2. **Medical Restraint**. A medical restraint is used for patients whose primary diagnosis is medical and for whom psychiatric hospitalization is not indicated.

At the time of the patient assessment, the Practitioner shall comment on the patient’s clinical condition, circulation, condition of limbs and attention should be given to the patient’s needs including hydration, elimination and nutrition. A report of the clinical assessment shall be recorded in the medical record. All restraints shall be released at least every two hours.

MEDICAL RESTRAINT WITH CONSENT OF PATIENT OR FAMILY

When other forms of medical restraints are to be imposed (for example, to restrain a confused patient from pulling at naso-gastric tube or intravenous line), a separate consent should be obtained, when possible. In the case of a minor, consent should be obtained from the parents or guardian. In the case of a confused or comatose adult, consent may be obtained from the immediate family or conservator.

Steps to follow:

1. **A physician’s order is required.**
2. In addition to usual nursing evaluation and care, the patient’s needs, including hygiene, elimination and nutrition, shall be assessed at least every two hours.
3. Supports shall be released at least every two hours.

MEDICAL RESTRAINT WITHOUT CONSENT

It is not always possible to get the consent of the patient, family or conservator for the imposition of a medical restraint. In such cases, the following procedures should be used:

Steps to follow:

1. An assessment of the patient, either by a physician or a registered nurse, is required prior to instituting medical restraint. The assessment shall consider the use of less restrictive means to protect the patient and shall be documented in the medical record.
2. Medical restraint shall be imposed upon the order of a licensed independent nurse. In an emergency, a registered nurse may initiate the use of a medical restraint (without consent). The emergency implementation shall continue beyond one hour only with a physician’s order. Verbal orders may be accepted.
3. All physician orders for medical restraint shall be time limited. PRN orders shall not be given or accepted. Upon expiration of the time-limited order, a physician must review and renew the order.
4. Devices to be used may include soft ties, Posey vests, mittens, etc. Hard leather restraints shall not be used for medical restraint.
5. Any patient in medical restraint (without consent) shall be observed at intervals not greater than fifteen minutes. The exact time interval of observation may be more frequent and shall be determined by the clinical condition of the patient. Staff shall document these observations in the medical record at the end of each shift of more frequently as the condition of the patient or findings of the observation dictate.
6. Each patient in restraint shall be assessed by an appropriate Practitioner at least every two hours. At the time of the patient assessment, the Practitioner shall comment on the patient’s clinical condition,

circulation, condition of limbs and attention should be given to the patient's needs including hydration, elimination and nutrition. A report of the clinical assessment shall be recorded in the medical record.

SAFETY RESTRAINT

There are two types of safety restraint:

1. **Adaptive Support:**
Adaptive support is the use of mechanisms or devices intended to permit a patient to achieve maximum normative bodily functioning (such as the use of orthopedic appliances, braces, splints to prevent contracture or devices intended to give postural support).
2. **Patient Protection:**
In the context of the policy, "patient protection" means the use of mechanisms intended to compensate for a specific physical deficit or prevent safety incidents not related to cognitive dysfunction (such as the use of bedrail with safety net to keep the patient from falling out of bed during sleep.). [NOTE: The use of side rails alone is not considered restraint. This is a protective measure taken to keep all hospital patients from falling out of bed].

Steps to follow:

1. A physician's order is required. PRN orders may be used.
2. In addition to usual nursing evaluation and care, the patient's needs, including hygiene, elimination and nutrition, shall be assessed at least two hours.
3. Supports shall be released at least every two hours.

ROUTINE TREATMENT IMMOBILIZATION

Routine treatment immobilization means the use of mechanisms employed during medical, diagnostic or surgical procedures that are considered a regular part of such procedures (such as body restraint during general anesthesia, board immobilization of the site of intravenous therapy, immobilization during magnetic resonance imaging, etc.). The patient's consent for the procedure includes consent for implementing necessary positioning and support. No separate order is required for such immobilization. Documentation of the immobilization is part of the documentation of the procedure itself.

GENERAL RESTRAINT GUIDELINES

1. Restraints shall not be ordered on a PRN basis.
Restraints shall be only employed on the written order of a physician after personal evaluation of the patient's physical and mental status. When the physician is not immediately available to assist the patient and make a determination regarding his/her need to be restrained, restraints can be ordered by a registered nurse (RN), after careful assessment of the patient. All registered nurses shall be authorized to initiate or terminate the use of restraints as permitted by individual facility policy.
2. **Evaluation of Patient**
All patients using restraints shall be evaluated ongoing for continued use and need of restraints and shall be closely monitored, with the maximum time between observations being two hours.
3. **Responsibilities of the Physician**
The physician shall assess the patient to ascertain if the restraint is justified. After consideration of the alternatives to restraint, an order for restraints must be written on the order sheet and should include:
 - a) Type of restraint.
 - b) The starting and ending times.
 - c) Indications for use.
 - d) Level/frequency of evaluation.

Verbal orders must be signed within 24 hours of implementation.

4. Responsibilities of Nursing

Documentation in the medical record shall include:

- a) Time and type of restraint applied, noting skin condition and color.
- b) Reason for application of restraints.
- c) Time restraint is released/removed.
- d) Needs of the patient are addressed: ADLs hygiene, fluids, and elimination.
- e) Prior alternatives considered and lack of effectiveness.
- f) Functional assessment.

5. Monitoring of Patients in Restraints

All patients in restraints of any kind shall be closely monitored, with the maximum time between observations being two hours. Monitoring shall include condition of skin, observations that support adequate circulation, and observation for bruises, abrasions, and lacerations.

6. Application of Restraints

Restraints must be carefully selected to be of appropriate size for the patient. Restraints are to be secured to the bed frame, if the patient is in bed; never to the side rails. Use restraints will be discontinued as soon as feasible.

When using wrist and ankle restraints, a finger's width of space must be maintained between the skin of the wrist/ankle and the restraining device.

Vest Restraints are to be applied with the crossing ties in the back, as per manufacturer's directions. The patient must be able to maximally expand their chest wall without hindrance.

Soft leather restraints shall be used only for severely combative individuals.

Mittens are placed on the hand with the palm on the smooth side of the mitt. Mittens shall be removed every two hours to prevent contracture and the assess circulation

END OF LIFE CARE

As with all patient care, end of life care must emphasize comfort, relief of pain and distress, with provision of physical and emotional support. The patient and family as desired must be included in making decisions based on their personal beliefs and values. Many people do not consider their personal definitions regarding the meaning and purpose of life until crisis, illness, and/or suffering force the awareness of life as a finite experience. Staff will act with awareness of the psychological and spiritual aspects of support and care, participating in an interdisciplinary team that "affirms life and regards dying as a normal process," allowing the patient to die with dignity, while supporting the family during the final illness and their bereavement.

EMERGENCY CODES

In all cases, you should know what your department-specific responsibilities are. Each hospital or clinic has a disaster plan designed to direct how to carry out patient care during an internal and external disaster. Always be prepared to respond to the following situations: Actual colors associated with specific emergency situations may vary from one facility to another. Examples follow:

- Code Red: Fire
- Code Blue: Life Threatening situation
- Code White: Life threatening situation for pediatrics

- Code Pink: Infant abduction
- Code Purple: Child Abduction
- Code Orange: Hazardous Materials Spill
- Code Gray: Potential or real violence occurring in the facility
- Code Yellow: Bomb threat
- Code Silver: Person with weapon or hostage situation

What is my role in a disaster?

If you are on duty when a disaster strikes, you have certain duties to perform:

- Contact your Supervisor to find out where to report, or if you should continue your work assignment. Use your cell phone or a pay phone, if personal calls are necessary.
- Wear your photo identification badge at all times. Your photo ID will get you through Police roadblocks

Communication

The backup communication system includes:

- Use of cell phones.
- Use of FAX machines.
- Distribution of 2-way radios to all patient care areas.
- Use of runners in a disaster.

Supplies and Equipment

Backup supplies and equipment are available for disasters.

AGE SPECIFIC EDUCATION

As people age, they continue to experience physical and emotional changes. These changes are the result of the many experiences and influences, including the genes we inherit and the lifestyles we choose. This review will outline the common changes that occur with age. It will provide some tips for helping you to remain sensitive to our patients.

Early Older Adulthood (60-75 years)

The average American lives to be 77.2 years old. Most adults will live well into early older adulthood. People in early older adulthood usually have at least one chronic disease. High blood pressure, arthritis, heart disease and cancer are the most common. Most people in this age group will need eyeglasses to read. Many will suffer from the loss of hearing associated with old age. Most women have gone through menopause. Many in this group require daily medications.

People in this age group are beginning to lose friends and loved ones to the inevitable process of death and dying. Hospitalization may cause fear as patients confront their mortality. Other concerns relate to limited income, since many have retired. Fear of permanent disability may be a worry for hospitalized patients in early older adulthood. Arthritis is common in this age group. Older adults often experience both chronic and acute pain. Consistent use of the pain scale will help older adults evaluate their pain.

You can help to create an environment that is friendly to aging patients. Adjust lighting to help patients better navigate the hospital or clinical environment. Provide extra time for learning to help older adults retain the

information presented. Use verbal as well as written instruction to help them learn. Make sure the telephone is within reach, the call light is close by and that the room is clutter-free to promote safety and independence.

Middle Older Adulthood (75-85 years)

The average 75 year old has three chronic conditions and takes about 5 medications a day. Many in this group feel their body is “wearing out.” Almost all need glasses to see. Most have reduced hearing. Hospitalization can be frightening in particular ways for this group. Many have been struggling to live independently and most do not want to be placed in a nursing home. As a result of these fears, patients may make health decisions that are not in their best interest, like ignoring signs of disease, because they are afraid of the consequences.

