

Faculty/Student

Workbook

Catholic

Health

St. Charles

Hospital

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President & CEO, Catholic Health

**CHS Mission Statement**

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| |  | | --- | | We, at Catholic Health, humbly join together to bring Christ’s healing mission and the mission of mercy of the Catholic Church expressed in Catholic health care to our communities. | |

**St. Charles Hospital is a proud member of Catholic Health, and the healing ministry of the Diocese of Rockville Centre, which was formed in October of 1997 and is comprised of the following entities:**

**Hospitals**

**CHS Eastern Region** **CHS Western Region**

Good Samaritan Hospital Medical Center Mercy Medical Center

St. Charles Hospital St. Francis Hospital

St. Catherine of Sienna Medical Center St. Joseph’s Hospital

**Nursing Homes**

Good Samaritan Nursing Home

St. Catherine of Siena Nursing & Rehabilitation Care Center

# Community Based Organizations

# Maryhaven Center of Hope

**Home Care Organizations**

Catholic Home Care

**CHS Home Support Services**

Home Medical Equipment

Pharmacy

**Long-Term Home Health Care Programs**

Our Lady of Consolation & Rehabilitative Care Center

**Hospice**

Good Shepherd Hospice



St. Charles Hospital is a 243-bed, acute care community hospital located in Port Jefferson, NY. St. Charles has served the residents of the Three Village area for more than 110 years. The non-profit hospital features three centers of excellence: Maternal/Child services, Orthopedics and Rehabilitation. St. Charles also offers services in general surgery, colon/rectal surgery, bariatric surgery, neurosurgery, ENT, pediatrics, diagnostic imaging, emergency medicine, epilepsy, stroke care, Female Pelvic Floor Disorders Center, and a nationally accredited Sleep Disorders Center.

St. Charles is renowned for its outstanding customer service and scored as one of the top hospitals on Long Island in the delivery of high quality care.

**Visit our intranet or the SCH Website (**[www.stcharles.org](http://www.stcharles.org)) to learn more about what’s happening at SCH or to inquire about job opportunities.

**James O’Connor, Executive Vice President & CAO**

**St. Charles Hospital Belief Statement**

Christ has entrusted to the Church the mission of bringing all people to the fullness of life.\* Called by the Church, Catholic Health Services aspires to bring to life the gospel values of health and healing for every person, especially those most in need.

**I-CARE Values**

**I**ntegrity: We are who we say we are and act in accordance with the splendor of truth of our Catholic moral teaching and our Catholic values.

**C**ompassion: We have compassion for our patients, see the suffering Christ in them, strive to alleviate suffering and serve the spiritual, physical and emotional needs of our patients.

**A**ccountability: We take responsibility for our actions and their consequences.

**R**espect: We honor the sanctity of life at every stage of life and the dignity of every person, and incorporate all the principles of Catholic social teaching in our relationships and advocacy.

**E**xcellence: We seek the glory of God in the compassionate service of our patients, and we strive to do the best that can be done, whatever our role. Also, please see the Ethical and Religious Directives issued by the U.S. Conference of Catholic Bishops.

**St. Charles Hospital History**

St. Charles Hospital is a not-for-profit organization founded in 1907 with the mission to administer to the physical, mental, and spiritual needs of children with severe infirmities.

The Daughters of Wisdom, a congregation of Roman Catholic nuns dedicated to caring for the sick and educating the young, was founded in France in 1703 by Saint Louis Marie de Montfort. The dedication of this team of French nuns and the love of Bishop Charles E. McDonnell led to the establishment of St. Charles as a home for children.

At the turn of the century, children with severe infirmities were often shunned by the world. In some cases, parents, hurt and dismayed by the realization that their offspring would be crippled or blind for life, gave these unfortunate children to the only people who would care for them. Before long, youngsters who had previously faced a lifetime of rejection and isolation were laughing, playing and learning in a world of love atop a hill at Port Jefferson, New York.

Stories of sightless children learning to type, or to play a musical instrument, abound in the history of St. Charles. Youngsters who had spent years curled in a fetal position were taught to stand erect; some to walk and even drive. Among the stories of “miracles” at the Port Jefferson home is of Vincent P., who was then labeled deaf, dumb and blind. This young boy was brought to St. Charles, where a determined Sister undertook the responsibility of teaching him to communicate with the outside world. After years of patient teaching, young Vincent delighted all around him when he uttered his first words, “I am happy.”

During the early years, St. Charles was noted for opening the first outpatient clinic on Long Island, and was nationally known for its research and treatment of polio and played an important role in the development of serum treatment protocol for infantile paralysis.



* Joint Commission Accreditation
* Commission on Accreditation for Rehabilitation Facilities (CARF) accredited for Inpatient Rehab, Outpatient Rehab, Stroke Specialty Program, Brain Injury Program and Pediatric Specialty Program.
* NYS Designated Stroke Center
* **Joint Commission Gold Seal of Approval™ for Primary Stroke Center**
* Commission on Dental Accreditation (CODA) with three commendations
* **Joint Commission Gold Seal of ApprovalTM for Total Hip and Total Knee Replacement Programs**

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| Saint Charles Hospital  Three Centers of Excellence |

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### Orthopedics

With more than 100 years of experience, St. Charles is widely regarded as having one of the top orthopedic programs in the region. St. Charles is committed to the most advanced technology and procedures and is renowned for being the first to perform the most technologically advanced surgeries. Orthopedic surgeons at St. Charles are among the very best on Long Island and hold an outstanding record of safety and success.

**Total Joint Replacement Surgery**

Total joint replacement surgery is a specialty at St. Charles Hospital. In fact, more total joint replacement surgeries are performed at St. Charles than any other hospital in Suffolk County. The most common joint replacement surgeries are of the hip and knee however ankle, elbow and shoulder are performed as well.

**Minimally Invasive Orthopedic Surgery**

In minimally invasive surgery (MIS) surgeons use a much smaller incision as compared to the traditional long incision. Using a smaller incision means less blood loss during surgery, a shorter hospital stay and a faster recovery time. Orthopedic surgeons at St. Charles utilize MIS for appropriate total joint replacement patients.

