Welcome to Thomas Jefferson University Hospitals (TJUH). We are pleased to be the site for your clinical education. It is part of our mission to provide an exemplary clinical setting for healthcare professionals in training. This orientation module is meant to provide you with a comprehensive overview of service, safety, and practice initiatives to ensure you make the most of your time at TJUH and understand our priorities and expectations for all practitioners.

Module Objectives

1. Describe the TJUH and Department of Nursing Mission, Vision and Philosophy and Values.
2. Describe the role and responsibilities of nursing students.
3. Identify the components of excellent customer service and AIDET.
4. Explore cultural diversity resources at TJUH.
5. Identify processes to safeguard patient’s privacy and confidentiality.
6. Discuss safety and emergency policies procedures at TJUH in place for patients, visitors and staff.
7. Describe TJUH policy and procedures pertaining to bloodborne pathogens.
8. Identify electronic and paper documentation processes and forms used at Jefferson.

Thomas Jefferson University Hospital Mission Statement

TJUH are dedicated to improving the health of the communities we serve.

- We are committed to setting the standard for excellence in the delivery of patient care, patient safety, and the quality of the healthcare experience

- Providing exemplary clinical settings for educating the healthcare delivery professionals who will form the collaborative healthcare delivery team of tomorrow

- Leading in the introduction of innovative methodologies for healthcare delivery and quality improvement
Our Values

We live by certain values at Jefferson, and these values shape and influence all of our decisions and actions. These values are:

- (I) **Innovation** - Renews, changes or creates ideas, services, technologies and/or ways of doing things that provide organizational value.
- (S) **Service Excellence** – Provides exceptional service to our customers, including students, patients, families and fellow employees.
- (C) **Collaboration** – Works effectively with others across the Jefferson community to achieve a common purpose and create value.
- (O) **Ownership** – Takes responsibility for achieving excellent results.
- (R) **Respect** – Demonstrates a consistently open-minded, courteous and compassionate approach to all.
- (E) **Empowerment** - Takes action to control work and decision making to affect positive outcomes

Department of Nursing Mission, Vision and Philosophy

Mission

The Department of Nursing at TJUH shares the organization's dedication to improving the health of our patients and communities by delivering excellence in patient care and providing exemplary clinical settings for educating health professionals. Nurses play a pivotal role in fulfilling Jefferson's goal to provide safe, compassionate, efficient, affordable, and high quality health care. We continually seek to improve nursing care delivery through research and evidence-based practice. Jefferson nurses serve as role models and teachers for students and other health professionals.
Vision

Members of the Department of Nursing achieve the mission by providing state-of-the-art care to all patients and their families based on our shared values of excellence, innovation, integrity, respect, caring with compassion, teamwork and communication. These values will be evident in everything we do and say. The Department of Nursing creates an environment that fosters the pursuit of knowledge, continuous improvement, interdisciplinary collaboration, and professionalism. Although patients choose Jefferson for our advanced medicine and clinical excellence, they will remember the compassion, respect, and outstanding nursing care they receive.

Philosophy of Nursing

Our patients are the focal point of all we do. We respect the inherent dignity and uniqueness of every individual without regard to social or economic status, lifestyle, or the nature of existing health problems. Using the nursing process as a framework, we coordinate an interdisciplinary plan of care that reflects sensitivity to the patient's developmental stage, spiritual beliefs, and cultural value system. Nurses serve as teachers, and routinely advocate to safeguard the health, safety, privacy, and rights of our patients and their families. We view patients as active participants in their care and we respect their right to set their own goals for promoting or restoring health, or experiencing a peaceful death.

We believe that nursing is an art and a science -- a dynamic and continually evolving profession. Nursing practice responds to changes in technology, regulatory requirements, and society but always remains grounded in empathy, competence, and knowledge. Validation of the knowledge base for nursing occurs through research, evidence-based practice, and critical analysis. The decisions and actions of the professional nurse fall within the legal scope of practice and the professional code of ethics. Jefferson nurses promote the professional image of nursing through their compassion and clinical expertise. We demonstrate our commitment to promoting the health of our communities by participating in health education, screening, and support groups.

Jefferson nurses embrace lifelong learning. We accept responsibility to ensure our own competence and professional growth through ongoing education. The Department of Nursing facilitates nursing education by offering a broad array of continuing education courses and by providing financial support for external professional conferences. Jefferson nurses serve as role models and mentors to nursing students and to our colleagues. We seek proficiency for ourselves and support our colleagues through the progression of professional growth from novice to expert.
Our commitment to building a highly skilled professional nursing staff hinges on our ability to identify and attract individuals who are inquisitive, innovative, and adaptable traits we associate with successful nurses. In keeping with this belief, the Department of Nursing makes the recruitment and retention program a top-level priority. Key elements of our recruitment and retention effort include maintaining strong relationships with our academic partners, promoting professional development and career advancement, and recognizing excellence among the staff.

The Department of Nursing works collaboratively with other hospital departments to ensure high quality patient care in a safe environment for both the patient and the nurse. The department vigorously promotes the use of information technology to enhance safety and to support data-driven management and clinical decision-making. The Department of Nursing uses feedback from patient satisfaction surveys and performance improvement activities to evaluate our services and to promote innovative improvement in our patient care delivery. We believe that an organizational structure built on shared governance, professional peer review, interdisciplinary collaboration, standards of care and practice empowers nurses and contributes to optimal patient care outcomes.

---

**Magnet Designation**

TJUH received ANCC Magnet re-designation in 2013. This designation recognizes excellence in nursing; it is the highest award given to hospitals for nursing excellence. Less than 7% of hospitals in the U.S. have achieved this designation.

The Magnet Recognition Program is a framework for organizing nursing practice around five key components: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovations, & Improvement, and Empirical Outcomes. The components focus on establishing effective structures and processes that produce exemplary results, reflecting the reality of nursing’s impact and ability to influence patient outcomes. Empirical outcomes are required to be demonstrated in each of the other four categories; it is not a component in and of itself. This new design is developed to encourage nurses to ask the burning questions, the “so what” of their activities; what differences have been made as a result of the interventions, activities, and committee work conducted by Magnet nurses?

Organizing around the Magnet standards provide support for excellence in practice and helps us critically evaluate the structures we have in place to encourage staff nurse involvement in decision making, autonomous practice, and research. Furthermore, it exemplifies that we foster an environment that promotes collaboration, a focus on advancing nursing through certification and continuing education.

Here at TJUH, we have a flat organizational structure which empowers nurses to become involved in leadership roles to improve nursing practice and patient outcomes.
We have unit based nursing shared governance councils. In addition, we have Interprofessional Resource Groups: Ethics, Multicultural, Diabetes, Pain, Infection Control, Falls, Dermal Defense, and Nursing Informatics.

To ensure we critically examine the outcomes of the work we are doing requires a team approach. Every unit has a Nursing Dashboard which is a graphical depiction of the trends in quality of care provided on that unit. We are committee to continuous improvement and everyone working on the unit is a critical member of that improvement process. While you are here at Jefferson, please take time to learn what the priorities are on the unit you are working on, how you contribute to the action plans for improvement, and take pride in contributing to our quest for excellence as we sustain the Magnet Culture!

---

**General Guidelines for Student Nurse Responsibility**

* A student nurse must never assume total responsibility for a patient.

* All planned student activities pertinent to care of a patient must first be discussed with the designated nursing instructor, staff nurse or preceptor.