People in this group are vulnerable to depression which may not be obvious to you. Assessment should include an evaluation of coping skills. Providing spiritual and social services can be especially helpful for this age group, since it can take time to get someone to open up about these issues.

Many patients in this group, like those in the previous group, live with arthritis pain. They may not talk about this pain unless you specifically ask about joint or muscle aches. Good pain management will help them participate in physical activities like walking and physical therapy.

Late Older Adulthood (85 plus years)

With age, the number and severity of disabilities increases. Chronic diseases progressively get more severe and many patients are diagnosed with new illnesses. Most in this group are frail and increasingly dependent on other people to assist them with their daily tasks. Older adults fear changes to their routine, so a hospitalization can be particularly stressful.

Care for adults at this stage in life should focus on improving or maintaining function. Allow the patient to express needs and then tailor the care environment to meet those needs. Maintaining a user-friendly environment will promote independence.

Some older adults may not report pain due to fear of losing independence. Others have been living with arthritis and other pain so long that they no longer express their discomfort verbally. Look for nonverbal signs of pain including confusion, inability to ambulate, grimacing, and decreased range of motion. Adults in this age group have decreased cough ability and decreased swallowing skills. Aspiration precautions should be used with all frail older adults. In this age group, skin becomes thin. Patients become at risk for skin tears and pressure ulcers.

People of any age can become confused while hospitalized, but the likelihood is greater for older patients. Memory loss is not necessarily a part of the aging process. So if you speak with someone who seems to be losing memory, that patient should probably be evaluated for underlying illness. In many cases, we can find a cause and a solution.

Confusion that is normal at admission may develop into delirium. This condition may indicate an underlying illness, such as infection, that needs to be treated. Frequent reminders about time, date, season and weather may help older adults regain a sense of security and confidence.

Patients who have lived this long have experienced many losses. Life review is common in this group. Many will enjoy telling you about “how it used to be.” Reviewing the past can help people achieve closure. Pastoral care and social work can provide assistance to patients beginning this profound and affecting final journey.

EMERGENCY TREATMENT OF PATIENTS (EMTALA)

Federal law requires that a facility take care of any patients who need emergency care, regardless of their ability to pay for care. Unless the patient is pregnant and in labor, a facility can transfer the patient to a more appropriate hospital once the patient has been stabilized and once the facility has verified that the next facility has room.

APN Staffing and Employment Solutions provides special education with regards to this legislation. You should be aware that if someone asks you about getting emergency treatment for any condition, you should refer that person to the Emergency Department or call the House Supervisor. It is against the law to send a patient away who seeks treatment for an emergency condition.

If you will be working in ER, please make sure you receive and complete APN Staffing and Employment Solutions' education module on EMTALA (<https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/index.html?redirect=/emtala/>).

THE HIPAA PRIVACY RULE

A patient's right of privacy and confidentiality is protected by law. No one, including spouses, friends, or attorneys, is permitted to review the patient's medical record without prior written authorization, except as required by law (court order or subpoena) or other regulation.

- Only information that is pertinent to a patient's treatment may be disclosed to other Practitioners. Only authorized hospital personnel have access to medical records. All requests for medical information must be referred to the APN's Medical Records Manager (APN's Healthcare Administrator).
- All Practitioners are required to sign a confidentiality statement upon employment.

To decrease the risk of uninvolved persons overhearing or seeing confidential patient information:

- Confine discussion of patient care information to the patient care areas.
- Keep computer ID/passwords confidential. Unauthorized use of ID/passwords may be subject to disciplinary action.
- Exit computer programs and log off before leaving the workstation.

What is HIPAA?

The HIPAA Privacy Rule is a Federal Law that went into effect on April 14, 2003. The law protects the confidentiality of our patients' protected health information, or PHI. Protection of patient privacy and confidentiality is also required by the Center for Medicaid Services, APN Staffing and Employment Solutions, and the Joint Commission.

Healthcare has a tradition of privacy. People have kept patient information private as far back as the fourth century BC with the Hippocratic Oath. However, with the advanced communications technologies in use today, safeguarding the privacy of patient information is more of a challenge. The HIPAA Privacy Rule reflects these new concerns.

The HIPAA law is complex. Protecting patients' healthcare information involves two considerations: Privacy and Security. There are differences between the two that you should know.

- a) "Privacy" is concerned with the disclosure of information about a patient to the patient directly, or to those to whom we reasonably believe the information can be disclosed if it is consistent with good health care professional practices. (See HIPAA Privacy.)
- b) "Security" is concerned with the processes, procedures, and technologies that we use to make sure that the people viewing or changing the information are really the ones who are authorized to do so. (See HIPAA Security.)

What information is protected?

All patients (including celebrities and our own Practitioners) have the right to privacy, and this extends to their personal health information, referred to in the HIPAA Privacy Rule as "Protected Health Information," or PHI.

What types of information is protected?

- Paper records
- Computerized information
- Oral communication

What are examples of PHI?

- Face sheets
- Results of exam/evaluation
- Test results
- Treatment and appointment information
- Patient bills
- Photographs
- Paper records
- Computerized patient records and information

RELEASING PATIENT'S PROTECTED HEALTH INFORMATION (PHI)

What information can be released only with the Patient's approval?

As a general rule, Medical Records can only be released to outside parties with the patient's approval, or if there is a law requiring release. (See following section, below.) Again, as a general rule, this information can be released to outside parties only by the Health Information Management Department (Medical Records), or in some cases, the Records Custodian of each department.

Who are the Records Custodians?

Each department or unit that maintains PHI has a "records custodian" to approve access to PHI, for purposes other than routine treatment, payment or operations purposes. Records Custodians may include department leaders and supervisors, unit secretaries, or other persons designated by department leaders

What are the Authorization Requirements?

A written authorization, signed by the patient or legal representative, must be obtained for any release of information except when the release is required by law, or when the information is used for the routine purpose of treatment, payment, or operations. For example, we are permitted to share our patients' PHI with other providers such as physicians to treat the patient, or we may submit PHI to insurance companies to obtain payment, all without patient authorization.

What about releasing Patient's Protected Health Information (PHI) verbally in discussions with friends and family?

When the patient is present and has the capacity to make his or her decisions, we may disclose PHI to friends and families, if one of the following conditions is met:

- We obtain the oral agreement of the patient or legal representative;
- We provide the patient with an opportunity to object to the disclosure, and the patient does not object;
- We infer from the circumstances that the patient does not object to the disclosure. For example, when a friend has brought the patient to the emergency room for treatment.

When the patient is not present, or when the patient is incapacitated due to an emergency, it's okay to make the disclosure if our decision is consistent with good health care professional practices. For example, when a patient is brought to the emergency room, we may inform relatives and others involved in the patient's care that the patient has suffered a heart attack and we may provide updates on the patient's progress and prognosis when the patient is unable to make decisions about such disclosures.

Whatever information we disclose to the patient's friends or families should be directly relevant to that person's involvement. For example, a neighbor picking up a patient can be told that the patient is unsteady on his feet; however, the neighbor should not be told that a tumor was removed.

How is Protected Health Information handled for Minors?

If a patient is a minor (under 18 years of age), the patient's parents or guardian may receive or direct use and disclosure of PHI on behalf of the patient, except for "Emancipated Minors."

Emancipated Minors are children who have been released from the control of parents or guardians, and may control their own PHI, in the same manner as an adult:

- Anyone who is not yet 18 years old but is legally married or who is a parent.
- Anyone who is not yet 18 years old, but has been legally married and is now divorced, or a widow or widower.
- Anyone who is not yet 18 years old but is maintaining his or her own residence and is self-supporting. A reasonable effort to contact parents must be made.
- Anyone who is not yet 18 years old, and is pregnant.

Minors Who Are Not Emancipated: Any minor (under 18 years of age) may without parents' consent, approval, or notification have the right, in the same manner as an adult, to protect their health information for the voluntary treatment of:

- Alcohol or drug abuse.
- Testing and treatment for sexually transmitted disease.

BODY MECHANICS

With the use of proper body mechanics and ergonomics (the undersigning of the work place to fit the worker), most injuries are preventable. The following prevention points, when adhered to, will promote safety:

Lifting

- Assess the situation and plan how to accomplish it before beginning.
- Use the muscles of the legs, hips and arms – the strongest in the body. Keep a neutral spine.
- Bend knees and hips avoid bending at the waist, and lift with your legs, not your back
- Keep feet at shoulder width to provide a broad base of support.
- Make sure the object is close to you, do not-over reach, and carry the load close to you.
- Avoid lifting higher than your waist.
- Push and don't pull.
- Ask for help.

Sitting

- Use chairs that provide support to the back, particularly the lower back.
- Both feet should be able to rest flat on the floor.
- Avoid slouching, walk around and stretch occasionally, or change position often to avoid strain.
- Avoid twisting and over-reaching
- Position yourself directly in front of your work and make sure your work is at eye-level to avoid neck strain.

Standing

- Stand close to your work area with your back erect, chin in, pelvis tucked under and knees slightly flexed.
- Maintain a broad base with your feet and ensure even weight bearing.
- Avoid prolonged positions and slouching – stretch occasionally.

Back Care and Points for Prevention

- Use good posture at all times and proper body mechanics.
- Change position frequently.
- Exercise regularly and eat a well-balanced diet to control your weight.
- Ensure enough rest at night.