**Computer-Guided Orthopedic Surgery**

Surgeons at St. Charles Hospital are among the first in the country to use computer-guided surgery during joint replacement surgery. The direct benefit to patients for using computer navigation in orthopedic surgery is the potential for the most accurate implant placement, which significantly reduces the risk of dislocation.

**Rehabilitation**

**Outpatient Rehabilitation**

Outpatient Rehabilitation services is provided through the outpatient networks vary by site, and include aquatics, cardiac rehabilitation, physical therapy, occupational therapy, as well as many others designed to meet patient needs.

**St. Charles Hospital outpatient rehabilitation sites are located in……**

**Suffolk County**

Centereach

Commack

East Setauket

Melville

Patchogue

Port Jefferson

Ronkonkoma

Smithtown

West Babylon

**Inpatient Rehabilitation**

St. Charles adult inpatient services provide care for individuals suffering from a disabling injury, illness or who are recuperating from surgery. The most common admissions for in-patient rehabilitation include:

Head/Brain injury

Spinal cord injury

Traumatic accidents

Stroke

Orthopedic injury

Neuromuscular disorders

Burns

Cardiopulmonary injury

A team of board-certified physicians, physical, occupational and recreational therapists, speech therapists, nurses, neuro-psychologists and other clinicians offer comprehensive, restorative and simulative therapy to each patient.

With the support of a specialized team such as this, patients become an active participant in managing their care and setting their own therapeutic goals.

St. Charles Hospital hosts the only pediatric acute inpatient rehabilitative program on Long Island. Children admitted to the hospital for rehabilitation following brain injuries, spinal cord injuries, amputations, burns, cardiac surgery, neuromuscular and musculoskeletal conditions and multiple traumatic injuries.



St. Charles Hospital’s Maternal/Child unit welcomes more than 1,500 new lives each year.  We are proud to offer a technologically advanced yet comfortable home-like environment for our families. St. Charles Hospital’s obstetrical wing includes six state-of-the-art modern birthing rooms, two state-of-the-art operating rooms, twenty-two maternity beds and six neonatology bassinets.  Both the structure of the obstetrical wing and our nursing team approach encourages mother-baby bonding in a comfortable, family setting.  With more than thirty obstetricians on staff and an outstanding reputation for quality of care for both moms and babies, our Maternal Child program attracts residents well beyond our primary service area.

**Neonatology Intensive Care Unit (NICU)**  
With its highly trained and expert staff, the NICU delivers advanced care for babies born prematurely or with medical issues. The unit features six fully equipped special-care beds. Advanced care in the NICU is provided by an interdisciplinary team and includes a neonatologist (a pediatrician with specialized training in premature or ill babies), neonatal nurse practitioners present in the NICU 24 hours a day/7 days a week, nurses, respiratory therapists, pharmacists, dietitians and occupational/physical therapists.

ADDITIONAL SERVICES OFFERED

BY ST.CHARLES HOSPITAL

[**Weight Loss Center**](http://stcharleshospital.chsli.org/weight-loss-center)

**Video-EEG Monitoring**

[**Chemical Dependency**](http://stcharleshospital.chsli.org/chemical-dependency)

[**Colorectal Program**](http://stcharleshospital.chsli.org/colorectal-program)

[**ThinkSMART! Concussion Management**](http://stcharleshospital.chsli.org/thinksmart-concussion-management-program)

[**Stephen B Gold Dental Clinic**](http://stcharleshospital.chsli.org/stephen-b-gold-dental-clinic)

[**Comprehensive Epilepsy Center of Long Island**](http://stcharleshospital.chsli.org/comprehensive-epilepsy-center-long-island)

[**Female Urinary Incontinence & Pelvic Medicine**](http://stcharleshospital.chsli.org/female-urinary-incontinence-and-pelvic-medicine)

[**Medically Supervised Detox**](http://stcharleshospital.chsli.org/medically-supervised-detoxification)

[**Nephrology**](http://stcharleshospital.chsli.org/nephrology-1)

[**Radiology**](http://stcharleshospital.chsli.org/radiology)

[**Sleep Disorders Center**](http://stcharleshospital.chsli.org/sleep-disorders-center)

[**Outpatient Specialty Care Center**](http://stcharleshospital.chsli.org/outpatient-specialty-care-center-0)

TRANSFORMING THE PATIENT CARE EXPERIENCE

Satisfaction Survey Tools

There are several tools available to measure patient satisfaction. At St. Charles Hospital we use Press Ganey & HCAPHS to track our success….

**Press Ganey Associates**

Press Ganey Associates is a healthcare measurement improvement firm that annually completes nearly 8 million surveys, which indicate the level of satisfaction among patients. Currently they are the market leader with more than 6,000 facilities as clients. 30% of all hospitals and 40% of hospitals with more than 100 beds rely on Press Ganey in order to determine how best to improve their facilities.

Press Ganey uses a process of developing, designing, testing and analyzing questions to measure appropriate satisfaction. By working closely with clients they keep a close eye on the important industry concerns, and tailor their research to these areas. To learn more about Press Ganey Associates, you can find them on the web at [**www.pressganey.com**](file:///\\scdccn02dvs001\Shared\Human%20Resources\ORIENTATION\2012\www.pressganey.com)**.**

**HCAHPS (Hospital Consumer Assessment of Healthcare Providers & Systems)**

The HCAHPS survey is a nationally standardized survey that denotes patient’s perspectives of their hospital care. It allows consumers to compare hospitals based on measures of how effectively they are satisfying patient’s needs and expectations. The survey consists of questions that focus on aspects of the care experience that are particularly meaningful to patients, including:

* Communication with doctors
* Communication with nurses
* Communication about medications
* Responsiveness of hospital staff
* Pain management
* Quality of discharge instructions
* Cleanliness of hospital environment
* Quiet of hospital environment

**Why is HCAHPS important?**

A hospital’s scores are publicly reported by the Centers for Medicare and Medicaid Services (CMS) on its Hospital Compare website ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)). They are also used by CMS as a pay-for-performance system. In other words, a hospital’s reimbursement by the federal government for services provided will be impacted by its HCAPHS scores!