* A student, who has not attained competency in a skill or procedure, is required to have the nursing instructor, staff nurse or preceptor provide direct supervision during the activity.

* A student must comply with the school dress code. School badges or nametags and Jefferson temporary ID must be visible.

* Any incident/accident must be reported by the student immediately to the nursing instructor, staff nurse, and preceptor or nurse manager. These incidents include medication errors and falls. The student and faculty member will assist the staff member in completing any event reports online. Be sure to include the student’s name and faculty member in the body of the description.

---

**Jefferson Directory**

Throughout this orientation module, telephone contact numbers are given for specific departments. You can access the Jefferson Directory from the Hospital Intranet page. On the intranet home page, upper right corner, you can enter your search term to search for a specific department or staff member.
Customer Service

In keeping with TJUH mission, vision and value, the hospital places the needs of patients above all else. Customer service is a key element for success in all businesses, including healthcare providers. Outstanding service is our goal to all of our customers, both internal and external.

TJUH customer service standards include:

- Greet each customer using an appropriate friendly and courteous manner.
- Demonstrate active listening skills.
- Speak and respond to customers in a calm, respectful manner.
- Demonstrate to customers the knowledge of the TJUH systems and services. Maintain strict confidentiality regarding patients and all other confidential information.
- Serve as a role model to other employees.
- Seek mutual resolution to conflict situations, using problem solving techniques.
- Strive to maintain positive working relationships throughout the hospital.

We encourage you to show a positive, effective attitude when dealing with customers. Below are communication guidelines on how to achieve this.

Hello/Goodbye and AIDET: To assist in communication and relationship building, a powerful framework, AIDET, is recommended.

The AIDET acronym stands for:

Acknowledge; Introduce; Duration; Explanation and Thank you

Communicate in a friendly manner.

Promptly welcome your customers in a warm, friendly manner. Introduce yourself by using your name and by asking, “How may I help you?”

Within 10 feet of encountering any individual, look up, make eye contact, and smile.

Within 5 feet of encountering that same individual, continue eye contact, and smile and acknowledge with a friendly greeting (hello, good morning, welcome to Jefferson, etc.)
Each *last* encounter with an individual should be demonstrated by making eye contact, smiling, and acknowledging the person’s departure with a kind send off (“Good bye” or “Thank you for choosing Jefferson”)

We use **AIDET** to reduce a patient’s and family’s anxiety. **AIDET** is used to help eliminate the unknown for our patients. **AIDET** lets the patient know “why” you’re doing something – by answering the “why,” you demonstrate you care. **AIDET** uses key words at key times. **AIDET** is patient-focused; it allows us to treat patients the way we would want to be treated.

**BY USING AIDET:**

Patients will be satisfied, Physician will be satisfied because their patients are and Patients will be more engaged and clinical outcomes will improve!

**Acknowledge**

When beginning the initial interactions with a patient and families and other health care team members, greet them, use eye contact, smile, and speak to them as if you were expecting them. Show them they are important. Example: “Hello Mrs. Johnson”

Knock before entering room. “May I come in Miss Young?” Greet with a Smile, “Good morning/Good afternoon, how can I help you today?”

**Introduce**

By providing information about yourself and other team members, you help patients and families to get to know you and the care team, which will reduce anxiety.

**Duration**

- Give the patient and family an estimate of how long the planned task or process will take.
- Explain the timeframe of procedures, the anticipated duration of waits and update patients if the timing changes.
- This helps patients and families manage their expectations as it pertains to time.

**Education**

- Remember, what’s routine for you is *not* routine for the patient.
- Our goal is to keep the patients and families informed. Give a clear explanation for *all the things that you are doing*.

Information helps to decrease anxiety. For example, explain why you are drawing blood and what should be expected when the test is complete.
Each nursing unit has a dual handset phone to use for telephone interpreter service.

The phone location and how to use the phone should be reviewed on the nursing unit.

Thank you

Take time to thank patients and families. Thank them for using our facilities, for their patience, for allowing you to care for them. Ask if there is anything else you can do for them before ending the interaction.

If you encounter a customer service issue, resources available are: Unit Charge nurse, nurse manager, nursing supervisors, and Patient Services 5-7777 (CC) or 9987 (Methodist).

Cultural Diversity

We all differ from one another. As clinicians in the health care industry, our differences can become more important due to the extremely personal nature of the service we provide. As we work with employees and patients/families, we need to be aware of different beliefs and practices and be willing to create and maintain an environment that is respectful of all people. Learn to recognize, respect and work with patient’s different cultures, values, beliefs, practices and rituals. If you need to access interpreter services, including sign language, promptly call Patient Services or page the nursing supervisor after hours.

Family members should not be asked to act as interpreters. In addition, the use of hospital staff as interpreters is discouraged and should only be used when the use of professional healthcare interpreters cannot be provided.

Interpreter Phone Information:
Telephone interpreter service using any phone or using a dual handset phone is provided at TJUH through Cyracom International 24 hours /7 days a week.

To request an in-person language interpreter call Patient Services at Extension. 5-7777
Additional information regarding Interpreter services can be accessed through the TJUH Intranet/Clinician tab found under the Policies and Procedures section.
Review Hospital Policy: 112.11 Interpretation services for non-English Speaking and Hearing-Impaired Patients for further information.

For hearing impaired, all televisions (Center City and Methodist) are equipped with closed caption capabilities.

You have a big role to play when it comes to creating an environment that demonstrates respect and sensitivity toward other cultures. It is the policy of TJUH to respect the cultural and ethnic needs and desires of the patients that we serve is at all possible.

This may include:

- Respect the patient’s beliefs regarding the origin of illness
- Provide kosher or vegetarian meals / respecting dietary restrictions
- Providing alternatives such as electric candles for rituals since actual candles cannot be used within the hospitals
- Provide an interpreter so that the patient can participate in decisions regarding care.

For additional information, there is a Multicultural Resource Unit Binder available on each unit.

Suspected Abuse, Neglect, Violence, and Exploitation Assessment
Population Specific considerations should be utilized for patients when there is suspected abuse or neglect. TJUH policy 113.34 supports licensed health care providers in directing them to “identify, document and when appropriate report suspected cases of physical, sexual, domestic, child and elder abuse.” Similarly, Thomas Jefferson Hospital Policy 113.12 has a list of “Criteria for Identifying Victims of Abuse, Neglect, Domestic Violence or Exploitation” and Appendix 2 of that same policy provides an “Age Appropriate Abuse Screening Tool.” This tool provides the health care provider with sample inquiries that facilitate the assessment and plan of care for an individual who is suspected of being abused or neglected.

Information Management
Information Management is the process of obtaining, managing and using information to improve patient outcomes and hospital-wide performances.

Access to information is based on a need-to-know basis in order to safeguard the confidentiality of the data at all times. Pursuant to TJUH Hospital Policy 117.04, TJUH maintains a Need-to-Know Philosophy. This means that patient information is not be accessed or shared unless the individual legitimately needs this information to fulfill his/her job responsibilities.

TJUH is committed to ensuring the physical protection of Electronic Protected Health Information (“ePHI”) residing on hardware and electronic media. This includes, but is
not limited to, workstations, laptops, smart phones, copy machines and any device that captures and stores confidential data electronically.

To ensure the confidentiality and integrity of Electronic Protected Health Information (“ePHI”) and Personal Information, TJUH is committed to using an appropriate technique to encrypt this data when transmitted and in storage, (e.g. USB memory sticks/flash drives, CDs, floppy disks, etc.).