- Practices stress reduction techniques, such as yoga and relaxation.
- Ask for help in lifting or moving heavy objects.
- Keep work area safe – clean up spills, wet floor signs; ensure no loose equipment, boxes or flooring, no loose power cables, close drawers. Notify appropriate personnel immediately, such as maintenance.
- Wear shoes with non-skid soles.
- Walk and don't run.
- Report any accidents to staff, patients or visitors to supervisor immediately.
- Monitor safety of patients closely.
- Ensure breaks are applied to wheelchair or bed when moving patients.
- Adjust height of bed or table waist / mid-to-upper thigh level when moving patient.
- Maintain ergonomics at all times.

UNDERSTANDING CULTURAL DIVERSITY

Ineffective culturally diverse relations can lead to prejudice, discrimination and racism. All three are due to a combination of factors.

- Lack of understanding of culturally diverse groups other than one's own.
- Stereotyping of members of culturally diverse groups without consideration of individuals within the group.
- Judgment of culturally diverse groups according to standards /values of one's own group.
- Assigning of negative attributes to the members of other culturally diverse groups.
- View of the quality and experience of other groups as inferior to those of one's own group.

ETHNOCENTRISM

Because culture influences people so strongly, including the way they feel, think, act, and judge the world, it is typical for people to sub-consciously restrict their view of the world to the point of inability to accept other cultures. This is called ethnocentrism.

Ethnocentrism can prevent one from accepting others and can lead to clash of values, shaky interpersonal relationships and poor communication.

APPROACHES TO MINIMIZE CULTURAL CONFLICTS IN THE MEDICAL SETTING

- Deliver patient care that emphasizes the interrelationships among persons, cultures, health and medicine.
- Facilitate the medical Practitioners/Clients relationship through the development of special resources such as translators and multicultural workforce.
- Establish norms allowing family involvement in the healing process.
- Identify and increase knowledge about non-traditional community resources such as local herbalist or specialty stores.
- Explain community health practices to Clients and assess their level of acceptance.
- Include cultural diversity concept in the education of medical personnel and the orientation of hospital Practitioners.

CROSS CULTURAL COMMUNICATION FOR HEALTHCARE EMPLOYERS

In the business of healthcare, 90% of activities involve communication. Achieving effective communication is a challenge to managers even when the workforce is culturally homogenous. Communication is the exchange of meaning. Communication includes any behavior that another human being perceives and interprets. The meaning interpreted by the receiver may be different from the information being conveyed by the communicator. Translating meanings and behaviors is based on a person's cultural background and is not the same for each person. The greater the differences in backgrounds between the sender and the receiver, the greater the difference in meaning attached

to particular words and behaviors. Cross-cultural communication occurs when a person from one culture sends a message to a person from another culture.

There are ways to increase the chances of accurately understanding people who speak a different language.

VERBAL BEHAVIOR

- Speak clearly and slowly.
- Repeat each important idea.
- Use simple sentences.
- Use active verbs.

NON-VERBAL BEHAVIOR

- Visual restatements (use pictures, graphs, etc.).
- Gestures (use facial and hand gestures).
- Demonstration: Act out the themes.
- Pause, more frequently

ATTRIBUTION

- SILENCE: when there is silence, wait. Do not jump to fill in the silence. The other person is probably thinking.
- INTELLIGENCE: Do not equate poor grammar and mispronunciation with lack of intelligence. It is a sign of second language use.
- DIFFERENCES: If unsure, assume differences rather than similarities.

COMPREHENSION

- UNDERSTANDING: Do not assume that they understand. Assume that they do not.
- CHECK: Have the people repeat their understanding.
- BREAKS: Take more breaks, second language comprehension is exhausting.

MOTIVATION

- ENCOURAGEMENT: Verbally and non-verbally encourage and reinforce.
- REINFORCEMENT: Do not embarrass speakers.

STRATEGIES TO COMMUNICATE EFFECTIVELY

Strategies to overcome our natural parochial tendencies do exist. With care, the default option can be avoided. We can learn to understand and control our own cultural conditioning. In facing foreign cultures, we can emphasize description rather than interpretation or evaluation and thus minimize self-fulfilling stereotypes and premature closure. We can recognize and use our stereotypes as guides rather than rejecting them as simplification. Effective cross-cultural communication pre-supposes the interplay or alternative realities. It rejects the actual or potential domination of one reality over another.

Miscommunication is a frequent problem in healthcare organizations. The most obvious case is when the patient and the facility personnel do not speak the same language. Also, patients and staff's may operate on different beliefs, values, and clocks, causing confusion and resentment for all parties.

TIME

When is the right time? People of different cultural backgrounds may give different answers to this question. Some people count time by a watch. They see time as money saved, spent, squandered. Others see only the rhythm or cycles of growth of people or things.

- Make allowances for the fact that differences about time can be legitimate cultural differences. Do not jump to conclusions that others are irresponsible. Do not assume that you are stupid or insensitive because you don't manage time the way they do.
- If you cannot adapt to the other person's sense of time, negotiate something that will work for both of you.
- Remember that culture runs deep. It is one thing to make an agreement and another to create a habit. Changes here will take patience, persistence with others and yourself.

PERSONAL SPACE

How large space is depends on your background and culture. Getting too close may make another think you are intrusive, aggressive, or pushy. Staying too far may give them the impression that you are cold, impersonal, afraid or disinterested.

- Learn to be flexible.
- Know that others may feel differently about space. Stay put and let the other people adjust to where they feel comfortable with you.

TOUCHING

When people touch physically, it means different things.

- I have power.
- Hello/Goodbye.
- I want you to understand.
- I like you.
- I want to congratulate.

COMMUNICATE

When you communicate, be aware of:

- Tone of voice.
- Body posture.
- Breathing rate.
- Distance.
- Timing and pacing of speech patterns.

DISCHARGE PLANNING

This section discusses a hospital's responsibilities to assist with nursing home placement and right to challenge hospital discharge decisions. All of the information applies only to persons on Medicare, although there are similar rights under other health insurance programs.

WHAT IS HOSPITAL DISCHARGE PLANNING?

Hospital discharge planning is a service to assist patients in arranging the care needed following a hospital stay. Discharge planners help arrange services including home care, nursing home care, rehabilitative care, out-patient medical treatment and other help. Hospital discharge planning is usually handled by the hospital's Social Services Department.

If a patient needs help arranging nursing home care, ask the doctor to contact the Social Work Department. If a hospital discharge planner does not contact the patient within a short time, contact the Social Work Department directly for assistance.

Discharge planning services in Medicare certified hospitals must meet the following standards:

- Hospitals must identify and evaluate persons who may need discharge planning assistance.
- The evaluation must be performed on a timely basis and must determine the need for services after the hospital stay and the availability of these services.
- The results of the evaluation must be discussed with the patient or patient’s representative.
- If requested by the patient’s physician, the hospital must help develop and implement a discharge plan for the patient.
- Discharge planning must be provided or supervised by a social worker, registered Practitioners or other appropriately qualified person.

If a patient needs nursing home care, the hospital’s discharge planner should provide information about local nursing homes, and should help identify homes that have vacancies.

The hospital cannot force a patient to go to any particular nursing home or discharge a patient to a nursing home without the patient’s legal representative’s consent. If the hospital believes that a patient no longer needs hospital care and is refusing appropriate discharge, it must issue notice to the patient of its determination. This notice can cause the patient to become responsible for payment of continuing hospitalization, subject to the patient’s right to appeal. The notice and appeals rights are discussed below.

PATIENT RIGHTS AND RESPONSIBILITIES

APN Staffing and Employment Solutions’ Practitioners must uphold their role as advocates and recognize the consumer/patients’ right to dignity, individual value systems, access to medical care and confidentiality. In being that advocate, Practitioners should be able to speak up to protect the health and safety of patients in their care without fear of retaliation.

THE PATIENTS’ BILL OF RIGHTS

The Patients’ Bill of Rights was conceived in 1998 by the U.S. Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Its purpose is to promote healthcare quality, and support the public as they navigate through the healthcare system. The seven areas of rights and responsibilities are:

1. Information Disclosure: Patients have the right to accurate and easily understood information about their health plan, health care professionals, and health care facilities. If a patient speaks another language, has a physical or mental disability, or just don’t understand something, assistance must be provided so that the patient can make informed health care decisions.
2. Choice of Providers and Plans: Patients have the right to a choice of health care providers who can provide high-quality health care when needed.
3. Access to Emergency Services: Patients who have severe pain, an injury, or sudden illness that convinces them that they are in serious danger; they have the right to be screened and stabilized using emergency services. These services should be provided whenever and wherever needed, without the need to wait for authorization and without any financial penalty.
4. Participation in Treatment Decisions: Patients have the right to know their treatment options and to take part in decisions about their care. Parents, guardians, family members, or others that a patient selects can represent them if they cannot make their own decisions.
5. Respect and Non-discrimination: Patients have a right to considerate, respectful care from doctors, health plan representatives, and other health care providers without discrimination.
6. Confidentiality of Health Information: Patients have the right to talk privately with health care providers and to have their health care information protected. Patients also have the right to read and copy their own

medical record. Patients have the right to ask that a doctor change their record if it is not accurate, relevant, or complete.

7. **Complaints and Appeals:** Patients have the right to a fair, fast, and objective review of any complaint they have against their health plan, doctors, hospitals or other health care personnel. This includes complaints about waiting times, operating hours, the actions of health care personnel, and the adequacy of health care facilities.