TRANSFORMING THE PATIENT CARE EXPERIENCE

A Patient-Centered Approach

St. Charles Hospital is a patient-centered hospital, and while patients’ responses to HCAHPS survey questions provide useful information about how well we are meeting a patient’s needs, it is not our only approach. Instead we combine the HCAHPS data with other qualitative and quantitative information about the patient, family and staff experience. We do this by focusing patients, families and care givers**.**

Managing Patient Expectations

Patient expectations are something that we, as healthcare workers, are responsible for trying to understand and strive to meet. Some of the general expectations patients have when they come to a healthcare organization is…

What will happen to me, or my loved one? How much will it hurt?

How much time will it take? How much control will I have?

How much risk is involved? How much will it cost?

Who is facilitating the procedure (What is their name and skill)

How each and every employee responds to a patient or family member within our organization affects the trust and rapport that has to be created.

Expectations are created by….

*Prior experiences* are very often the foundation of current expectations. Patients base their expectations of “normal” on what medical care was like for them in the past. The past could represent experiences from youth or a previous appointment. If you don’t take time to find out what a patient expects, you may make assumptions that result in providing unwanted or unnecessary care.

*Word of mouth commentary,* or lack of, is extremely powerful. The most powerful words to a patient or family member are those of the healthcare organization’s employees. Every acknowledgment, greeting, question, presented to a patient or family member create perceptions that provide indicators as to how expectations will be met and managed!

Source: Managing Patient Expectations, Author Susan Keane Baker

TRANSFORMING THE PATIENT CARE EXPERIENCE

A Patient-Centered Approach

Scripting for Results

**What is Scripting?**

## Scripting is communication that’s planned to be consistent because of thoughtful, carefully laid groundwork. It guides us to say certain things and act certain ways in given situations—both with patients and with each other. It is not robotic, verbatim delivery of a message, but a personal delivery of it.

**Why Should You Use Scripting?**

**Patients** need to feel that their caregivers understand and are responsive to their needs and respectful of their values and preferences. They want to receive messages from you that assure them of your desire to give them the best care.

**Best Practice Samples of Successful Scripts**

**All employees:**"Can I help you find where you need to go? I have the time"

“Is there anything else I can do for you? I have the time.”

**Emergency room:**" I am pulling the curtain for your privacy"  
" I am giving you a warm blanket for your comfort"

**Nurse rounding:**"Good morning, I am \_         the Nurse Manager on your unit. I want to assure you that we will do everything to exceed your expectations. Here is my pager number and my phone number. (Write it on the white board in the room) Please call me if there is anything we can do for you.

***The Performance Standards***minimum requirements for every employee, developed by employees

**Appearance**

Present a professional image at all times

**Accountability**

Be responsible for the outcomes of your efforts. The work you do is a reflection of yourself.

**Attitude**

Demonstrate a positive, “can-do”, patient-focused attitude.

**Communication**

Seek to effectively communicate with patients, families, physicians, and your co-workers.

**Honor Our Patients**

Be committed to providing compassionate care for all we serve.

**Privacy**

Ensure our patients’ right to privacy and modesty.

**Safety**

Share in the responsibility of maintaining a safe environment.

**Value Each Other**

Offer to help and set an example of cooperation; value and support your co-workers, physicians, and volunteers

***An occurrence is any unintended and undesirable development or event related to care or services provided to patients, families, visitors, or employees that takes place on the premises.***

* **We recognize it’s difficult to report an error you made…. That’s why at St. Charles Hospital you are supported and encouraged to report occurrences in a non-punitive environment.**
* **It’s always better to self report that an error occurred –You may feel that this error was just a one-time error, but it may be happening on a large scale. Prevent repeats of the same mistake …. report them!**
* **Reportable occurrences include accidents as well as situations that *could* have resulted in an accident or near misses.**
* **In all cases where an injury has occurred, the occurrence report must be completed no later than the end of the shift during which the occurrence happened or was first discovered.**

**Patient Safety is paramount at St Charles Hospital. To avoid any reporting concerns, we have in place a….CONFIDENTIAL PATIENT SAFETY HOTLINE**

* **Anyone may call this hotline (employees, patients, visitors)!**
* **Whenever patients are dissatisfied with their care or have safety concerns, they also have a right to contact the regulatory agencies that oversee our Hospital operations.**

Population Specific Competencies

**What is Population Specific Competence?**

Population specific competence is having the knowledge, skills, ability and behaviors essential for providing care to specific populations.

These populations can be defined by age, gender or a particular disease or condition. Such competence includes having general knowledge about age specific growth and development as well as specific skills and technical knowledge required to meet the needs of specific groups.

It prompts healthcare providers to focus on the specific needs of particular populations and to determine how these needs affect the care, treatment and services provided. Some examples of such populations would include the following:

*Elderly Patients Patients with Brain Injuries*

*Orthopedic patients Stroke Patients*

*Bariatric Patients Limited English Speaking Patients*

*Patients with Hearing Impairment*

*Patients with Physical Disabilities*

*Patients that are known or suspected Substance Abusers*

* Every patient must be treated the same but different!
* Every patient has the right to be treated respectfully and to have their healthcare needs met.
* The most effective way to determine patient needs is to communicate effectively with the patient and patient’s caregivers.
* The most basic need to be met must be to provide interpreters for LEP patients and patients that are deaf or hard of hearing.
* Once basic communication has been established, to best determine patient needs, all healthcare providers must utilize effective questioning techniques.

Cultural & Spiritual Sensitivity/Competency

As healthcare providers, we find ourselves providing services in an environment where patients and their families are likely to be different from us in:

* Cultural background
* Traditions
* Language
* Spiritual background and practices

***The challenge is in determining how we can provide the best possible healthcare services in ways that are appropriate and sensitive to these differences.***

**Cultural Competence**

**Cultural Competence** is being capable of functioning effectively in the midst of cultural differences. It is being sensitive not to impose our personal values on someone else because they are different. It is the ability to establish relationships with people in the midst of diversity. It is celebrating differences, the recognition of similarities, and a clear commitment to seeing differences as differences and not deficits.

**Culturally Sensitive Care**

**Sensitivity is the key to those differences**.What matters is the manner in which we act on what we know; whether we interact in a sensitive manner to patients and families, which leads to upholding their rights to be treated with dignity and respect. That sensitivity is what leads to competence.