**General Guidelines**

Medical record information can only be released with a proper consent signed by the parent or legal guardian, or in accordance with state or federal law.

Confidentiality statements are signed by all employees when requesting a security code/password for any hospital system.

Refrain from having conversations regarding patient information in hallways, elevators and other public places. Clinical groups should not have post conference in a public location. Conference rooms are available through Student Placement Coordinator upon request.

Any questions regarding release of information should be directed to the Health Information Management Department.

Employees must dispose of printed patient medical information in 1) an approved confidential disposal bin, or 2) an approved shredder, as provided by the hospital to prevent the information from being disclosed to unauthorized individuals.

Click here to review all [TJUH Information Systems Policies on protecting health information](#).

---

**Health Insurance Portability and Accountability Act (HIPAA)**

**Definition of HIPAA**

The Health Insurance Portability and Accountability Act of 1996 is a multifaceted piece of legislation covering three areas:

A. **Insurance Portability:**

   Portability ensures that individuals moving from one health plan to another will have continuity of coverage and will not be denied coverage.

B. **Fraud enforcement (accountability):**
Significantly increases the federal government’s fraud enforcement authority in many different areas.

C. Administrative simplification:

Ensures system-wide, technical and policy changes, in healthcare organizations in order to protect patient’s privacy and the confidentiality of identifiable protected health information.

Patient Confidentiality
Patient confidentiality requires a conscious effort by every healthcare worker to keep private all personal information revealed by patients and their families and/or medical records during a hospital visit.

You may have access to confidential information about patients and their families. You must never discuss, disclose or review any information about a patient’s medical condition with any other person unless they have proper authorization.

Identifiable Protected Health Information (PHI)
Everything inside a patient’s chart (paper or electronic) is considered identifiable protected health information. Assure that patient confidentiality and privacy are not compromised. Privacy is a patient’s right. Medical information must be shared only with those who need to know. Patient privacy can be violated when protected health information and patient names are left on voicemail messages or telephone answering machines. Computer printouts, and other paper records containing patient information, must be kept in a secure place and shredded when no longer needed. Never throw any document with PHI in a regular trash can. Place patient confidential information in gray “confidential” bin on each unit for proper disposal.

Do not share your computer password with anyone. Make sure you sign off when you leave your computer. Never leave any patient information, including computer screens, charts and operating room schedules unattended. Never discuss patient information or hospital business in public areas.

Knock before entering a patient room and always identify yourself by your name, your position and your reason for being there. In a semi-private area, pull the curtain around the patient’s bed, and lower your voice before speaking about medical information.

Provide a second gown or extra blanket when a patient is ambulating, in a wheelchair or being transported. Use the most private space available when discussing patient information with a patient or family members.

Click here to review all TJUH Information Systems Policies on protecting health information.
Social Media Policy

This policy addresses the acceptable use of social media such as blogging, twittering, social networking, WIKIs, and websites while at work/school as well as away from work/school and when the Jefferson affiliation is identified, known, presumed or could be inferred. The social media policy identifies specific behavior related to social media such as users hall refrain from ‘friending’ or otherwise granting access to their personal social media accounts to patients. View the Social Media Policy.

Hospital and Nursing Policies/Procedures

Safe practice depends on referencing hospital and nursing policies and procedures. These differ from one institution to another so it is very important for students to review the specific hospital policy and procedure before patient care. You can access online policies and procedures via the TJUH Intranet. From the home page, click on the “Clinician” or “Administration” tab (figure 1) at the top of the screen to access these resources.

Figure 1. TJUH Intranet clinician tab

Environment of Care
Smoke by staff, inpatients, outpatients, visitors, vendors, contractors, and others is prohibited in all Thomas Jefferson University Hospitals, Inc. buildings and designated outdoor areas.

- Follow the facility’s rules about not smoking. Policy 102.70
Emergency Preparedness
This section will help you learn how to respond to unexpected events and emergencies, as your actions could have an impact on patients, parents, visitors and coworkers. Following these procedures may ensure safety for you, patients and their families.

**Code Red** = Fire Dial 811(CC) or dial 77 (Methodist)
Code Red means there is a fire somewhere at the hospital. Fires require **fuel**, **oxygen**, and **heat**. These three items make up the **fire triangle**. A fire will break out whenever these items come together in the right amounts.

**Common Causes of Fire**
- Cigarette smoking
- Unauthorized use of extension cords
- Electrical malfunction
- Equipment misuse

**Fire Prevention**
- Follow the facility’s rules about smoking.
- Smoking is prohibited within 20 feet of any building’s door or window
- Instruct visitors and patients to smoke only in designated areas.
- Smoking is not allowed in any Jefferson occupied building.
- Fire Alarm pull stations are located with 5 feet of every fire tower.

**RACE** is a national acronym used to help you remember what you must do in case of a fire. **If you discover a fire:**

R  **RESCUE** anyone from immediate danger.

A  **ALARM** - Pull fire alarm box and dial 811 or 77 (or 911 for off-campus and leased facilities).

C  **CONFINE** (close doors)

E  **EXTINGUISH** fire if small
    **EVACUATE** when necessary

Evacuate horizontally following your unit's evacuation plan. Do not use elevators, use only stairs. Remember to Close ALL doors. Fire extinguishers are labeled to show which types of fires it can fight. Use the acronym PASS to remember to:
Pull the pin
Aim the nozzle at the base of the fire, stand 6-10 feet away from fire
Squeeze the handle in five second bursts.
Sweep the nozzle from side to side across the base of the fire.

As stated in the Nursing policy, *Fire evacuation* (8.03) the nurse manager/charge nurse will make the decision to shut off the oxygen valves.

**Code Blue = Cardiac Arrest**
**Dial 123 Center City or dial 77 at the Methodist campus**

**Code Blue means cardiac arrest or respiratory arrest.**
If a patient has a cardiac or respiratory arrest, call for help **dial: 123 (CC) or 77 (Methodist).**
Give the name of the building, the floor, and room number.
Alert unit staff.
Begin CPR if you are certified to do so. If you are not, wait for the team.

**Code I = Missing or Infant Abduction**

**Code I: Notify Security at 811 (CC) or 77 (Methodist) and report there has been an infant abduction.**
Give description of the abductor and child/ and or infant. Note the direction that the abductor took off leaving the unit/area.
If you are suspicious, get a description of the person you suspect and call Security at **811.** Give a detailed description to help them catch the suspect. As soon as a Code I is announced, the Hospital Lock-Down System goes into effect.

**Click here to view TJUH Internal Disaster Plan Attachment #7 for Missing Children or Infant Abduction**

**Electrical Safety**
Electrical safety is very important for preventing fires and shock.

- Do not use cords with insulation that is cracked, torn or rubbed off.
- Do not use any cord or plug that appears damaged or heats up when used.
- Get safety instructions before using, cleaning and maintaining electrical power equipment.
- Do not use any electrical equipment that appears to be damaged or in poor repair.
- Do not use any device that blows a fuse or gives a shock. Report all shocks—even small tingles immediately.
• Be aware of tags indicating equipment is not working properly. Equipment that is tagged should not be used to perform patient care, until the Biomedical Instrumentation Department has repaired it.

Patient incidents involving medical equipment or products must be reported to Risk Management and Biomedical Instrumentation in accordance with the Safe Medical Devices Act (SMDA). Biomedical Instrumentation Department 3-1800 (CC) or 9204 (Methodist).