THE SIX ETHICAL PRINCIPLES OF THE PATIENT’S BILL OF RIGHTS

The Patients' Bill of Rights supports six basic principles of ethics:

1. **Autonomy:** Independence, self-direction, and freedom of choice. When patients choose a healthcare provider, a healthcare facility, or make decisions about treatment, they are exercising autonomy. The Patients' Bill of Rights supports autonomy by supporting the patients' right to the choice of plan and healthcare providers that ensures access to appropriate health care. The healthcare professional's duty is to support patients' autonomy by ensuring that patients understand their treatment options.
2. **Beneficence:** Acts of charity or kindness. As a principle of ethical care it means that treatment provided is for the good of the patient. The principle of beneficence means that patients should receive considerate and respectful care and have the opportunity to let healthcare workers know when they are not receiving the quality or value of care necessary. Healthcare professionals should assist patients to voice their concerns through a complaint procedure. The principle of beneficence indicates that healthcare providers must provide competent care so the patient is safe and is treated with respect.
3. **Confidentiality:** Private or secret. As a principle of ethical care it means that information about patients and their care is protected and shared only with those who have the right or the need to know. The patient also has a right to know how information about him will be used by others, and who will receive that information. The principle respects that patients have the right to know about their treatment and to review their own records.
4. **Fidelity:** Faithfulness, as in a pledge or duty. As a principle of ethics it means healthcare workers have a duty to be patients' advocates and to protect patients' rights. Fidelity is demonstrated by upholding the Patients' Bill of rights.
5. **Veracity:** Truthfulness. As a principle of ethics it means supporting both information disclosure and the right to make treatment decisions as described in the Patients' Bill of Rights. Correct and truthful information helps patients to make informed choices.
6. **Justice:** Impartiality or fairness. As a principle of ethics it means that all patients and their families are treated the same, without favoritism or discrimination based on race, color, gender, economic status, social status, or any other personal trait. All people have the right to fair and unbiased treatment.

INFORMED CONSENT

Informed consent is a process in which consent is obtained for a treatment or healthcare service when the patient knows about and understands the treatment, including its implications, benefits and risks, and the alternatives. The patient must know they have the right to accept or refuse the treatment or service.

Before undergoing treatment, patients must give consent. Some patients may not be capable of giving consent because of age, mental competence, or other possible factors. As such, a designated guardian (such as parent, relative, friend or caregiver) represents that patient. Healthcare workers must ensure that the consent is "informed" and signed by either the patient or the guardian.

ADVANCE DIRECTIVES

Advance Directives:

Advance Directives are documents written in advance of serious illness or injury which state choices for medical treatment or names someone to make treatment decisions on behalf of that individual should he/she become unable to make or communicate such decisions. Advance directives promote an individual’s control over his/her own healthcare decisions. All patients entering the healthcare system must be given the opportunity to complete an

advance directive document which will define the patients' preferences in end-of-life decisions or at any time that they are unable to convey their own wishes regarding healthcare. Advance directives are voluntary and are supported by the Patient's Bill of Rights Dependent upon State Law; there may be two or more types of advance directives: The Living Will and the Durable State of Attorney/Healthcare Surrogate, as examples.

a) Living Will:

A "Living Will" is a document that gives direction about the medical care, and limitations of medical care, desired by the patient when he or she is either in a permanent vegetative state with no hope of recovery or has an imminently terminal condition AND is unable to make his or her needs known.

b) Healthcare Surrogates/Durable Power of Attorney:

A document which names someone to make medical care decisions for another, should that person become unable to make them for themselves. This document may include instructions about treatments that individuals may or may not want, should he/she become seriously ill or injured.

Guidelines

Written information regarding advance directives may be available to anyone and most often is administered through the admission department, Social Work department, Pastoral Care department, Medical Records department. It is the responsibility of the registered Practitioners to assure this documentation is available in the medical record.

Any competent patient may sign a living will or durable power of attorney for healthcare. Witnesses to a living will may not be:

- Related to the patient by blood or marriage.
- The patient's physician or Practitioner of the physician.
- An Practitioner of the hospital, if the Practitioner is providing direct care to the patient or is involved in the hospital's financial affairs.
- Be a patient of the hospital.
- Have a claim against the hospital.

Witnesses to a durable power of attorney for healthcare may not be:

- The person appointed as agent in the document.
- A provider of health or residential care.
- The operator of a community care facility.
- A Practitioner or operator of a healthcare facility.

Each adult (or their representative), who registers as an inpatient, should be asked if they have a living will and/or durable power of attorney for healthcare. If the patient has a Living Will and/or Durable Power of Attorney for healthcare, it shall be noted on the appropriate form and be made part of the medical record.

If a patient decides to revoke a written advance directive, the appropriate department should be notified by the patient's physician or staff Practitioners. Said department shall explicitly mark the advance directive as being revoked and should clearly document the date of the revocation. A patient may revoke an advance directive at any time, regardless of the patient's mental state of competency.

UTILITY MANAGEMENT

Utilities are basic building services. They include:

- Electricity: Emergency Electrical Service is supplied from a hospital's emergency powerhouse generators. When normal service fails, the generators support essential building systems, fire safety systems and pre-designated medical equipment. Most hospitals have an Uninterruptible Power

Supply (UPS) System that permits power sensitive equipment to function normally during transitions in power supply.

- Water: Water is needed for drinking, cooking, bathing, cleaning, flushing the toilet, steam production, heating and cooling systems and cooling some clinical equipment.
- Sewer: The Sewer Service allows for waste disposal from the facility.
- Natural Gas: Hospitals use natural gas as the primary fuel for the boilers to make steam and hot water. Natural gas also supports food service and lab processes. The hospital may have a backup diesel fuel supply to fire the boilers, if the natural gas supply fails.
- Piped Medical Gases: Medical gases include oxygen, nitrogen, nitrous oxide and carbon dioxide. They are supplied from the hospital medical gas storage systems. Medical Gases are distributed to specific outlets throughout the hospital. Medical Air is also distributed via special outlets throughout the hospital.
- Heating, Ventilation and Air Conditioning Systems (HVAC): The functions of HVAC include heating to support room comfort, ventilation to support air quality and infection control and cooling to support human comfort and in some locations, equipment function.
- Fire Protection System: Fire protection systems are operated and maintained by the Hospital's Physical Plant and Maintenance Departments. Smoke detection systems are designated to operate at all times. Fire sprinklers turn on when a defined temperature is reached. Fire alarms are triggered by either the smoke detection of fire sprinkler systems. They produce audible alarms and visual strobe signals.
- Pneumatic tube systems
- Telephones
- Computers

Code White: Utility Failure

The purpose of a Code White is to alert Practitioners to a hospital-wide failure of one or more of the above utility systems. All departments and units have Utility Failure Plans that identify what action you need to take in the event of one of more utility failures. Make sure you know the location of the Utility Failure Plan and contact the hospital Safety management, Department Manager or Safety Coordinator if you have any questions.

PATIENT EDUCATION

Patient/family teaching has been recognized as an essential activity fundamental to every nursing, medical and allied specialty. The growing awareness that individuals can be more responsible and participate in their own health is prompting the providers, policy makers, regulatory agencies and payers to strengthen patient and family education in every phase of patient care.

Patient and family education is interactive and appropriate to the patient's age and length of stay. It includes, but is not limited to:

- Helping the patient adopt or function more independently.
- Information about access to additional resources.
- When and how to obtain further treatment.
- Safe and effective use of medication and medical equipment.
- Potential drug – food interaction.
- Nutrition information/counseling on modified diets as appropriate.
- Rehabilitative techniques, including activity and assistive devices.
- Maintenance of good standards for personal hygiene and grooming, including brushing teeth, bathing, caring for hair and nails, and using the toilet.
- Information on patient/family responsibilities for the patient's health care need (e.g. self-care, signs and symptoms to report, etc.) including the knowledge and skills to carry out these responsibilities.

How is Patient/Family Education Implemented?

- Patient teaching is based on assessed learning need.
- Assessment includes consideration of cultural and religious practices.
- Barriers to learning are identified.
- Age-appropriate teaching is matched with developmental stage.
- Education is provided by the appropriate health care professionals (Pharm D, MD, RN, LCSW, RD, RCP, RT, OT, SLP and other disciplines involved with the patients care).
- Educational materials (video and print) utilized are medically current, instructionally correct, cost effective and developmentally coordinated through the Patient Education Committee.

The Practitioners Role in Patient Education

- Assess/re-assess patient, including cultural and religious beliefs.
- Identifies learning barriers.
- Identifies learning need.
- Provides in room orientation.
- Plans for patient teaching in collaboration with patient/family and involves interdisciplinary team.
- Demonstrates use of equipment, rehabilitative techniques, and assistive devices.
- Explains treatment plan, verifies patient's knowledge about procedures.
- Explains medication in collaboration with clinical pharmacist.
- Teaches/demonstrates self-care, personal hygiene.
- Provides discharge instructions such as:
 - Follow-up appointment with physician.
 - Danger signals and symptoms to report.
 - Medications, food-drug interactions.
- Provides patient with education materials.
- Self-care.
- Activity, assistive devices.
- Access to resources.
- Pain Management.
- Return to work and driving.

MEDICAL EQUIPMENT MANAGEMENT

The Safe Medical Devices Act, in an effort to monitor incidents involving equipment, requires all healthcare personnel to follow up on problems or incidents involving equipment promptly. If a piece of equipment does not function properly:

- Take it out of service and generate a work order generated for its repair.
- If the item has been involved in an incident causing serious illness or injury to anyone in our facility, the equipment should be isolated and saved for Risk Management to examine.
- Fill out an incident report.
- Report the incident immediately to Risk Management. Risk Management staff will evaluate the incident for reporting to the FDA and manufacturer.