MC900071084[1]**Competence means that we are able to provide care by**

* Functioning effectively in the midst of cultural differences
* Being sensitive not to impose our personal values on someone else because they are different
* Being able to establish relationships with people in the midst of diversity
* Understanding how your own background affects your response to others
* Not assuming that all members of a cultural group have the same beliefs and practices
* Approaching each family with no preconceptions

Multicultural Healthcare Tips

MC900288988[1]

**Don’t treat others as YOU would want to be treated.**

Try to learn how THEY want to be treated. What is viewed as polite, caring, quality health care in one culture may be considered rude, uncaring, or even evidence of poor standards of care in another.

**Address all adult patients from other cultures by their surnames (i.e. Mr., Mrs., Ms., and Dr.) unless specifically asked to use first name.**

**Mind your tone of voice.**

When speaking to a patient who seems to have a limited knowledge of English, don’t shout! Speak slowly and softly. Try to avoid words and expressions that are dependent upon one’s knowledge and familiarity with American life and culture. You can help improve a person’s comprehension of what you are saying by repeating it several times in different ways and using gestures, pictures and other non-verbal forms of communication.

**Every culture has its own rules for touching and distance.**

When either you or the other person breaks any of these rules, the other will feel uncomfortable.

**Don’t ask a limited English-speaking patient or family member: “Do you understand?”**

If the patient nods his or her head or answers “yes” to your question, it only means that the patient has heard you, not that he/she has understood your question and agrees with your diagnosis or plan of treatment.

Try to ask questions beginning with the words “when, where, why, how”. Then listen carefully to the answer for clues to the patient’s degree of understanding. You can also check understanding by asking the patient to repeat to you, step by step, exactly what you have said.

If you cannot determine what language the patient is speaking, utilize the interpreter service, and they will try to assist you.

**Patient and family compliance with treatment is heavily dependent upon** the ‘fit’ of the treatment plan with the patient’s lifestyle and eating habits.

**Informed consent forms and regulations can be extremely upsetting and frightening.**

For patients and families who believe that talking about an event may make the event take place or for those whose conceptual framework does not include the concept of “what if...” Anyone administering the consent form should patiently and completely explain each procedure and each form as well as the likelihood of a negative outcome.

**Making a telephone call is just about the most difficult thing to do in a foreign language.**

Make a concerted effort to lower the stressfulness of making a phone call. When speaking to anyone who has a foreign accent over the telephone, speak slowly and clearly. Don’t show impatience, and give that person your full attention.

The following questions may provide a foundation for determining individual needs with respect to care and treatment expectations.

Would you like to share any specific views regarding your healthcare or treatment?

How important is religion in your daily life or in regard to your healthcare?

Can you share any specific dietary requirements that would affect your care/or recovery?

**How do you generally respond to pain?**

**Do you have any additional concerns that you’d like to express pertaining to your treatment while you are under our care at St. Charles?**

Interpreter Services

When it is determined that a patient will require the use of an interpreter to ensure complete understanding during treatment and care interpreter services may be utilized.

***Situations where an interpreter may be required for effective communication***

|  |
| --- |
| • discussing a patient’s symptoms and medical condition, medications, and medical history  • explaining and describing medical conditions, tests, treatment options, medications, surgery and other procedures  • providing a diagnosis, prognosis, and recommendation for treatment  • obtaining informed consent for treatment  •communicating with a patient during treatment , testing procedures, and during physician’s rounds  • providing instructions for medications, post-treatment activities, and follow-up treatments  • providing mental health services, including group or individual therapy, or counseling for patients and family members  • providing information about blood or organ donations  • discussing complex billing or insurance matters  • making educational presentations, such as birthing and new parent classes, nutrition and weight management counseling, and CPR and first aid training |

**Limited English Proficiency (LEP) patient services**

VOYCE® provides 24/7 on-demand over-the-phone or Video Remote Interpretation (iPAD) interpretation services in over 220 languages and dialects. VOYCE® uses specially-trained, certified, medical interpreters with advanced healthcare-focused training emphasizing the critical nature of complete, accurate, and confidential interpretation.

**VOYCE iPads** – Live Interpreters – via voice call or live video

**VOYCE DUAL HEADSET (BLACK) PHONES** – Live voice Interpreters

**VOYCE DIRECT CALL** **TO PATIENT FROM ANY PHONE** – Live voice Interpreters (631-496-4209)

**INSTRUCTIONS FOR VOYCE DUAL HANDSET PHONES**

* Lift the **LEFT** **HANDSET** first
* Press any **INTERPRETER SERVICE BUTTON** on right of the phone
* Give **RIGHT HANDSET** to the non-English speaker
* Provide the patient **MRN** (EX: E12345) and department
* Provide **DESIRED LANGUAGE** to be interpreted

**VOYCE INTERPRETOR INSTRUCTIONS**

* Press Home button on the **RIGHT** of iPad to start
* Tap **BLUE** phone icon
* Choose language via ‘**CHANGE LANGUAGE**’ list
* Or **NEXT** if language already chosen
* Enter **MRN #** and click Next
* See Interpreter with **NAME AND ID#** on screen
* Volume controls on **TOP LEFT** of iPad
* Tap screen for **MUTE** and **CAMERA OFF** privacy choices
* Use **RECONNECT BUTTON** up to one minute following call
* **QA**  page available or cancel
* **FOR 3RD PARTY CALL OR TECHNICAL ASSIST**

**CALL 631-496-4209**

* **CLEAN WITH PURPLE OR ORANGE TOP WIPES**

**When using an Interpreter be sure to:**

* Jot down your questions ahead of time if possible.
* Always face the patient when speaking (even while using the handsets or speaker phone).
* Direct all conversation to the patient rather than the interpreter.
* Use short sentences and speak clearly.
* Don’t add any statements to the interpreter that you do not want interpreted, they translate all statements.
* Utilize the posters and handouts to help determine what language the patient is speaking.
* If you cannot determine what language the patient is speaking, call VOYCE
* and their representatives will try to assist you.

**Interpreter Services for the Hearing Impaired**

To assist patients that are deaf/hearing impaired, St. Charles Hospital utilizes…..