Personal Safety Tips
You can help us make this Hospital a safer place by taking steps to protect yourself.

• Do not leave your purse, wallet or other valuables unattended.
• Report any suspicious person or unauthorized persons to security immediately.

Hazardous Materials
Hazardous Materials are chemical products that can harm your eyes, lungs or skin. Be sure to protect yourself when handling chemical products. Use appropriate Personal Protective Equipment including gloves, mask, gown, and/or boots.

The "Right to Know" Laws
The goal of the standard is to cut down on workplace injuries and illnesses caused by using, handling, or storing chemicals improperly. Employers must have a written Hazard Communication Program and provide you with the information, equipment, and training to work safely with hazardous materials.

The TJUH written hazard communication program tells you

1. How hazardous materials in your workplace will be labeled.
2. Safety Data Sheets for each hazardous material are available from Environmental Health & Safety and on the hospital intranet on Emergency/safety tab.
3. Provides you with a description of the employee training program.
4. A list of the hazardous chemicals in each work area.
5. The hazards associated with chemicals carried in any pipes in your institution needs are color-coded or labeled.
6. If you discover a chemical spill, contain the spill and notify Environmental Services at 3-6100 (CC) or 9251 (Methodist). The Environmental Services staff is trained to
handle chemical spills.
There are several types of hospital waste. Each type of waste has its own type of waste container.

- **Biohazardous Waste** is any type of waste that is contaminated by blood or other body fluids contaminated with blood. All items contaminated with blood, drainage, or infectious secretions are discarded in red bags for incineration. These containers have the Biohazard symbol. Note: Always wear appropriate Personal Protective Equipment when handling Biohazardous Waste.

- **Sharps** are substances that can poke or cut your skin, such as needles, broken ampules and/or lancets. Sharps are disposed of into a hard, plastic Sharps Box. Sharps may be contaminated; therefore, you must always wear Personal Protective Equipment when handling sharps.

- **Pharmaceutical Waste** Jefferson has implemented a process for appropriate pharmaceutical waste and segregation called Stericycle Material. There are color-coded containers to deposit hazardous and non-hazardous waste. A chart is posted on each unit to indicate into which container waste should be deposited.

**Magnetic Resonance Imaging (MRI)**

MRI safety is taking the necessary precautions to ensure that the patient, technologist and ancillary personnel are not placed in harm’s way during a MR exam. MR safety is everyone’s job and it begins with the staff education.

Knowing your patient’s medical history as it relates to MR is critical. Does the patient have an implant or device that would make them contraindicated for having an MRI? Does the patient have a pacemaker, metal in their eyes or a Neuro pain stimulator? Was a Swan Ganz catheter recently placed and was this communicated to the MR staff? Does the patient have any allergies or a creatinine level that would prohibit them from having contrast administered? Knowing your patient’s medical history as it relates to
MRI prior to the MR staff calling the floor will protect the patient, the ancillary staff and the radiology staff from any unforeseen incidents.

Everyone has a responsibility to promote MR safety. For nurses and respiratory staff items such as scissors, a stethoscope, hemostats or needles are ferromagnetic and will be attracted to the magnetic field. Environmental and custodial staff must use the appropriate MR compatible approved and tested cleaning supplies. Floor buffers and other power equipment are not allowed in the MR exam room. Make sure all of your pockets are empty and that you have been thoroughly screened by an MR technologist prior to ever entering into the MR exam room. Common items such as a watch, pen, hair clips, wallet or keys are all contraindicated. Ventilators, infusion pumps, Telepaks, bone and pain stimulators, Swan Ganz catheter, intra-aortic balloon pump, coiled pacer wires and various other devices and implants are all contraindicated for MRI.

Orthopedic hardware such as joint replacements, screws and pins post-op in bones or joints are typically compatible but must be checked prior to entering the MR exam room. External fixation devices such as tongs or a halo must be checked for compatibility. Medication patches and tattoos can be a hazard and can often cause skin irritation and localized burning. The MR technologist, an MR Safety Officer, or the radiologist must check all of these devices if there is a question of compatibility. Many of these devices can be checked with a bar magnet outside of the MR control room.

*The most common injury is caused by oxygen cylinders that are brought into the exam room. This is followed by wheelchairs, IV poles, scissors, infusion pumps, pens and scissors by non-radiology staff.* Acoustic injuries are very common and often under-reported. Patients are required to wear ear protection such as earplugs, headsets and noise dampening pads as indicated. Coil burns are more common today than in past years. This is due to an increase in radiofrequency deposition and the increase of magnetic field strength. The placement of the coils, wires and the necessary padding are critical to maintaining a safe MR environment in the bore of a magnet.

---

**Security**

For general information, you may contact the Security office at 5-8888 (CC) or 9238 (Methodist).

In case of an emergency, call Security at 811 (CC) or 77 (Methodist). The security staff on duty will respond immediately to the call.

The Security Services department employs, full time, professionally trained security
Officers are on duty 24 hours a day, 7 days a week, every day of the year. They patrol inside and outside the hospital.

Their duties include:
1. 24-hour monitoring of all hospital alarm systems.
2. Patrol all outside areas, including parking lots, loading docks, roads, and driveways, as well as enforcement of parking regulations.
3. Patrol all nursing units and outpatient facilities.
4. Escort night-shift employees to their cars upon request

**Infection Control**
Infection Control Program Office 955-7186 (CC) or 9423 (Methodist)

Students need to follow a basic level of caution during their work activities.

Comply with hospital and unit specific dress code regulations:
1. Clean uniform or scrubs daily
2. Long hair should be restrained or tied back in some fashion to reduce risk of hair contamination of patient food, supplies, and/or environment, and to reduce the risk of personnel hair contamination from splashes or contact with soiled hands.

Routine **hand washing** whenever contamination might have occurred (from patient, self, or visitor).

- Click here to watch: [Hand Washing](#) video.
- **Wash Hands** when entering and leaving a patient room.
- In-between caring for patients.
- Between patient care activities with one patient (e.g. changing a dressing).
- Normal hand washing requires a minimum of a 20 second wash with liquid soap and water. Alternatively, hands should be rubbed vigorously with an alcohol based hand disinfectant until hands are dry, if there has been no occupational exposure to or contact with blood or other potentially infectious materials.
- **Alcohol based hand sanitizer:** Rub product over all surfaces of hands until dry. **Hands must not have visible soiling.** This destroys transient microorganisms on hands not visibly soiled.
- **Soap and water:** When hands are visibly soiled or contaminated with pertinacious material or when having contact with a patient or their
environment while on Enteric Precautions. The employee must wet hands first with warm water; apply 3 to 5 ml of a non-antimicrobial or antimicrobial soap to hands and rub hands together vigorously for 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with warm water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. This removes soil and destroys or removes microorganisms.

Compliance with Hospital guidelines for Universal Precautions and Safety
Students should be knowledgeable of the recognition of and adherence to types of isolation precautions used for specific communicable disease.

Artificial nails are not permitted to be worn by employees or student with direct patient care responsibilities. Artificial nails include: acrylic nails, nail extenders, nail wraps, silk wraps, sculptured nails, press-on-nails, and nail jewelry. Keep natural nails ¼ inch long or less. The TJUH Isolation and Infection Control Manual is available online on the TJUH intranet to use as an additional resource for infection control practices.