In order to provide quality patient care with the least amount of risk possible, all facilities have developed an Equipment Management Program. All equipment (clinical or non-clinical) must be inspected by the Facilities Management Department prior to its initial use. "Equipment" is defined as all equipment, fixed or portable, that is used for the diagnosis, treatment, monitoring or care of patients, which could pose a physical and/or clinical risk to a patient and/or operator during use.

- All Practitioners who operate, monitor or maintain clinical equipment must be trained to do so safely.
- Practitioners are required to be familiar with the clinical equipment inspection stickers affixed to each piece of equipment.

- All equipment should have the facility's inspection sticker on it that indicates the equipment was inspected; the equipment passed the electrical safety test and how frequently the equipment is tested.

CLINICAL EQUIPMENT

In order to provide quality patient care with the least amount of risk possible, the Facilities Management Department has developed a Clinical Equipment Management Program.

Clinical equipment is defined as all equipment, fixed or portable, that is used for the diagnosis, treatment, monitoring or care of patients, and which could pose a physical and/or clinical risk to a patient and/or operator during use.

All equipment (clinical or non-clinical) must be inspected by the Facilities Management Department prior to its initial use.

Many different types of clinical equipment are used to help treat patients in your facility. Some of these are:

- Ventilators
- IV (Intravenous) pumps
- Glucose-testing monitors
- Cardiac monitors
- Enteral pumps
- Radiant warmers
- Hypothermia blankets
- EKG (Electrocardiograph) machines
- Electric beds

Clinical equipment can be an important part of a patient's treatment, but there are things that can go wrong. There are three types of risk factors or potential problems that can arise in the use of clinical equipment:

1. Malfunction
2. Improper use
3. Damage to equipment

It is important that you do not use any equipment that you have not been trained to use. You need to know the following information about any equipment you use:

1. How to operate it.
2. The purpose of the equipment and the intended results.
3. Monitoring and observation activities - what to observe, frequency precautions, and adverse reactions.
4. Contraindications - warning signs.
5. Troubleshooting - including how to respond to alarms.
6. Care and maintenance.
7. Backup procedures and equipment.

In addition to proper training, there are other things you can do to help ensure that equipment functions properly and safely:

1. Teach patients and their families about any equipment, including how it works, its purpose, safety precautions, signs of problems, what to do if problems arise, and when to notify staff.
2. At the first sign of a malfunction, take equipment out of use. Label it so that others do not use it, and follow the policy of your facility for repair.
3. If equipment has a battery backup, keep it plugged in whenever possible so that it stays fully charged.

4. Remove equipment from rooms when it is no longer needed to prevent it from being damaged and to make it available for others to use. Follow the policy of your facility to prepare the equipment for use with another patient, including disinfecting, cleaning, re-inspecting, and recalibrating where required.
5. If any equipment is dropped, take it out of service immediately. Even though it may seem intact, there might have been damage to some components that could pose a safety hazard.
6. Cellular phones have been found to interfere with some electrical equipment. Your facility may have a policy that bans cell phones in the facility or within certain areas.

PAIN MANAGEMENT

Pain management is a complex, subjective and highly unpleasant sensory or emotional experience caused by a physical, neurological or emotional response to noxious stimuli. Pain can be acute or chronic in nature. No two people experiences or express their pain alike. The most reliable indication of the existence and intensity of pain is the patient's testimony, and its measurement is considered the 5th vital sign. Many factors can influence the severity of pain, including the personal meaning of pain, additional anxiety, tension, depression, fatigue, and sleeplessness. Chronic pain is the most frequent cause of reduced quality of life. Untreated acute pain in hospitalized patients can cause longer hospital stays, delayed healing and fear and anxiety.

When you are providing care, moving, lifting a patient or performing procedures, ask the patient if they are having pain. Do not assume a patient is not in pain just because he or she doesn't speak up. Often, careful moving or re-positioning may help.

Patient pain level will be assessed using ETRMC's Universal Pain Assessment 10-point scale. Pain management includes main assessment, planning, intervention, reassessment of patient responses to pain management measures, and education of patient and family regarding pain management. Patient assessment, reassessment and education must be documented on the medical record.

Pain control measures fall into two categories:

1. Pharmacological interventions.
2. Non-pharmacological interventions.

Pharmacological interventions are pain control methods that use medications. These include:

1. Opiates, such as morphine and codeine.
2. Non-opiates, such as acetaminophen.
3. Adjuvants, a variety of drug types that are usually used to supplement opiates or non-opiates.

Non-pharmacological interventions are alternative measures that do not use drugs. The methods that are selected will depend on the needs of the patient. Non-pharmacological pain management methods include:

1. Relaxation and distraction techniques
2. Physical interventions.

Relaxation and distraction techniques

These techniques work best if they are practiced before they are needed for pain relief. They include:

- Deep breathing (with focus on breathing techniques).
- Listening to music.
- Guided imagery.
- Biofeedback.
- Hypnosis.

Physical Interventions

Physical interventions that can help in the treatment of pain include:

- Massage.
- Exercise (especially for chronic pain).
- Application of heat or cold (not longer than 20 minutes; be careful of extremes of heat or cold that could damage tissue).
- Acupuncture.
- Position change.
- TENS unit (trans-electrical nerve stimulation therapy).
A TENS unit controls pain by stimulating the nerves at the pain location, helping to block pain signals.

When using drugs to control pain, the best strategy is to use the **least strong** drug which still gives adequate pain relief. If the intervention does not relieve the pain, it may require:

- An increase in dosage.
- An increase in frequency.
- An increase to the next level of drug.

Usually, pain control measures begin with non-opiates (non-narcotic) drugs. Non-opiates, such as acetaminophen (Tylenol) are generally available in both over-the-counter and prescription strengths. Non-opioids are usually taken orally or by suppository. The most common side effect of acetaminophen is hepatotoxicity (liver involvement). This is most common with an overdose.

Non-opioids also include NSAIDs (non-steroidal anti-inflammatories), such as Advil and Motrin. These may also be used in combination with opiates. The most common side effects of NSAIDs are:

- Gastric irritation.
- Prolonged bleeding time.

The name, **opiates**, refers to drugs that are based on opium. They can be either natural or synthetic. Opiates are used for moderate to severe pain.

Pure agonists

One class of opiates, known as "pure agonists", which refers to their specific mechanism for pain relief, includes:

- Morphine
- Hydromorphone (Dilaudid)
- Fentanyl
- Codeine

Increased dosage of pure agonists provides increased analgesia (pain relief) and side effects. Side effects include:

- Euphoria
- Sedation
- Constipation
- Nausea
- Vomiting
- Itching
- Urinary retention
- Hypotension
- Respiratory distress

Over time, patients may develop a tolerance for opiates, meaning they require higher dosages to achieve the same pain relief. However, the usual reason for increasing dose is because of disease progression. Patients who have

received opiates for a long period of time may experience withdrawal when the drug is stopped. This means that patients should not be taken off the drug suddenly, but should gradually decrease the drug level over several days.

There are two important things to remember about opiates and other pain drugs:

1. Drug-seeking behavior is NOT a sign of addiction.
2. Drug-seeking behavior IS a sign of inadequate pain relief.

Other opiates

Other types of opiates, nalbuphine (Nubain) and butorphanol (Stadol), provide less analgesia, but also fewer side effects. There is also a limit to their effectiveness. After a point, higher doses do not increase analgesia. These drugs are sometimes used to reverse analgesia and side-effects caused by pure agonists.

Administration of opiates

Opiates can be given orally. As pain level increase, they are administered in other ways which deliver a higher level of pain relief:

- Sublingually (under the tongue).
- Bucally (placed in the cheek area if patient unable to swallow).
- Dermal patch (for continuous release).
- Intravenous (IV) by continuous infusion or intermittent dosage.
- Patient-controlled analgesia (PCA) using intravenous delivery.
- Intramuscular or subcutaneous injection.
- Suppository.

Adjuvants

Other drugs that may help in pain control are called adjuvants. These include:

- Corticosteroids
- Antidepressants
- Local anesthetics
- Anticonvulsants

These drugs are used to:

1. Enhance the effectiveness of a primary analgesic.
2. Limit the side effects of a primary analgesic (usually an opiate).
3. Treat concurrent symptoms that increase pain.
4. Provide analgesia for certain types of pain that are not relieved by opiates.

RADIATION SAFETY

Time, Distance and Shielding prevent unnecessary exposure to radiation. Spend only the needed time in the radiation area, keep your distance from the source of radiation and use proper shielding when radiation equipment is being used. To do this, routine testing and evaluation of equipment, procedures, personnel monitoring and continuing education are critical. Those involved with Radiation need to attend an annual refresher course on Radiation Safety. The classes are listed in the Memorial Academy catalog.

- Always observe radiation warning signs.
- Enter areas employing radioactive sources only for authorized and necessary purposes.
- Do not attempt to clean up spills on floors and counter tops labeled "Caution: Radioactive Materials." These may be radioactive and require special clean-up procedures.

FALL PREVENTION

Most facilities have developed a Fall Prevention Program to identify those patients who are at highest risk to fall, with the intent of reducing injuries.

A patient fall may also result in:

- Longer hospital stays
- Permanent injury
- Disability
- Death

There are things you can do to help prevent patient falls:

- Orient patients to their surroundings.
- Show them how to use the call light and explain how and when to get assistance.
- Ensure good lighting in rooms and bathrooms.
- Keep beds at a low height.
- Make sure path to bathroom is clear.