**Mill Neck Interpreter Services**

**516-512-6222 (9am to 5:00pm)**

**1-800-235-2594 (beeper outside of regular hours or weekends)**

* **LIME INTERPRETING, LLC** – ON-SITE AMERICAN SIGN LANGUAGE for HARD OF HEARING: (1-877-709-5463)

**TTY Phones Locations:**

PAYPHONE OUTSIDE 1ST FLOOR CAFÉ

PAYPHONES ON 5 NORTH

EMERGENCY DEPARTMENT WAITING ROOM

**Telecommunication Office:**

PORTABLE TTY

POCKET-TALKER ULTRA – PERSONAL AMPLIFIER

CLARITY TELEPHONE AMPLIFIER

**Patient Access Department:**

AMERICAN SIGN LANGUAGE VIA VOYCE IPAD

CONTACT PATIENT ACCESS EXT: 6285

**Television**

We have closed captioning available.

If you have a patient that is **both blind and deaf** - please call our contracted service - **All County Interpreting Services**

A staff member may NOT be used to do any interpretation!

**Once you have identified a patient with a need for Deaf Interpreting Services**

**Access the Mill Neck Interpreter Service forms on the St. Charles Intranet, then….**

* **Determine Mode of Communication ( for example, American Sign Language (ASL) Pidgin Signed English (PSE), Signing Exact English (SEE), etc**
* **Indicate the date, Time, and expected duration of assignment**
* **Provide the unit contact name and telephone number for interpreter**
* **Include directions for interpreter upon arrival to assignment**

**NCC during day shift will contact Interpreting Provider and Nursing Supervision will do so during night shift or weekends.**

Advance Directives

## **Involving the patient’s family in care decisions -** Another important factor in safeguarding patient rights is involving the patient’s family in decisions. With the patient’s approval, family members are involved in treatment planning. Education regarding treatments and patients’ rights always includes both the patient and his/her family. Family members are encouraged to read all information regarding patients’ rights and advance directives.

**Advance directives** is a generic term used to describe written instructions made by a person before an incapacitating illness or injury, regarding future medical treatment they might want or not want. The Hospital honors 5 types of advance directives:

1. **The New York State Health Proxy** allows individuals to appoint a health care agent to make medical treatment decisions for them in the event that they are unable to do so for themselves. It is an excellent means of giving people the power to ensure that health care professionals follow their personal wishes and values even when they are unable to speak for themselves.
2. **Do Not Resuscitate (DNR)** decisions made in accordance with New York State Law.
3. **Oral wishes** that are expressed by a patient in clear and convincing manner to his/her physician and/or significant others.
4. **An advance directive executed in another state or jurisdiction**, which is in compliance with the law of that state or jurisdiction.

Patients are educated about advance directives by registration staff, nursing, and patient advocates.

An individual physician may refuse to honor a patient’s advance directive if the request is contrary to the physician’s moral or religious beliefs. The physician will assist the patient in obtaining a new physician if unable to comply with the patient’s wishes. Also, the Hospital, as allowed by New York State Law, retains the right to refuse to honor an Advance Written Directive on the basis of the Hospital’s conscience.

The Hospital will not withhold artificial nutrition/hydration from a patient unless the patient’s wishes concerning the withholding of artificial nutrition/hydration are reasonable known. It is recommended that the patient express his views on this issue in writing. However, any Health Care Proxy that a patient has will be honored at St. Charles.

Restraints

## The St. Charles policy is to provide a **restraint free environment** for all patients. However, should a patient be at risk of causing harm to themselves or those around them, the use of restraint may be required.

## **Alternatives to Restraints**

* 1. Modification to the environment (lighting, temperature, altering devices
  2. Structured Activities (TV, picture books, music)
  3. Behavioral Management (removal of the source of stimuli causing behavior)
  4. Pharmacotherapy ( physician’s order is required for any medication related to restraints)

If alternative approaches are not feasible, then the option to apply restraints is appropriate. The standard of care is to use the least restrictive device that will keep the patient safe. St. Charles Hospital has developed a policy addressing the use of restraints. Employees required to participate in this in-service are responsible for knowing the content of this policy.

Pain Management

The goal is for every patient to reach an acceptable level (severity) of pain that allows them to participate in their care and activities of daily living comfortably. This is the comfort/function level.

St Charles Hospital has developed a Pain Management Policy and Pain Management Standards of Care based on the AHCPR Guidelines, American Pain Society and JACHO Standards of Care. It is an interdisciplinary approach to pain control, including all members of the healthcare team, with participation of the patient and family.

**The most common reason for unrelieved pain** is the failure of staff to routinely assess and reassess patient pain and pain relief. Many patients tolerate unrelieved pain, especially if they have not been asked specifically about it.

**Pain is identified primarily through self-report.** Patients who have difficulty communicating are a particular risk of under treatment. These patients include infants and children, people who speak languages other than English, some elderly patients, patients who are developmentally delayed, cognitively impaired, or severely emotionally disturbed.

Abuse & Neglect

Mandated Reporting

## **ALL HOSPITAL WORKER’S ARE MANDATED REPORTERS**

New York State Law mandates that all health care workers are required to report suspected cases of child abuse. The following information will provide you with identifiable signs and symptoms of abuse. Also included are signs and symptoms of both domestic and elder abuse with a list of reporting agencies and their phone numbers.

# CHILD PROTECTIVE SERVICES 24 HOUR HOTLINE - 1-800-635-1522

**According t o the National Committee to Prevent Child Abuse,** Signs & Symptoms may include:

#### Physical Abuse

Bruises, burns, lacerations, missing or loosened teeth, skeletal injuries, head injuries, internal injuries

#### Physical Neglect

#### Abandonment, lack of adequate supervision, lack of clothing for the weather, lack of good hygiene, lack of medical/dental care, lack of adequate nutrition, lack of safe, warm, sanitary shelter

#### Sexual Abuse

Bruises of or bleeding from external genitalia, vagina or anal regions; swollen or red cervix, vulva, or perineum; presence of semen, pregnancy, or positive tests for STD’s; torn, stained or bloody underclothes; pain or itching in the genital area, hymen stretched at a young age

#### Emotional Abuse

Emotional maltreatment or mental injury is usually related to a constellation of interactions and is cumulative

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Elder Abuse

ADULT PROTECTIVE SERVICES(631) 854-3195

**Signs & Symptoms:**

#### Physical Abuse

Unexplained bruises, falls, fractures, grip marks, pain, swelling or welts

#### Neglect

Malnourishment, bedsores, soiled clothes, over sedation, lack of medical attention or equipment despite available funds, tied to bed or chair

#### Emotional/Verbal Abuse

Depressed, hopeless, appears shamed, withdrawn, passive, loss of self-determination, invalid guilt, threatened, called names, fearful

#### Financial Exploitation

Elder had no money for food/clothes, has caregiver who is totally financially dependent upon them, is forced to sign over control/power of attorney, has unexplained bills and charge card or banking activity.