Work Exclusions:
All staff and students must meet certain employee health requirements. Certain illnesses have work restrictions that are based on the potential risk for patients and other personnel. As a student or faculty if you have an injury such as one that you need a cast, you must be cleared by UHS before returning to the clinical area. All staff and students should be familiar with those conditions that would limit the areas in the hospital where they might continue to visit. In general, any time you have symptoms of an acute infection, fever, cough, vomiting, diarrhea, or skin infections, you should not be at the hospital until cleared by the University Health Service Office or your private Physician. For more information, please contact the University Health Services at 955-6835 located at 833 Chestnut Street, Suite 205.

Universal Precautions:

Universal or Standard Precautions are a set of standardized precautions to be used for all patients, regardless of illness or medical condition for the prevention of blood-borne pathogens. Three blood borne pathogens are concerning to healthcare workers. These are Human Immunodeficiency Virus (HIV, Hepatitis B (HBV) and Hepatitis C (HCV). Infection is spread through contact with blood or body fluids. Healthcare workers must take precautions to avoid contact with these fluids.

Personal Protective Equipment (PPE) is worn to protect against blood/body fluid
exposures. Staff should know location of PPE in each patient care area and be familiar with them when barriers are indicated and used as required.

* Gloves for hand protection
* Gowns to protect clothing
* Protective eyewear to reduce risk of splashes, use goggles or masks with shield
* Masks to reduce risk of respiratory exposure

Avoid touching face or eyes during patient care activities. Many respiratory viruses are readily transmitted through the mucus membranes of the eyes, nose, and mouth.

Avoid eating, drinking, or applying lipstick or lip balm in patient care areas. Enteric viruses such as Rotavirus may survive for up to 5 days on environmental surfaces.

Staff should know location of eye wash stations in patient care area and use to immediately cleanse eye if contamination with blood, body fluid or hazardous chemicals should occur.

Injuries with contaminated sharps present a significant risk to healthcare workers. Blood borne pathogens, which have been documented to be transmitted by percutaneous exposure, include: HBV, HCV, and HIV. Hepatitis B is best prevented by administration of Hepatitis B vaccine. Post exposure prophylaxis for HIV requires administration of anti-retroviral medications. There is currently no prophylaxis for Hepatitis C.

**Handling Sharps Safely**

The primary prevention technology used in hospital includes: needle free access valve, needle free IV and phlebotomy products, needle free drug delivery products, and needle free filled syringes.

It is important to protect the health of the healthcare providers but, in the event of a needle stick or other blood and body fluid exposure, follow the procedure listed below to decrease the provider’s risk of exposure to disease that can be acquired.

- Never recap used needles by hand. If needles must be recapped use one handed scoop method or recapping device (activate protective covering).
- Do not bend or break needles.
- Keep used sharps separate from other items such as gauze and alcohol wipes.
- Always point a used sharp away from your body.
- If assisting with a procedure always be aware of where the sharp is being placed.
- Never clean up broken glass by hand.
• Dispose of used needles, lancets, blades, and other sharps into a designated sharps container. Do not open, reach into, empty, or clean a sharps container.
• Never discard a sharp into a plastic trash bag.
• Do not overfill a sharps container. If it appears to be over 2/3 full, notify Environmental Services
• When using sharps remember to activate the protective cover. If you are not familiar with safety product, ask for assistance.

Needlestick injuries are most likely to occur when caregivers are disposing of sharp instruments, gathering materials during patient care and treatment, administering a procedure to a patient, processing specimens, or collecting trash and linens.

Proper steps to take if you are accidentally injured:

1. Wash the exposed area with soap and water immediately.
2. If fluid splashed in your eyes, remove your contacts immediately. Rinse with tap water or with sterile saline for 15 minutes.
3. If fluid splashed into your mouth, rinse your mouth thoroughly with tap water.
4. Advise your supervisor that you have been exposed.
5. Complete an accident report and have your supervisor sign it, if possible.
6. Report to University Health Services (UHS) at 833 Chestnut Street, Suite 205, or, if UHS is closed, to the TJUH Emergency Department as soon as possible. Methodist Hospital Division (MHD) employees should report to Healthmark or to the MHD Emergency Department after hours. Do not wait until the end of your shift. If antiviral medication is required, the CDC recommends taking the initial dose within two (2) hours of the exposure for the most effective treatment.
7. Identify your patient’s name, medical record number, and the name of the attending physician of the patient. The patient will be referred to as the “source patient.”
8. UHS will contact the physician to order the appropriate testing of the source patient once you have reported the exposure within 72 hours; the exposure has been determined to be significant; and you have undergone testing for HIV. Testing a patient without reporting the exposure is against TJUH policy and is not in accordance with Pennsylvania Act 148, the Confidentiality of HIV-Related Information Act.

NOTE: If HIV prophylaxis is indicated it should be started as soon as possible after the exposure. The ideal is within 2 hours but can be started up to 24 hours post exposure.

Visiting Non Jefferson Students

Non-Jefferson students are expected to know - prior to arrival at Jefferson - the appropriate procedures their schools have outlined to address occupational exposures. If an occupational
exposure has occurred while on a clinical rotation at Jefferson, please review the following steps:

1. Follow the first aid instructions in the First Steps to Take Tab of this Needle stick website (above).
2. Advise your clinical instructor/supervisor that an exposure has occurred.
3. Contact your school if you do not know the procedures to follow. If your school does not mandate that you return to your student health office, continue with #4.
4. Complete the TJUH accident report.
5. Gather the source patient’s name and medical record number.
6. Report to University Health Services (833 Chestnut Street, Suite 205) as soon as possible with this information. If after hours, please report to the TJUH/MHD Emergency Department for evaluation. The cost of the evaluation in the Emergency Department must be covered by the visiting student’s insurance.
7. UHS will assist with obtaining the source patient testing and will evaluate the risk of the exposure. Any labs ordered for visiting students and the cost of any post exposure prophylaxis (antiviral medication) must be done through the student’s insurance. All follow up testing will be done through the student health office at the school.

Event Reporting—Patient Safety Net
All employees and staff members are responsible for promptly reporting any event involving a patient or visitor (as soon as possible following its occurrence, but not later than 24 hours). The person who witnessed or discovered the event, or to whom it is reported (i.e., supervisor) is responsible for initiating the event report and notifying the appropriate staff, such as the attending physician, nursing supervisor, or department head.

TJUH utilizes web-based electronic reporting through the Patient Safety Net (PSN). The PSN may be accessed through the TJUH Intranet Home Page, either under the Administration, Clinician, or Emergency/Safety tabs by selecting the Event Reporting (PSN) link.

All required fields must be completed as directed. The reporter should provide a brief, complete and accurate description of how the event occurred, including only facts witnessed by or related to the reporter. Pertinent statements made by the patient, family or visitor may be included in quotes. The report should not include any information identifying patients, or blaming staff for the outcome. Reports are not punitive. Event reports are forwarded electronically to the appropriate managers for review, investigation and action.
National Patient Safety Goals 2014

Identify patients correctly

TJUH requires the use of two identifiers; these two identifiers are specifically the Name and birth date. All patients must have a TJUH ID bracelet.

Improve staff communication

TJUH uses many opportunities for hand – off communication. These include: shift report, rounding, white boards in patient rooms, critical value test result reports, Transfer and Discharge Summary, Interdisciplinary Plan of Care, and trip slips. A trip slip is a card that is used when transferring a patient off the unit for testing or to another unit. It contains priority information to communicate to the next health care team member such as falls risk, activity, types and locations of tubes and drains and any language preferences. These are used to promote interdepartmental and interdisciplinary communication about patients’ care.