You can also learn to recognize patients who are at risk for falls. These include:

1. Infants and young children
These patients are immature, and they often do not understand what they should or should not do. Their motor skills are still developing, so they can fall easily. They are also full of curiosity.
2. Older adults
The majority of falls occur in patients over 65 with the highest number in the 80-89 age group. These patients may be unsteady on their feet. They may also have problems with hearing and eyesight.
3. Sedated patients
Patients who are sedated may not be able to understand instructions. They often cannot recognize dangers and may become confused.

Patient education can also help prevent falls. Teach patients and their families about:

- The hospital environment.
- Potential hazards.
- Equipment being used.

In addition to patient falls, there are other types of injuries. These include injuries from misuse of equipment and burns from hot liquids. These injuries are less frequent than falls, but all have one thing in common:

Most injuries can be prevented!

There are several things you can do to help prevent injuries:

1. Identify and correct safety hazards.
2. Take care in using equipment.
3. Follow the standard of care when doing procedures and treatments.

Identify and correct safety hazards

- **Slips**, such as water on the floor, should be cleaned up.

- **Trips**, or obstacles, should be removed.
- **Sharps**, such as needles or glassware, should be properly disposed of.

COMPLAINT RESOLUTION (STAFF AND CUSTOMER)

A Customer Service Complaint is any complaint and/or concern from one of our valued customers regarding a situation or incident that results in dissatisfaction of that customer. The purpose of our complaint policy is to:

- To have a positive impact in improving customer service and satisfaction.
- To understand the causes that underlie a complaint and to focus on making changes to systems and processes to reduce the probability of a similar complaint in the future.
- To prevent potentially compensable events and to protect corporate financial resources potentially jeopardized by customer dissatisfaction.
- To analyze and trend data to identify opportunities for organizational performance improvement.

All APN Staffing and Employment Solutions' Practitioners and internal office staff are entitled to full and equal accommodations, advantages, facilities, privileges and services provided by the company.

APN Staffing and Employment Solutions accepts complaints from persons who believe that they have experienced a violation of their rights. The following guidelines shall be followed in resolving complaints.

- Complaints must be filed within 30 days of the alleged act.
- The complaint is the written document that describes the occurrence and why the person filing the complaint believes the action or incident was in violation of his/her rights.
- An individual seeking to file a complaint needs to contact APN Staffing and Employment Solutions management. An intake interview or phone interview will be conducted with the complaining party.
- After a careful screening process, the complaint is investigated to determine if there is sufficient evidence to support the allegation. The complaint documentation must contain a claim which constitutes a violation of the complaining person's rights.
- A complaint may be settled at any time after it is filed. Opportunities will be given to all parties involved to ask questions, provide information, and suggest witnesses in order to resolve the complaint.
- As the investigation proceeds, individuals will be interviewed and pertinent records and documents will be reviewed.
- The person filing the complaint must cooperate fully by providing accurate information and by supplying documents to support the allegations.
- All information gathered in the course of an investigation is subject to disclosure, unless otherwise protected by the individual's right to privacy (e.g. medical records).
- If the complaint is substantiated, a reconciliation conference to settle the complaint will be scheduled. Settlement terms may require:
 - Restoration of previously denied rights.
 - Compensation of any out-of-pocket losses incurred by person filing complaint.
 - Correction of other harm(s) resulting from the violation(s).
 - Modification of practices that adversely affect persons protected under law.
 - Other actions to eliminate the effects of violation of rights.

Our goal is to always provide you with a consistent level of service. If for any reason you are dissatisfied with our service or the service, we encourage you to contact the APN Staffing and Employment Solutions' Management to discuss the issue. APN Staffing and Employment Solutions has processes in place to resolve complaints in an effective and efficient manner. If the resolution does not meet your expectation, we encourage you to call the APN Staffing and Employment Solutions corporate office at 480-788-5890. A corporate representative will work with you to resolve your concern. Any individual that has a concern about the quality and safety of patient care delivered by APN Staffing and Employment Solutions' healthcare professionals, which has not been addressed by APN Staffing and Employment Solutions' management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at 630-792-5636. APN Staffing and

Employment Solutions demonstrates this commitment by taking no retaliatory or disciplinary action against Practitioners when they do report safety or quality of care concerns to the Joint Commission.

HUMAN RESOURCES: EMPLOYMENT APPLICATION PROCESS

In keeping with our standard of excellence, APN Staffing and Employment Solutions' initial application process and ongoing quality assurance initiatives are designed with the primary goal to provide the highest quality of nursing professionals possible. Our objectives include:

- To recruit and employ those professionals who are dedicated to quality care with proven skill histories.
- To provide a thorough orientation for each Practitioners, so that he/she may perform his/her work in a safe and effective manner.
- To provide consistent opportunities for staff education via our in-service training and staff development program.
- To monitor the quality of nursing performance through regular on-site evaluations.
- To work closely with Clients while modifying our service concepts to meet their needs.

Each applicant undergoes a stringent screening process to verify skills and commitment to nursing excellence.

PROOF OF CITIZENSHIP OR ABILITY TO WORK AS REQUIRED BY LAW

APN Staffing and Employment Solutions verifies eligibility to work in the United States. The U.S. Immigration and Naturalization Service requires that Practitioners show proof of citizenship/eligibility to work by completing an Employment Eligibility Verification Form (I-9). Failure to produce the necessary proof according to the applicable laws will result in the postponement of employment.

BACKGROUND CHECKS:

APN Staffing and Employment Solutions performs criminal background checks on applicants, which include at a minimum a felony and misdemeanor search in the state of Arizona, and may also include states and counties of residence/employment for the previous 7 years. Criminal background checks can also be conducted post-employment, based upon a reasonable suspicion of criminal activity.

In addition, APN Staffing and Employment Solutions verifies that applicants are not included in the Office of Inspector General's (OIG) or the Excluded Parties List System (EPLS) databases of excluded providers.

LICENSE/CERTIFICATION/EDUCATION VERIFICATION

At a minimum, applicants are required to provide valid, original professional licenses to practice their profession in the state of Arizona, Basic Cardiac Life Support (BCLS) certification and any other professional certifications required for the practice of their specialty. APN Staffing and Employment Solutions conducts primary source verification of all professional licenses in all relevant states with the appropriate licensing bodies to verify issue date, expiration date, active status of license and to determine if a license has ever been suspended, revoked, restricted, reprimanded, sanctioned or disciplined. Any disciplinary action on a professional license can be terms for non-employment with APN Staffing and Employment Solutions and falsification of any documentation will render applicant completely ineligible for employment with APN Staffing and Employment Solutions.

Positions that require a specific educational requirement and/or certification must have verification of such. Where education and licensure are required, but the license may not be obtained without meeting the education requirements, it is not necessary to confirm education, but only to verify the license (Specific example would be an RN where State licensure is required and completion of an approved nursing program or completion of a certain number of continuing education units. In this case, the individual may not obtain State licensure or renewal without

completion of an approved program or continuing education units, therefore only license verification would be required. If the position requires State licensure as an RN and a Master's degree, then both the licensure and the education would need to be verified).

It is the Practitioner's responsibility to maintain a current valid license. Failure to do so will result in removal from duties and progressive discipline. Practitioners are required to immediately notify APN Staffing and Employment Solutions if a license/certification is suspended or revoked prior to education.

REFERENCE CHECKING

APN Staffing and Employment Solutions verifies at least two (2) references from previous employers and requires a satisfactory evaluation from former supervisors of an applicant regarding position, knowledge and applied job skill proficiency. Dates of employment and position are also confirmed.

PRE-EMPLOYMENT SKILLS ASSESSMENT/COMPETENCY EXAMINATIONS

To ensure that work is performed safely and efficiently in the hospital setting, all applicants are required to complete a competency self-assessment for every unit and specialty to which they will be assigned. All competency assessment tools are maintained in their personnel file.

APN Staffing and Employment Solutions' placement department shall assess applicant competency through review of all competency self-assessments, competency examination, references and in-person or telephone interviews. A position description that specifies job duties, expectations, qualifications and special requirements commensurate with the position are reviewed with each applicant as well.

ADDITIONAL QUALIFICATIONS

- Applicants must be a graduate of an accredited medical school, nursing school, or appropriate certification program.
- All applicants must possess at least *six months* experience, within the last three years, providing care in a clinical setting, *or as specified by the particular contract*. Their experience shall be documented by reference in their personnel file.
- All applicants must be BCLS certified
- Practitioners working in ICU, CCU, PACU, ER and Telemetry must be ACLS certified
- Practitioners working in ER, PEDS and PACU must be PALS certified
- Practitioners working in NICU and Nursery must be NALS/NRP certified
- Practitioners working in L&D must be NALS/NRP certified and also be certified for Advanced Fetal Monitoring
- Practitioners working in Post-Partum or any OB/GYN area must be NALS/NRP certified
- Practitioners working in Psychiatry/Mental health must be MAB certified
- Practitioners in ER must complete APN Staffing and Employment Solutions' EMTALA Learning module/competency exam

HEALTH SCREENING

Applicants must go through a screening process to demonstrate that they are free from communicable disease and are free from any health impairment that is of potential risk to the patient, caregiver, other Practitioners, or that may interfere with the performance of duties. All applicants must provide:

- Clearance for Work:
Clearance for Work is only required when specified in the written agreement between APN Staffing and Employment Solutions and its Clients. If required, the applicant will submit a written clearance for work conducted within the last twelve months prior to hire date. The Clearance for Work shall include whatever specifications are in the written agreement between APN Staffing and Employment Solutions and its Clients,

which may or may not include a medical history, physical examination, laboratory work as indicated, and a written report to indicate that the employee is physically and medically qualified to perform the duties to be assigned. In addition, annual physicals are required thereafter.