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Domestic Violence

VICTIMS INFORMATION BUREAU OF SUFFOLK (VIBS) (631) 360-3606

SUFFOLK COALITION AGAINST DOMESTIC VIOLENCE (631) 666-8833

#### Domestic Violence

A pattern of coercive tactics, which can include physical, psychological, sexual, economic and emotional abuse, perpetuated by one person against a family or household member, with the goal of establishing or maintaining power and control over the victim.

#### Victim

The person against whom an abuser directs coercive and violent act.

#### Abuser

A person who perpetrates a pattern of coercive tactics which can include physical, psychological, sexual, economic, and emotional abuse against a family or household member, with the goal of establishing or maintaining power and control over the victim.

#### Family or Household Member

Persons legally married to one another, persons formally married to one another, persons who have a child in common, regardless of whether such persons are married or have lived together at any time, and unrelated persons who are continually or at regular intervals lived in the same household.

Identifying and Reporting

Impaired Practitioners

# The Administration of St. Charles Hospital promotes an environment that addresses the prevention of physical, psychiatric or emotional illness of practitioners.

# Definition - Impaired Practitioner

An impaired practitioner is a licensed clinician who is unable to provide direct patient care with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs and/or alcohol.

Practitioners are encouraged to voluntarily remove themselves from patient care involvement when they feel that they may be developing an impaired condition or when they have a situation that may lead to an impaired condition. Not all practitioners will come forward voluntarily. Employees who suspect a practitioner is impaired have both the right and the responsibility to report them. In such cases, employees who come forward will be protected from retaliation.

**All reports of practitioner impairment will be investigated and appropriately addressed based on the circumstances.**

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| --- | --- | --- |
| Identifying and Reporting Impaired Practitioners | | |
| **STEPS** | **WHAT TO DO IF YOU SUSPECT PRACTITIONER IMPAIRMENT:** | **SPECIFIC DETAILS:** |
| **STEP 1** | **Recognize the Signs That May Indicate Impairment** | * Tremors * Slurred Speech * Bloodshot or Bleary Eyes * Bizarre Behavior * Mood Swings/Irritability |
| **STEP 2** | **Promptly Report Your Complaints, Allegations or Concerns**  *Confidential* reporting can be done through the Ethics and Compliance Helpline **631-476-5533**  **Please Note**: *Anonymity is different from confidentiality*. Callers requesting *anonymity* do not give their name. Callers requesting *confidentiality* **do** provide their name; however, the Compliance Assurance Officer does not disclose the name(s) to anyone absent an extreme circumstance, such as being ordered by a court of law to disclose the caller’s identity. | Report directly to either the:   * Unit Supervisor * Department Director * Compliance Assurance Officer or, * Medical Director   OR you can call Compliance Helpline  1-866-272-0004 |
| **STEP 3** | **Submit a Written Report on the Occurrence Form** | **Document the following:**   * -Date and time of the occurrence * Surrounding circumstances * Witnesses * Targets of the conduct - if the behavior affected or involved a patient in any way, the **patient’s name**   Factual, objective account of the signs of impairment |

Infection Prevention

**Everyone at St. Charles – employees, medical staff, volunteers, contract workers, etc is responsible for infection prevention!**

# What measures do you use to prevent or reduce the risk of infections of patients?

* **Hand washing**: the single most important procedure for preventing the spread of infection; and
* **Standard Precautions**: a concept whereby all patients’ body fluids/substances are considered to be potentially infectious.

**Here are some tips to effective hand washing.**

1. Wet hands first with water, avoid hot water, warm is best.
2. Apply 3 to 5 ml. of soap to hands. (a little more than the size of a quarter)
3. MC900371340[1]Rub hands together for at least **15 seconds**, covering all surfaces of hands and fingers.
4. Rinse hands with water and dry thoroughly.
5. Use paper towel to turn off water faucet.

**Tips for using alcohol-based hand rubs.**

1. Apply 1.5 to 3 ml of alcohol gel to hands (about size of a quarter)
2. Rub hands together covering all surfaces of hands & fingers, including around and under fingernails.
3. Continue rubbing hands together when you feel a build-up of emollients on your hands wait until alcohol dries, about 15-25 seconds.
4. Wash hands with soap and water.

# What isolation precautions are exercised at St. Charles?

* **Standard Precautions** are used to minimize the spread of “germs” commonly found in moist body substance and body cavities. Minimize the risk of exposure from blood and body fluids, to health care works, patients and visitors, to prevent transmission of infectious “germs”, such as HIV, HBV and HCV.
* **Transmission Based Precautions** are used to prevent the spread of infection when standard precautions do not provide adequate protection. **Ex: airborne, contact and droplets**

**Where can I locate a copy of my hospital’s OSHA Exposure Control Plan for Bloodborne** **Diseases or Tuberculosis?**

* In the Infection Control Manual.

# What is Personal Protective Equipment (PPE) and where would I find it?

* **Gloves** (both latex and non-latex)
* **Gowns** (impervious)
* **Masks** with face shields or goggles
* **Manual** resuscitators (for CPR)
* **Respirator** for airborne isolation precautions

**This equipment should be located wherever patients and their body fluids/substances may be found.**

# Where can I find an Infection Prevention Manual?

* Located in every department and on each nursing unit. You may also contact the Infection Control Department at Ext. 6110.

# What do I need to do if I am exposed to a patient’s body fluids?

* Flush the area with water/soap and alert your supervisor.
* Immediately report incident to the Emergency Room. You will need to complete an Occurrence Report.
* Follow-up with Employee Health Services.

# What do I need to do if I am exposed to a communicable disease (TB, chicken pox)?

* Immediately report incident to the Employee Health Service. You will need to complete an Occurrence Report Form.