TJUH has a standardized list of abbreviations and also a list of “Do Not Use Abbreviations” available on the hospital intranet–medical records page and posted on each clinical unit.

<table>
<thead>
<tr>
<th>The Correct Way</th>
<th>Do Not Use</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>daily</td>
<td>qd</td>
<td>Misinterpreted as “qid” (resulting in 4-fold overdose)</td>
</tr>
<tr>
<td>q other day or q/day</td>
<td>qod</td>
<td>Misinterpreted as “qid” or “qid”</td>
</tr>
<tr>
<td>units</td>
<td>u or U</td>
<td>Misinterpreted as a “0” (resulting in a 10-fold overdose)</td>
</tr>
<tr>
<td>1 mg (no trailing zero)</td>
<td>1.0 mg</td>
<td>Decimal point can be missed on order (resulting in a 10-fold overdose)</td>
</tr>
<tr>
<td>0.1 mg (use a leading zero)</td>
<td>1 mg</td>
<td>Decimal point can be missed on order (resulting in a 10-fold overdose)</td>
</tr>
<tr>
<td>international units</td>
<td>IU</td>
<td>Misinterpreted as “IV”</td>
</tr>
<tr>
<td>morphine</td>
<td>MS, MSO₄</td>
<td>Misinterpreted as magnesium sulfate</td>
</tr>
<tr>
<td>magnesium sulfate</td>
<td>MgSO₄</td>
<td>Misinterpreted as morphine sulfate</td>
</tr>
</tbody>
</table>

Use medicines safely

TJUH has standardized and limited the number of drug concentrations available. A list of look-alike/sound-alike drugs is available on each nursing unit to 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 perioperative and other procedural settings.
Reduce the likelihood of patient harm associated with use of anticoagulation therapy by using approved orders for initiation and maintenance of therapy, using only oral unit-dose products, prefilled syringes, or premixed infusion bags when available and use programmable pumps for intravenous heparin administration.

TJUH has a process for obtaining and documenting a complete list of the patient’s current medications upon the patient’s admission. Medication reconciliation process is completed with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list, and reconciles during the hospital stay and upon discharge the medication list for patient and family. Medication reconciliation during discharge is facilitated through the patient electronic record (Jeff Chart) and given to the patient and/or family. A complete list of the patient’s medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.

**Use alarms safely**
Alarms on medical equipment are heard and responded to appropriately. Review [hospital policy 108.13 Responsibility for Alarm Events on an inpatient Care Unit](#).

**Prevent infection**
TJUH complies with the current Center for Disease Control (CDC) hand hygiene guidelines or World Health Organization guidelines. TJUH sets goals for improving hand hygiene guidelines. TJUH implements evidence based practices to prevent health care associated Infections for multidrug resistant organisms, central line bloodstream infections and surgical site infections.

**Identify patient safety risks**
Identify patient’s risk for suicide, review [nursing procedure III-A-4, Suicide Precautions: Non-psychiatric units](#).

**Prevent mistakes in surgery**
Wrong site, wrong procedure, wrong person can be prevented. The universal protocol is intended to achieve this goal. The elements of the protocol involve a “pre-operative verification process”, “marking the operative site”, and including a “Time Out” before starting the procedure.

Click here to view form for: [Universal Protocol for preventing wrong site, wrong procedure, and wrong person surgery](#)

---

**Nurse Sensitive Indicators**
TJUH is strongly committed to exploring ways to improve patient outcomes. By utilizing data collected from patients on falls, pressure ulcers and restraints, and comparing TJUH data to other hospitals that are academic medical centers and/or Magnet facilities through the use of the National Database of Nursing Quality Indicators (NDNQI), TJUH develops plans to improve quality of patient care.

Falls

Nurses assess and reassess each patient’s risk for falling, including the potential risk associated with the patient’s medication regimen, and take action to address any identified risks.

Patients at TJUH are assessed for falls risk on admission and daily. Reassessment takes place also when a patient is transferred to another unit, incurs a fall or has a change in clinical status. Measures are taken to prevent falls by creating a safe environment for patients. Patients at risk for falls are given a yellow wrist band and yellow non-slip footwear.

As a result of a Six Sigma project, Jefferson uses a process called “ETAR” to prevent falls.

E = Educate staff and patients
T = Toilet patients every 2 hours
A = Alarm; apply Level 2 bed alarm for high risk patients at all times and at bedtime for everyone
R = Response to emergency call lights is all staff’s responsibility

We want to take this opportunity to remind all staff members, students and faculty that they can prevent a patient from falling and becoming seriously injured. If a red flashing light is seen over a patient’s door it means a patient needs immediate help and should not get up without assistance. Any staff member or faculty/student should go to the patient’s room and tell the patient not to get up until assistance arrives. This simple action could keep our patients safe.

Hourly rounding on all patients has been implemented to help to decrease falls. Each hour patients are checked for pain, positioning, personal needs and safety needs. Urine output is documented every two hours on the I & O Flowsheet as the output amount or “0”. It is the TJUH expectation that you will actively participate in this safety initiative.

Pressure Ulcer Prevention

Skin assessments and intervention are completed utilizing the Braden Pressure Ulcer Risk Assessment for adults and the pediatric population. Assessments are interventions are documented each shift on Assessment Record in our clinical information system.
(JeffChart). Resources are available on the hospital intranet, Resources, Clinical Reference Cards to assess pressure ulcers and use the appropriate skin measures.

**Patient Education**

**CareNotes® System** Jefferson’s primary source for printed patient education materials is CareNotes. The CareNotes System can be accessed via JeffChart nursing base screen or the TJUH Intranet, Clinician page, under ‘Patient Education’.
CareNotes provides concise, customizable education materials that address patient condition, treatment, laboratory tests, follow-up care, psychosocial issues, continuing health, and the most frequently administered drugs. The content is available in English and Spanish; some content also available in 13 additional languages. The content is written at a 5-7th grade reading level.

GetWellNetwork
Jefferson University Hospital Center City campus provides additional opportunities for patient education through the GetWellNetwork. The GetWellNetwork is an on demand interactive tool that offers patients and families educational videos and information about health and illness. This network is available in many patient rooms.

The GetWellNetwork can be used to:

- Learn about procedures and medications
- Communicate with the hospital staff
- Access information about hospital services and facilities
- Provide feedback to staff
- Watch on demand movies
- Email family and friends
- Surf the Intranet

At our Methodist campus we have TIGR Health TV channel providing pre-programmed educational content via the television in the patient’s room.

Health Literacy

Health literacy is defined in Health People 2010 as: "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

Health literacy includes the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, healthcare providers directions and consent forms and the ability to negotiate complete care systems. Health literacy varies by context and setting and is not necessarily related to years of education or general reading ability. The “average” American reads at the 8th or 9th grade level and one out of five American adults reads at the 5th grade level or below; yet most health information is written at a high school level or above. Due to illness, stress, the effects of medication and other factors, a person who functions adequately at home or work may have marginal or inadequate literacy in a health care environment.