- Tuberculosis Test:
A Tuberculosis Test must have been performed within the last twelve months prior to hire date. The TB test must show a negative result to a two-step TB test. Applicants who test positive as a tuberculin reactor are required to submit documentation of a negative chest x-ray showing no abnormalities and/or provide proof of prophylactic antibiotic therapy. Repeat testing of a negative TB test will be required annually. Repeat chest x-rays every two years are required for those who present positive TB results. Applicants with positive TB results must also complete a TB questionnaire upon hire and annually thereafter.
- Vaccinations:
Submit proof of exposure to or immunization to Rubella, Rubeola, Mumps, and Varicella zoster.
- Drug Test:
10 panel drug screen for amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, meperidine, Methadone, Opiates, Phencyclidine, Propoxphene.
- Hepatitis B:
Must provide proof of vaccination to Hepatitis B or sign waiver/declination. The Hepatitis B vaccine and vaccination series shall be made available at no cost to all Practitioners. Practitioners shall not receive the vaccination, if they have previously received the Hepatitis B vaccination series or have antibody resting which reveals the Practitioner is immune or for whom the vaccine is contraindicated for medical reasons.

**** If any of the health screening requirements cannot be furnished by applicant, APN Staffing and Employment Solutions will provide all testing procedures at no cost to applicant at an accredited Healthcare facility.*

**** Please note that random drug screening and drug screening for cause may occur at any time.*

INTERVIEW AND EDUCATION

Applicants are interviewed by APN's Healthcare Administrator or a qualified designee. Interviews are designed to determine applicant's knowledge, competence and skills in specified areas of expertise matching what is requested by a Client facility. Interviews are based on actual events and circumstances that applicants are likely to encounter in the work environment or based on detailed requests solicited by the account manager from each Client facility.

Applicants are also oriented to APN Staffing and Employment Solutions' general policies and procedures, as well as specific administrative policies on overtime and scheduling. Orientation for select Clients is also provided.

Applicants are also oriented and tested on a variety of topics, including, but not limited to:

- Medication: administration, safety and prevention of errors.
- Abuse: Child, elder and reporting, SCAN.
- Sexual and domestic violence, assault, rape.
- Drugs in the workplace, workplace violence.
- Safety: electrical, fire, environmental, safety signals.
- Hazardous materials.
- Infection control and CDC Hand Guidelines.
- OSHA and blood-borne pathogens.
- Dress code and fingernail policy.
- JCAHO education, National Patient Safety Goals, List of Abbreviations/Do-not-use.
- Patient rights/advance directives.
- Emergency preparedness.
- End-of-life care.
- Code situation policies.
- Sentinel event policies and procedures.
- Restraints.

- Age-specific education.
- HIPAA.
- Pain Management.
- Body Mechanics.
- Documentation: of patient care, transcribing of physician orders.
- Conscious Sedation.
- Patient safety and education.
- Fall prevention.

The completion of orientation shall be documented and signed by the applicant, and the Acknowledgement Form will be retained in the Practitioner's personnel record.

MAINTAINING PRACTITIONER PERSONNEL FILES

All personnel files are maintained by human resources, which monitors relevant requirements and expirations of any requirements. Requirements are kept current through daily alerts of soon-to-expire or expired requirements.

Evaluations

- Every healthcare professional working with APN Staffing and Employment Solutions, who has worked in the last year, will have an annual performance evaluation carried out by the APN's Healthcare Administrator or their designee.
- APN Staffing and Employment Solutions will attempt to obtain written feedback from Client representatives regarding Practitioner's competence and ongoing performance as a professional provider. Unfortunately, some Clients will not cooperate with APN Staffing and Employment Solutions in this regard, so APN Staffing and Employment Solutions verbally solicits feedback and documents this feedback on a designated form. This process is performed quarterly.

Orientation

APN Staffing and Employment Solutions will provide all new Practitioners with an orientation to the company's policies and procedures. Each Practitioner will receive a Practitioner Handbook.

Some facilities require some form of orientation. The amount of time required by each facility varies. Some facilities require computer training classes and orientation prior to the first shift worked. The staffing coordinator will provide the required orientation to all Practitioners prior to scheduling the first shift with a facility. Orientation time worked at the facility may be paid or unpaid at the rate specified by the Client facility.

Some facilities require that their specific pre-employment orientation "packets" be completed by the prospective Practitioner at APN Staffing and Employment Solutions before the first shift is worked, and there is no pay for this required activity.

The first time you visit a facility, the following guidelines should be followed:

- Report approximately one (1) hour early for orientation (it may vary for each facility).
- Carry photo ID for evidence of identity when reporting for assignment.
- Take your nursing license and certifications with you.
- Report to the appropriate supervisor.
- It is expected that the healthcare Practitioner locate and comply with the facility policy and procedures manual, locate fire pulls, crash cart, med. room, linen cart, and appropriate exits before your shift starts.
- Always dress in proper attire when working at the facility. Orientation is only paid if approved by the Client facility and when facility staff has properly verified the time.

Occasionally, a APN Staffing and Employment Solutions' Practitioner may show up early as directed for orientation shift and no one is available for orientation. Please take it upon yourself to utilize this time to become familiar with the floor layout and the location of vital items you may need in order to function effectively on your shift. It will be to your advantage to have knowledge of the location of the policy and procedures manual, fire pulls, crash cart, med. room, linen cart, and appropriate exits prior to the onset of your shift.

APN Staffing and Employment Solutions attempts to provide a comprehensive and thorough pre-employment orientation and in service training that reflects current compliance and promotes safe healthcare delivery. The program includes, but is not limited to the following:

- Age Specific
- Disaster Preparedness
- Cultural Diversity
- Environmental Safety
- Hazardous Chemicals
- HIPAA
- Infection Control/Blood-borne Pathogens
- Abuse
- Domestic Violence
- Ethics For Healthcare
- 2008 National Patient Safety Goals
- Pain Awareness
- Patient Restraints
- Patient Rights
- Workplace Violence

PERFORMANCE IMPROVEMENT AND EDUCATION PROGRAM

The purpose of performance management is to enhance the knowledge, skills and behaviors of all Practitioners. This is accomplished by providing a means of measuring Practitioner's' effectiveness on the job; identifying areas of development where Practitioners are in need of training, growth, improvement and/or additional resources; maintaining a high level of motivation through feedback with management and establishing individual performance goals.

INITIAL ASSESSMENT

Upon hire, APN Staffing and Employment Solutions' Human Resource Officer (APN's Healthcare Administrator) must meet with all new hires to inform them of the competencies that must be met. For the initial assessment, the competency self-assessments will serve as the baseline assessment. Review and education for errors on any competency exams, pharmacology exams and additional examinations will also serve to identify areas of improvement.

ON-THE-JOB ASSESSMENTS

APN Staffing and Employment Solutions has implemented a continuous, systematic and coordinated approach to measure and assess Practitioners based on Client feedback on all agency personnel being utilized. The following assessments are utilized to ensure Practitioner performance and customer satisfaction:

- Initial Shift:
 - Practitioners are assessed by the charge Practitioners, nurse manager or hospital designee at the completion of the first shift.
 - Assessment focuses on professionalism, safety, patient care, patient satisfaction, compliance, assessment, planning and documentation.

- Periodic:
 - Practitioners are assessed by the charge nurse, nurse manager or hospital designee at random.
 - Assessment focuses on professionalism, safety, patient care, patient satisfaction, compliance, assessment, planning and documentation.

Any unsatisfactory feedback will be reviewed and discussed with each Practitioner and methods for improvement recommended by APN Staffing and Employment Solutions' Healthcare Administrator. For more information on APN Staffing and Employment Solutions' Progressive Discipline Program, please see Progressive Disciplinary Action below.

PERIODIC ASSESSMENTS

APN Staffing and Employment Solutions' Healthcare Administrator **conducts ninety-day and annual assessments** of all staff. The Healthcare Administrator evaluates Practitioner job performance based on the functions and standards as outlines in the job descriptions. Together, the Healthcare Administrator and Practitioner will identify strengths, accomplishments and areas for improvement and development. All Client reviews, including initial and periodic assessments are also incorporated into the ninety-day and annual performance review. Practitioners will also update their competency self-assessments at this time.

If a Performance Plan is required, a plan identifying the performance expected will be created and will be used to gain the Practitioner's commitment to perform to those expectations. The Healthcare Administrator will provide coaching, resources and suggestions to assist the Practitioner in working toward the performance expectations established in this phase. In the event that a Performance Plan is created, it is expected that the Healthcare Administrator conduct Progress Checks, or informal reviews of performance to determine if the agreed-upon goals and objectives are being achieved, to recognize achievements, to discuss developmental needs, and/or to provide assistance in the accomplishment of performance goals.