# How do you clean up a blood spill?

* Small blood spills will be cleaned up at once using gloves and paper towels. The area will then be disinfected with a germicidal wipe and left to air dry.
* For large blood spills, immediately block off area and notify Environmental Services at Ext. 6154.

**The Joint Commission**

* Founded in 1951, The Joint Commission seeks to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.
* The Joint Commission evaluates and accredits more than 20,000 health care organizations and programs in the United States.
* An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care. To earn and maintain
* The Joint Commission’s Gold Seal of Approval™, an organization must undergo an on-site survey by a Joint Commission survey team at least every three years. (Laboratories must be surveyed every two years.)

**Performance Improvement**

Performance Improvement is a continuous process, which involves measuring and improving an institution’s process and services.

New employees can play a very valuable role in performance improvement. You have the ability to look at internal processes with a fresh prospective, as well as with a variety of diverse backgrounds and experiences. Often performance improvement initiatives begin due to the reporting of occurrences. This is great. When we report our opportunities for improvement, and work to address those issues, we can then track and trend those issues over time to ensure service excellence.

**What are the top Performance Improvement priorities of the Hospital?**

* Patient Satisfaction – Press Ganey and HCAHPS
* Noise Reduction
* Handoff Communication
* Reduction of Catheter Associated Urinary Tract Infections
* Readmission

# Environment of Care

**CODE AMBER**

***What is Code Amber?***

Code Amber is an infant, child and/or an adolescent abduction.

***What should employees do during Code Amber?***

* If required, go to the Command Center for direction.
* Check their immediate area for an infant or any unauthorized individual.
* If designated, go to a predetermined exit or driveway within the hospital until dismissed by hospital official or when Code Amber is terminated.
* Detain any employee or visitor exiting the building.
* Remain on duty until Code Amber is terminated or until dismissed by a hospital official.

**CODE BLUE = Cardiac Arrest**

* Designated response team responds

**CODE GREEN = Help With Restraint /Workplace Violence**

* Dial extension when there is an emergency request for assistance with restraint.

**CODE RAPID RESPONSE**

* Designated rapid response team responds.

# What is Rapid Response?

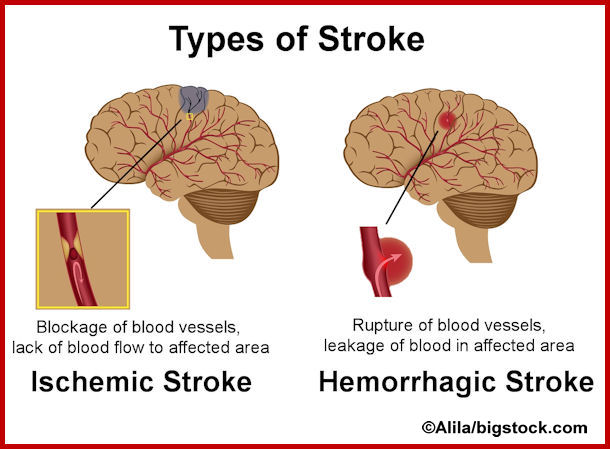
# *Any change in the patients’ condition or a situation with any other person requiring medical assistance.*

***Who responds to Rapid Response?***

The Rapid Response Team which consists of Staff Nurse assigned to patient, Respiratory Therapist, PA or NP, Critical Care Nurse of PACU Nurse, Nursing Supervisor.

**CODE ORANGE = STROKE (**Designated stroke team responds)

**What is a stroke?**  
It is a sudden interruption in the blood supply to the brain caused by a blockage of arteries to the brain or by bleeding into brain tissue.

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**If you see someone who has these signs, call x5555 for a CODE Orange to get medical help immediately.**

**CODE HICS = Hospital Incident Command System**

**Hospital, Incident, Command System Code HICS – Disaster/Emergency Plan**

* National Standard

**Emergency Operations Center (EOC)**

A central location for:

* Communications
* Decision Makers
* Internal/External activity

# How is staff notified that the disaster plan is in effect?

* An announcement stating that “Code HICS (Level I, II, III or IV) is in effect” is made on the public address system.
* Key personnel who are not present in the hospital are notified by telephone.

**Upon hearing and identifying the Code HICS, what is your department’s role in a hospital emergency?**

* Refer to the general and departmental specific instructions in the Emergency Management Plan located in the HICS Manual.

# Where is the Hospital Incident Command System Center located?

# 1st Floor Board Room

**CODE SILVER = ACTIVE SHOOTER**

* **When used, the term “Code Silver” means an individual or multiple people actively engaged in killing or attempting to kill people in a confined and populated area**
* **When you hear, a “Code Silver”– do NOT go to the area specified in the Code.**
* **Silence your cell phone/pager**
* **If safe to do so, flee the hospital**
* **Close all doors, barricade and/or lock**
* **Take action ONLY if your life is in imminent danger**

**CODE RED = Fire Emergency**

* If you discover a fire activate the nearest alarm system, follow the R.A.C.E. Method.
* **Remove** – anyone from immediate danger
* **Alarm** – pull alarm at the closest alarm pull station
* **Contain** – close all windows and doors in the area.
* **Extinguish** – the fire if possible.

# Where are the fire alarm pull stations located in your department?

* Fire alarm pull stations are located in the paths of exits. You should identify and locate the closest fire alarm pull station near or in your department.

**What types of fire extinguishers are used?**

* ABC (Red) – chemical or halon used as all-purpose.
* Non-Magnetic Deionized Water (white and blue) – for MRI only

# Where are the fire extinguishers located in your department?

* Extinguishers are strategically located in the path of exits. You should locate the fire extinguishers in your department.

**Where would you move patients being evacuated?**

* Horizontally, to safe area behind smoke/fire doors.

**PLEASE NOTE: EVACUATION IS USED AS A LAST RESORT.**

# What is the purpose of the corridor doors that close when the fire alarm sounds?

* To provide safe areas free of smoke/fire to which patients can be moved.
* To retard spread of smoke and/or fire.

**How do you operate any of the four types of fire extinguishers used in the hospital?** Follow the **P.A.S.S**. Plan:

* **P**ull – the safety pin located in the handle.
* **A**im – at the base of the fire.
* **S**queeze – the handle to discharge the extinguisher.
* **S**weep – from side to side to cover the entire area that is burning.