Why does health literacy matter?
• Nearly half the population of the US, approximately 90 million people, have difficulty understanding and using health information²
  o Vulnerable populations include the elderly (age 65+), minority and immigrant populations, those with low income (half read below the fifth-grade reading level), people with chronic mental and/or physical health conditions
• Poor health literacy is a stronger predictor of a person’s health than age, income, employment status, educational level, and race³
• Problems with compliance and medical errors may be based on poor understanding of healthcare information. Only 50% of all patients take medications as directed⁴
• Low health literacy is consistently linked with more hospitalization; greater use of emergency care; lower use of preventive care such as mammography screening and influenza vaccination; poorer ability to interpret labels and health messages; and, among elderly persons, worse overall health status and higher mortality rates⁶
• Improving health literacy will help to improve outcomes⁵

**What does health literacy matter to Jefferson!**

• Patients need to understand health information and treatment options in order to make informed decision about their care
• Patients who are not able to understand care management instructions may frequent the emergency department and require re-admission to manage their chronic condition
• Inability to manage one’s own healthcare results in excess utilization of costly healthcare products and services and may increase length-of-stay
• Patients who are not able to follow discharge instructions are more likely to relapse and require readmission
• Improving health, one patient at a time, will help us accomplish our mission of improving the health of the communities we serve
• Promoting compliance, self-management, and appropriate use of resources strengthens our connection with our patients and their families

Good communication between the clinician and the patient/family is an essential component to patient and family education.¹

**Six steps to improving interpersonal communication with patients/families¹**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Slow Down</td>
</tr>
<tr>
<td></td>
<td>Communication can be improved by speaking slowly, and by spending just a small amount of additional time with each patient. This will help foster a patient-centered approach to the</td>
</tr>
</tbody>
</table>
2. Use plain, nonmedical language

Explain things to patients like you would explain them to your grandmother.

3. Show or draw pictures

Visual images can improve the patient’s recall of ideas.

4. Limit the amount of information provided—and repeat it

Information is best remembered when it is given in small pieces that are pertinent to the tasks at hand. Repetition further enhances recall.

5. Use the “teach-back” technique

Confirm that patients understand by asking them to repeat back your instructions.

6. Create a shame-free environment: Encourage questions

Make patients feel comfortable asking questions. Consider using the Ask-Me-3 program. Enlist the aid of others (patient’s family or friends) to promote understanding.

Behaviors that Improve Communication

• Use orienting statements: “First I will ask you some questions, and then I will listen to your heart.”
• Ask patients if they have any concerns that have not been addressed.
• Ask patients to explain their understanding of their medical problems or treatments.
• Encourage patients to ask questions.
• Sit rather than stand.
• Listen rather than speak.

The Teach Back Method

Teach back is a simple and effective technique used to assess a patient’s understanding of a concept or topic. Teach back involves asking patients to explain or demonstrate what they have been told or taught.

Research has shown that teach back is effective for improving patient understanding and outcomes. Providers can use teach back to identify patient-specific barriers to communication, for example, low health literacy, cognitive impairments, and limited English proficiency.

You can say to the patient,

“I want you to explain to me how you will take your medication so I can be sure I have explained everything correctly,”

Or

“Please show me how you will use the asthma inhaler, so I can be sure I have given you clear instructions.”

Or

“When you get home your spouse will ask you what the doctor said, what will you tell your spouse?”

Do not ask a patient, “Do you understand?” Instead, ask patients to explain or demonstrate how they will undertake a recommended treatment or intervention. Do not ask yes/no questions.
For more than one concept, *chunk* (teach 2 to 3 main points for the first concept) the information and then check using teach back before moving on to the next concept. Asking patients to recount instructions can alert you to the individuals’ particular needs and challenges and helps you tailor communication more effectively. If the patient does not explain correctly, assume that *you* have not provided adequate teaching. Re-teach the information using alternate approaches. Teach back can be used as a tool for assessing your own communication skills.

Use clear, straightforward expression—use only as many words as necessary. This will help the patient/caregiver concentrate on the message instead of being distracted by complicated language!

It is important to not appear rushed, annoyed, or bored during these efforts!

**Three-Day Integrated Teach Back**

It is difficult for patient/caregivers to remember information that they may hear for the first time and/or that is condensed into the day of discharge. Providers need to ask patients/caregivers to teach back answers to a short list of condition-specific questions each day for three days with each daily set of questions focused on a different aspect of self-management: knowledge, attitude, and behavior.

**Sample Script**

Each day of your stay in the hospital, we will ask you a few questions. Your answers to these questions will help us make sure that WE are doing a good job explaining the important to you about your medical condition and what you need to do to take care of yourself when you go home.

Answer the questions using your own words. You do not need to repeat exactly what you heard us tell you.

**Day One: (Assesses knowledge)**

1. What is the name of your water pill?
2. Do you have a scale at home? What weight gain should you call your doctor about?
3. What foods should you avoid when you have heart failure?
4. What are your symptoms of heart failure?

**Day Two: (Assess attitude)**

1. Why is it important to take your medicine for heart failure every day?
2. Why is it important to avoid food with sodium (salt)?
3. Why is it important to watch for the symptoms of heart failure?
4. Why is it important to watch for weight gain?

**Day Three: (Assess behavior)**

1. How will you remember to take your water pill every day?
2. How do you plan to change to a low sodium (salt) diet?
3. How will you check for heart failure symptoms every day?
4. How will you weigh yourself every day?
**Documentation of patient education**

**Interdisciplinary Plan of Care Record (IPOC)**

**Patient Education Record**

The IPOC helps to facilitate communication between the health care providers and the patient and his or her family. It also serves as the patient education record.

The IPOC helps transition the patient through the continuum of care in a seamless, safe, and effective way by:

- Identifying patient needs, including education, and discharge planning
- Resolving patient issues
- Progressing the patient towards discharge

**General Information**

The IPOC is a form used by all members of the healthcare team: nursing, PT, OT, nutrition and dietetics, rehab, social work, case management, pastoral care, pharmacy, speech therapy, and respiratory therapy.

This document serves as a centralized collection for collaboration and prioritization of goals and objectives for patient care.

The Interdisciplinary Plan of Care (IPOC) at Center City campus is a paper form that is found in the patient’s chart. It has its own pink chart tab. At Methodist campus the IPOC is in JeffChart.

The IPOC must be initiated by the RN upon completion of the admission history and after performing an initial assessment. It must be initiated within 24 hours of the patient’s admission. The nurse is responsible for prioritizing the goals once a day, on day shift.

Additionally, the IPOC must be revised when:

- The level of care changes.
- There is a major change in the patient’s condition.
- The patient has an extended length of stay in the hospital.

---

**Student/Staff Education**

Davis Drug Guide for nurses and Lexicomp provide comprehensive drug information
for nursing staff at Jefferson. The current version contains over 4,600 trade and generic drugs that are up-to-date and practical, and that supply all the information nurses need to safely administer medications.

Pain Management

Philosophy of Pain Management

At TJUH, we use Margo McCaffery’s definition of pain: “Pain is whatever the experiencing person says it is, existing whenever he/she says it does.” The patient’s self-report of pain is the single most reliable indicator of pain.

Cultural Considerations in Pain Assessment

It is important to obtain specific cultural considerations to individualize a patient’s pain management. This can be done by asking the patient if there are cultural considerations he/she would like to incorporate, by using reference materials – such as can be found on the Multicultural Resource Group intranet site for more information.

Setting a Patient’s Pain Goal

A patient’s pain goal is a goal that will enable the patient to participate in normal activity of daily living.

Pain Scales Used at TJUH

There are several forms of pain scales in use at Jefferson, based on the patient population. Per hospital policy Pain Assessment 113.30 Use numerical rating scale 0-10 in various language options, Wong-Baker faces, PIPS, CRIES, CHEOPS, NIPS, or behavioral observation checklist for those adult patients who are unable to communicate.