PRACTITIONER PERFORMANCE REVIEW

- Every Practitioner employed by APN Staffing and Employment Solutions, who has worked in the last year, will have an annual performance evaluation carried out by APN Staffing and Employment Solutions on or around your anniversary date.
- APN Staffing and Employment Solutions will attempt to obtain written feedback from Client representatives regarding clinical staff competence and ongoing performance of professional Practitioners. Unfortunately, some Clients will not cooperate with APN Staffing and Employment Solutions in this regard, so APN Staffing and Employment Solutions follows a competence by exception philosophy. In the absence of Client feedback, unless there is evidence of a performance issue, we assume that our Practitioners are meeting performance expectations.
- Feedback from our Clients regarding clinical and/or professional performance is addressed with our Practitioners immediately. Follow-up with our Clients is completed within an appropriate time frame.
- Annual skills checklists which apply to specialty area of work will be completed by every health professional employed by APN Staffing and Employment Solutions.
- When training needs are identified, an opportunity to complete the training will be provided at the earliest possible occasion.
- The company assesses aspects of Practitioner's competence at hire, by periodic performance evaluations and as needed or required by State licensing agencies, to ensure that Practitioners have the skills or can develop the skills to perform and continue to perform their duties.
- APN's Healthcare Administrator is responsible for ensuring that any areas of development are identified and addressed.

EDUCATION

Ongoing continuing education is the responsibility of APN Staffing and Employment Solutions' Practitioners to ensure that all clinical staff have current knowledge and practice base. APN Staffing and Employment Solutions maintains information on available resources for BCLS, ACLS, PALS, etc. The following online education programs are also available for continuing education; however this is not an inclusive list of available resources: www.Practitionerstesting.com, www.nursingspectrum.com, and www.lww.com. Evidence of continuing education

and annual required in-service education are part of the ongoing competency assessment program and will be maintained in your personnel file. Practitioners are required to provide APN Staffing and Employment Solutions with copies of their continuing education certificates.

APN Staffing and Employment Solutions encourages all staff to further their skills and knowledge as nursing professionals. APN Staffing and Employment Solutions facilitates ongoing education of staff through:

- Annual in-services on:
 - Customer service and satisfaction
 - Joint Commission National Patient Safety Goals
 - HIPAA
 - Infection Control
 - Safety: fire, life and general

PROGRESSIVE DISCIPLINARY ACTION

APN Staffing and Employment Solutions has established workplace standards of performance and conduct as a means of maintaining a productive and cohesive working environment. A positive, progressive approach is taken to solve discipline problems, which appeals to a Practitioner's self-respect, rather than create the fear of losing a job. Our system emphasizes correction of the offensive behavior. If correction of the problem and sustained improvement does not occur, termination may result.

The following may be grounds for disciplinary action, up to and including termination:

- Accumulating 5 Points on APN's Do Not Send Policy
- Accepting an assignment and not reporting to work or not notifying us.
- Unauthorized possession, use, or removal of property belonging to APN Staffing and Employment Solutions or any Client of APN Staffing and Employment Solutions.
- Failure to comply with all safety rules and regulations, including the failure to wear safety equipment when instructed.
- Reporting to work under the influence of alcohol, illegal drugs, or in possession of any of these items on company premises or work sites of Client companies.
- Lewd, unacceptable behavior, possession of weapons or explosives and provoking, instigating or participating in a fight is prohibited at APN Staffing and Employment Solutions and/or at its Client hospitals.
- Violation of the harassment policy.
- Insubordination of any kind is grounds for immediate termination. (For example, refusal to carry out your supervisor's reasonable works request).
- Leaving an assignment without notice i.e. patient or assignment abandonment.
- Falsifying records, including but not limited to time records or claims pertaining to injuries occurring on company premises or work sites of Client companies or personnel records.
- Disclosing confidential information without authorization.

- Disregard for established policies and procedures.
- Excessive cancellations or tardiness.
- Discourtesy to Clients or fellow Practitioners.

REPORTING ANY ISSUES

ASSIGNMENT ISSUES:

Issues may arise while a Practitioner is on assignment for APN Staffing and Employment Solutions. As a representative of APN Staffing and Employment Solutions and as a responsible and mature nursing professional, it is important that professionalism and integrity are maintained throughout the conflict resolution process and that above all, patient safety and satisfaction are the priorities.

Common issues that may arise are:

- Conflict with hospital staff.
- Conflict with patient and/or patient family members.
- Unfair patient assignments or “dumping.”
- Assignment to a unit for which you are incapable of safely performing your duties.

In the event of any of the above events:

1. Contact the nursing supervisor for assistance.
2. If escalation is required, contact APN Staffing and Employment Solutions for mediation.
3. Complete an incident report at the facility (if required).
4. Complete an incident report at APN Staffing and Employment Solutions (if required).

BLOOD-BORNE EXPOSURE

An exposure incident to blood-borne pathogens involves specific eye, mouth, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of a Practitioner’s duties. All Practitioners involved in direct patient care should be familiar with appropriate decontamination procedures.

In the event of exposure to any blood-borne pathogens:

1. Adhere to appropriate decontamination procedures.
2. Contact the charge Practitioners or nursing supervisor for assistance.
3. Inform APN Staffing and Employment Solutions immediately of exposure.

APN Staffing and Employment Solutions shall make immediately available a confidential medical evaluation and follow-up for the exposed individual. Post-exposure follow-up shall be:

- Made available at no cost to the Practitioner.
- Performed by or under the supervision of a licensed nurse who has a copy of all relevant information related to the incident.
- Made available at a reasonable time and place.

APN Staffing and Employment Solutions’ post-exposure and follow-up shall include the following:

- Documentation of the route(s) of exposure, and the circumstances under which an exposure incident occurred.
- Identification and documentation of the source individual.
- Collection and testing of blood for HIV and HBV serological status.

- Post-exposure prophylaxis, as recommended by the U.S. Public Health Service.
- Counseling.
- Evaluation of reported illness.

The company maintains confidential medical records for each Practitioner with occupational exposure. Records are kept for the duration of employment **plus thirty (30) years**. Each record shall contain the Practitioner's name, social security number, Hepatitis B vaccine history, and a record of all post-exposure follow-ups.

CLINICAL INCIDENTS AND SENTINEL EVENTS

As a healthcare Practitioner, it is your duty and responsibility to promptly report any unsafe condition, sentinel event or unusual event that can result in a sentinel event. Everyone is expected to participate in maintaining a safe environment for patients, visitors, physicians and their coworkers. This means taking an active role in reporting any and all unsafe conditions, unusual or sentinel events. All such events should always be reported immediately to your charge nurses, nursing supervisor and APN Staffing and Employment Solutions' Healthcare Administrator.

Healthcare Practitioners must recognize the importance of following effective procedures and are encouraged to speak up if something has compromised or might compromise quality of care, patient safety and patient satisfaction.

A Clinical Incident is any event or series of events that resulted in or had the potential to result in an adverse patient outcome. Clinical staff should notify APN Staffing and Employment Solutions of any clinical incidents that occur while on assignment, regardless of an adverse outcome.

A 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 for which a recurrence would carry a significant chance of a serious adverse outcome.

Such events are called "sentinel," because they signal the need for immediate investigation and response.

EXAMPLES OF CLINICAL EVENTS

- Omission of treatment
- Deviation from policy
- Medication errors
- Improper equipment usage
- IV or Blood complications
- Patient fall
- Inaccurate clinical assessment
- Patient or physician complaint

EXAMPLES OF SENTINEL EVENTS

- Any patient death, paralysis, coma or other major permanent loss of function associated with a medication error.
- A patient commits suicide within 72 hours of being discharged from a hospital setting that provides staffed around-the-clock care.
- Any elopement that is unauthorized departure, of a patient from an around-the-clock care setting resulting in a temporally related death (suicide, accidental death, or homicide) or major loss of function.
- A hospital operates on the wrong side of the patient's body.
- Any intrapartum (related to the birth process) maternal death.

- Any perinatal death related to a congenital condition in an infant having a birth weight greater than 2500 grams.
- A patient is abducted from the hospital where he or she receives care, treatment or services.
- Assault, homicide, or other crime resulting in patient death or major permanent loss of function.
- A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.
- Hemolytic transfusion reaction involving major blood group incompatibilities.
- A foreign body, such as a sponge or forceps that was left in a patient after surgery.

JOINT COMMISSION'S SENTINEL EVENT POLICY

The Joint Commission has defined a sentinel event policy that you should be aware of. This policy has four goals:

1. To have a positive impact in improving patient care, treatment and services and preventing sentinel events
2. To focus the attention of an organization that has experienced a sentinel event on understanding the root causes that underlie the event, and on changing the organization's systems and processes to reduce the probability of such an event in the future.
3. To increase the general knowledge about sentinel events, their causes, and strategies for prevention.
4. To maintain the confidence of the public and accredited organizations in the accreditation process.

In the event of deviation of practice according to the professional practice act, fraudulent behaviors, narcotic abuse or deviation and/or other aberrant or illegal behavior, each event is documented and a report is made, which includes information from the customer. APN's Healthcare Administrator reports each situation according to the guidelines of the appropriate professional association.

ACKNOWLEDGEMENT FORM
APN STAFFING
&
EMPLOYMENT SOLUTIONS
Practitioner Handbook
Healthcare Staff

APN SAFETY FIRST POLICY

APN puts Safety first. Below is the order of priority to follow:

1. Employee's (your own) Safety
2. Team's Safety
3. Patient's Safety

By signing and dating this document, you are certifying that you have read and agree to abide by all of the requirements specified in this Practitioner Handbook. You are also certifying that you have completed the required **Health Insurance Portability and Accountability Act (HIPPA)** and **Occupational Safety and Health Administration (OSHA)** training.

HEALTHCARE PRACTITIONER

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

APN STAFFING & EMPLOYMENT SOLUTIONS' ADMINISTRATOR

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____