**Please note**: (when necessary) in a fire emergency the only person having authority to decide when to turn off oxygen is the NCC or nurse in charge of the immediate area. This is done only after all patients have been provided alternative oxygen sources.

# Hazardous Communication/SDS

Hazardous material is anything that poses a risk to people, property or the environment. You need to know what to do to protect yourself, your coworkers and our patients as well as to understand how to safely handle, store and respond to incidents should they occur with hazardous materials.

# What is an SDS?

# Safety Data Sheet is a fact sheet provided by a manufacturer that indicates specific information about a chemical or product. Departments ordering any product of a hazardous/toxic nature should request the supplier to provide a SDS sheet.

* Call 1-800-451-8346 to obtain a copy of an SDS

# What kind of information do you find on a SDS?

* The name of the chemical.
* The type and/or level of hazard.
* How a hazardous material may be safely handled.
* Short and/or long term effects.
* First aid and emergency procedures.

# What is Personal Protective Equipment (PPE)?

* PPE protects against contamination by a hazardous material/condition. Ex: gloves, masks, gowns, respirators, hearing protection, goggles, shields.

# What do you do if there is a hazardous chemical/spill, leak or suspected leak?

* Evacuate the immediate area (if necessary).
* Notify Security by dialing 6200.

**What is the employee’s responsibility when transferring chemicals from a labeled container to** **another container?**

* Label the container with product name and appropriate hazard warnings and be able to locate the appropriate SDS sheet associated with the product.

**What do you do if there is a hazardous chemical/spill, leak or suspected leak?**

* Evacuate the immediate area (if necessary).
* Close off area
* Identify type of spill
* Notify Security by dialing 6200.
* Notify Environmental Services by dialing 6154
* Notify Infection Control by dialing 6110

## **How do you clean up a blood spill?**

* Small blood spills will be cleaned up at once using gloves and paper towels. The area will then be disinfected with a germicidal wipe and left to air dry.
* For large blood spills, every Nurse’s station has a blood spill kit for powder to be spread over the spill. Notify Environmental Services at x6154.

**What would you do if you noticed a filled sharps container?**

* Notify Environmental Services for replacement.

# EQUIPMENT SAFETY

**What should you do if you find a broken/damaged piece of equipment?**

* Remove the piece of equipment from service – complete an occurrence reporting form for Broken Equipment
* Label the equipment as broken or damaged.
* List date equipment was broken or damaged on the label.
* If possible, note the problem with the equipment on the label.
* Notify your supervisor.
* Notify Bio-Med at Ext. 6488.

**Which departments may shut off oxygen valves?**

* Engineering
* Respiratory Therapy
* Nursing Supervision

**How are compressed gas cylinders handled?**

* Any compressed gas cylinder, whether empty or full must always be handled with care and secured either in a stand (portable or stationary) or strapped/chained to the wall to prevent falling.

**How is bio-hazardous waste handled and disposed?**

Bio Hazard waste is disposed into labeled and segregated containers and bagged at the point of origin by employees who are properly trained in accordance to OSHA regulations. The waste is then transported to an on-site treatment location before being disposed at an authorized off-site location.

**Rules for Working Safely with Hazardous Materials**

* Pay attention to warning signs.
* Read all labels carefully.
* Get additional information from the MSDS.
* Ask questions if you don’t understand.
* Take safety training and safety rules seriously.
* Follow established procedures to the letter when handling hazardous materials.
* Know which types of safety equipment you are required to wear and be sure to wear it.
* Make sure you keep yourself clean and your work clothing clean and in good repair.
* Always wash thoroughly after working with hazardous materials.
* Store hazardous materials safely.
* Know the first aid procedures to use in case of contact with or exposure to hazardous materials in your work area.
* Know what to do in case of spills, leaks, explosions, or fire.

# Staff Health & Safety

Employee Health

* New hire assessments
* Annual assessments – anniversary date
* Work related injuries
* Wellness programs

**General Safety Precautions – Falls and Injuries**

* Wear proper shoes.
* Walk at safe speeds
* Utilize the handrails when walking up and down stairs.
* Report or clean up all spills, no matter how small.
* Keep walking areas clean and free from obstructions.
* Use a ladder or step stool to reach out-of-the-way objects.
* **Report all potentially hazardous conditions such as loose carpeting or tiles, icy conditions in the parking lots and on sidewalks.**
* **Report incidents, assist in investigations.**
* **Follow infection control procedures – hand washing.**
* 

# Staff Security

**Hospital Security**

It’s a hospital’s total system for protecting people and property. It’s everyone’s job.

Personal security for yourself and your work environment is influenced by knowledge of surroundings and available resources. There is safety in numbers, walk with groups of people.

All employees, staff and physicians are required to wear a hospital issued picture identification badge at all times while at St. Charles Hospital.

***What Incidents Must be Reported to Security?***

* Auto accidents
* Fire
* Lost or found items
* Disorderly person(s) on hospital property
* Theft of equipment, hospital or personal property
* Any incident of non-medical emergent nature
* Hazardous spills and/or injuries
* Violence in the workplace

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| Call 911 to report all crimes in progress or security incidents requiring police assistance |

**Staff are encouraged and empowered to question any person in the building without a SCH Hospital or CHSLI Badge. Assistance may be received by escorting the person to Telecommunications to obtain a badge.**

# Human Resources Department

The Human Resources Department is a staff department whose overall purpose is to operate a comprehensive personnel and fringe benefit program. The objective of Human Resources is to support both the employee and the hospital’s strategic goals and objectives in their effort to provide the best possible care for patients.

Human Resources is open M-F, 8 am – 4 pm, and also be reached at extension 6100.

A copy of the Employee Handbook was provided to you at the time of the on-boarding process. This document contains important information regarding Hospital policies, employee benefits, as well as standards of behavior for employees. **Key topics include, but are not limited to….**

**Equal Employment Opportunity**

**American’s with Disabilities (ADA) –requests for reasonable accommodation**

**Open Door Policy**

**Non-Discrimination/Anti-Harassment**

**Workplace Diversity**

**Complaint Resolution**