Frequency of Pain Assessment and Documentation

A pain assessment is performed and documented upon admission, after any known pain producing event, and with each new patient report of pain, and routinely when vital signs are taken (at least each shift).

**It is important to perform a pain reassessment after a pharmacological agent is given and or an intervention (i.e. ice, heat, repositioning) within 2 hours as determined by the
RN based on the route, type of analgesic and the patient’s response to the medication. Routinely Scheduled Medications, Extended Release Medications and Non-Pharmacologic interventions. Reassessment of pain will be done at regular intervals, corresponding with ongoing clinical assessment practice, but not less than once a shift.

The pain assessment and reassessment is documented in the clinical information system (JeffChart) on the “Pain Flowsheet”. Information on how to document this information is reviewed in computer training class.

**Restraints**

A restraint is any involuntary method of restricting an individual's freedom of movement or normal access to his/her body.

Restraints are used for medical-surgical care to control behaviors that are non-violent or non-aggressive in nature. A restraint device may be used to protect the patient from accidental/intentional self-discontinuation of therapeutic interventions (i.e. IV lines, drains, catheters, ventilator, pacemaker, IABP, etc.) when alternative interventions have failed and to promote medical healing. Restraints may also be used when patients are assessed to be at high risk for fall/injury due to impaired sensory or motor function and/or are not cognizant to follow commands and alternatives have failed.

Some examples of restraints used at Jefferson are: Soft belt, Secure locking and non locking limb, Peek a Boo Mitts, Four Side Rails, Enclosure Bed. Geri Chairs are used in geriatric psych only.

Before restraints are considered, alternatives to restraints are attempted. This can include examples such as:

**Non-physical interventions** are the first choice as alternatives to restraint and seclusion, unless safety issues demand an immediate physical response. Interventions to prevent the need for restraint and seclusion address the underlying problem. Alternatives include, but are not limited to:

- modifying the environment to make it safer
- reducing sensory stimulation
- involving the patient in activities of daily living
- moving the patient closer to the nurses' station for closer observation
- one to one care
- family member at bedside
- providing comfort and relieving pain
- reviewing and assessing the medication profile
- redirecting the patient's focus
· employing verbal de-escalation
· time-out, less than 30 minutes (behavioral health setting only)

In the event that these alternatives are ineffective, an order for the application of a restraint is obtained from the physician. The order is effective for 24 hours.

During the time the patient is in the restraint, the patient is assessed every 2 hours for the following elements to ensure that the patient’s safety and health are maintained:

**Document the following items on the Non Behavioral Flowsheet in JeffChart:**

- Patient's physical needs (release of restraint/to provide range of motion to restrained limb)
- * circulation checks
- * elimination
- * hydration
- * nutrition and hygiene are assessed and addressed at least every two hours while the patient is awake

It is not necessary to wake sleeping patients, however patient needs must be met as soon as possible after the patient awakens.

---

**Documentation**

**Nursing History Form**

The **Nursing Admission History** is completed electronically in JeffChart within 12 hours of admission.

The Nursing Admission History is used to obtain pertinent health and social history from patients. If the patient is unable to provide information, it is obtained from their families and/or significant others or from previous medical records. Members of the healthcare team utilize data obtained from the Admission History to plan and manage the patient’s care during their hospitalization. The Admission History form was developed to meet standards of care for hospital accreditation and licensure; therefore, it is important that all sections be completed. This form is to be completed within 12 hours of the patient’s admission.

**Advance Directives**

An Advance Directive is a written document that states the patient’s direction about healthcare in the event that he or she is not longer able to make their wishes known. This includes a Living Will and/or Durable Power of Attorney for Healthcare. An Advance Directive can be a combination of both documents. During the admitting
process, all adult inpatients are asked if they have an Advance Directive. All adult inpatients shall be provided with written information, which explains Advance Directives and hospital policies on implementing Advance Directives. In the case of unconscious or otherwise incompetent patients, the patient’s surrogate or decision maker shall be asked. This information will be documented in the medical chart. If the patient has an Advance Directive, the patient/patient surrogate shall be asked to make it available, and a copy shall be placed on the medical record.

If a copy of the Advance Directive is not produced on admission:

If the patient wishes to develop a new Advance Directive the nurse contacts the Social Work Department to assist the patient. If a patient has an Advance Directive, but did not present it on admission, he or she may verbalize the substance of the Advance Directive that will be documented in the medical chart by the physician, and co-signed by the patient when possible. If the patient is unconscious or incompetent at the time of admission, and therefore unable to receive information or articulate his/her Advance Directive status, this will be indicated on the nursing admission history. If the patient should become responsive and regain decision-making capacity, an inquiry will be made regarding his/her Advance Directive status. This information will be documented in the medical record. The Department of Social Work can provide further information about, or assistance with, executing an Advance Directive.

Focus Note

A focus note is a description of the patient’s experience or potential experience that is the main concern of your nursing care for the day or shift. A focus note is written in a D.A.R. format (Data, Action, Response) in the paper chart.

Focus charting provides a format that is organized, logical and time efficient. The focus, data, action and response are related to one another.

Focus charting supports the analytical basis of the nursing process. It demonstrates your ability to process patient data and evaluate patient response.

Information from flow sheets (vital signs, I&O’s, etc.) need not be repeated in the focus note unless it clarifies or substantiates the focus.

Components of Focus Note

1. Date/Hour entry made
2. Focus

This is a sentence or phrase describing what the patient is actually experiencing or has potential for experiencing. It denotes a patient problem or strength on which nursing care
will be centered. The focus is often related to the reason for the patient’s hospitalization. More than one focus can be identified when charting, however each focus must have its own, data, action and response.

Data, Action, and Response:

Data – This is the documentation of subjective and objective data, which support the Focus statement.

Action – This summarizes your interventions in response to the patient’s problem or strength. Writing only pertinent interventions related to the focus minimizes double documentation. (All nursing actions are documented on your flowsheets).

Response – The effect of the nursing intervention is documented. The response may be an observation based on your nursing assessment, a patient sign or symptom, a patient’s feedback, a test result, or other data.

**The Focus Can Be Derived From Various Sources:**

How do the components of Focus Charting relate to the Nursing Process?

<table>
<thead>
<tr>
<th>Nursing process component</th>
<th>Focus charting component</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Data: Patient behaviors, nursing observation</td>
<td>States having pain, 8 on scale of 1-10</td>
</tr>
<tr>
<td>Planning</td>
<td>Action: Nursing intervention</td>
<td>Pain medication given</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Response: Patient’s response based on nursing assessment or patient feedback</td>
<td>States pain now a 2 on a 1-10 scale.</td>
</tr>
</tbody>
</table>

- Focus notes are written in the paper progress note section of the patient’s chart.
- In general care units, one focus note is required every 24 hours on day shift, and with any event or change in the patient’s condition.
- In critical care units, one focus note is required per shift.
References


Thomas Jefferson University Hospital is committed to excellence in nursing and quality patient care. This temporary clinician module offers a comprehensive overview of key quality and safety practice initiatives and maintains committed to supporting the needs of health care team members within the department of nursing.

Nursing excellence at TJUH begins with support and education that utilizes modules such as this one to enhance its ability to provide quality patient care.
The staff of the Nursing Staff Development Department and our unit leaders: Nurse Manager, Nursing Clinical Specialist/Educator, Charge Nurse or Nursing Supervisors are here to help you at any time.