**Inside this issue:**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthEast Mission and Vision</td>
<td>2</td>
</tr>
<tr>
<td>Compliance</td>
<td>3</td>
</tr>
<tr>
<td>Service Communication: AIDET</td>
<td></td>
</tr>
<tr>
<td>Hourly Rounding</td>
<td></td>
</tr>
<tr>
<td>Safe Place for Newborns</td>
<td>4</td>
</tr>
<tr>
<td>EMTALA</td>
<td></td>
</tr>
<tr>
<td>Patient Rights</td>
<td></td>
</tr>
<tr>
<td>Infection Prevention</td>
<td>5</td>
</tr>
<tr>
<td>Adverse Event Reporting</td>
<td>7</td>
</tr>
<tr>
<td>Employee Injuries</td>
<td></td>
</tr>
<tr>
<td>Equipment Safety</td>
<td></td>
</tr>
<tr>
<td>Emergency Codes</td>
<td>8</td>
</tr>
<tr>
<td>Patient Identification</td>
<td>9</td>
</tr>
<tr>
<td>Patient Alert Wristbands</td>
<td></td>
</tr>
<tr>
<td>Interpreter Use</td>
<td>10</td>
</tr>
<tr>
<td>Special Populations: Bariatric</td>
<td>11</td>
</tr>
<tr>
<td>Stroke Certification</td>
<td></td>
</tr>
<tr>
<td>Department of Corrections</td>
<td></td>
</tr>
<tr>
<td>Health Literacy</td>
<td>12</td>
</tr>
<tr>
<td>Communication: SBAR</td>
<td></td>
</tr>
<tr>
<td>Vocera</td>
<td></td>
</tr>
<tr>
<td>InfoNet</td>
<td></td>
</tr>
</tbody>
</table>
Who is HealthEast?

HealthEast Care System is a community-focused, non-profit health care organization that provides innovative technology, compassionate care and a full spectrum of family health services. HealthEast includes Bethesda Hospital, St. John’s Hospital, St. Joseph’s Hospital and Woodwinds Health Campus as well as outpatient services, clinics, home care, and medical transportation services. HealthEast is the largest, locally-owned health care organization in the Twin Cities’ East Metro.

Bethesda Hospital is a comprehensive long-term acute care hospital, or LTACH. The primary focus of an LTACH is to provide comprehensive, aggressive and specialized acute medical care following treatment at a traditional hospital (acute care facility). LTACH patients have respiratory, medical problems, and/or physical and behavioral disabilities requiring further medical intervention and intense rehabilitation or behavioral management. Bethesda provides an integrated program – treating the physical, emotional, spiritual and social aspects of the patient.

St. John’s Hospital is a 184-bed facility offering a wide variety of diagnostic and therapeutic services, including: Breast Care Center, Cancer Care, Emergency Care, Maternity Care, Orthopaedic Care, and Radiology Care. St. John’s Hospital provides an innovative healing environment as well as technologies and services such as an intensivist and hospitalist program (on-site critical care physician specialists).

St. Joseph’s Hospital in downtown St. Paul is proud to hold the distinction as Minnesota’s first hospital. It was founded by the Sisters of St. Joseph of Carondelet in 1853, in response to a cholera epidemic that was sweeping St. Paul. High quality, compassionate care remains constant. St. Joseph’s houses a comprehensive range of specialty programs, including: CyberKnife® Center, HealthEast Bariatric Care, HealthEast Heart Care, HealthEast Kidney Stone Institute, and a National Brain Aneurysm Center.

Woodwinds Health Campus created in 2000, a product of collaboration with the communities of the southeast, local businesses, and the Sisters of St. Joseph of Carondelet. The vision was to create a space where traditional and alternative therapies could coexist. Woodwinds healing environment is centered around supporting families in their natural caregiving roles, promote natural patterns of healing and offer choices in creating a healing environment for patients and their caregivers.

HealthEast Mission: Rooted in Judeo-Christian values, our mission is high quality, compassionate, cost effective health care for the communities we serve. HealthEast values originate in the traditions of its sponsor organizations, forming the foundation for the Mission and Vision of the HealthEast Care System.

Life: Life is a gift to be valued highly.
Compassion: Caring attends to physical, emotional and spiritual dimensions of persons.
Respect: Each person is unique and deserving of respect.
Community: We exist to serve our community.

HealthEast provides compassionate service that respects the dignity of each person and welcomes all faith traditions, cultures and communities.

HealthEast Vision: Optimal health and wellbeing for our patients, our communities, and ourselves.
Compliance and Code of Conduct

HealthEast Code of Conduct states we will:

- Maintain appropriate documentation for services provided;
- Protect our patient’s right to privacy of their protected health information;
- Make sure that patients, families or community members’ questions are answered by the appropriate persons with the organization;
- Act ethically, with honesty and integrity, toward our employees, our patients, the community and all government agencies;
- Ensure that individuals are encouraged to ask questions so that our activities comply with all laws and regulations and this Code of Conduct and all individuals feel comfortable reporting concerns.

More information about HealthEast Compliance can be found on the Compliance Online Education Page

The Five Fundamentals of Service Communication

Utilize AIDET to communicate with others, with a focus on patients and their families, to build trust, quality and loyalty:

<table>
<thead>
<tr>
<th><strong>ACKNOWLEDGE</strong> the patient:</th>
<th>Make eye contact and greet them in a pleasant manner.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTRODUCE</strong> self:</td>
<td>State name and position. Highlight skill and expertise of self and other healthcare team members.</td>
</tr>
<tr>
<td><strong>DURATION:</strong></td>
<td>Keep the patient informed as to the amount of time a procedure or process will take, including wait time.</td>
</tr>
<tr>
<td><strong>EXPLANATION:</strong></td>
<td>Keep patient informed by explaining all processes and procedures clearly and understandably.</td>
</tr>
<tr>
<td><strong>THANK</strong> the patient:</td>
<td>Consistently thank patients for their time and for choosing HealthEast. Ask if there is anything else you can do for the patient before ending the interaction.</td>
</tr>
</tbody>
</table>

Hourly or Purposeful Rounding

Hourly Rounding is used at HealthEast as a way to approach our patients in a consistent way and meet their immediate needs. Research has shown that patients are most likely to fall and get hurt when they are going to the bathroom. By practicing hourly rounding, the patient can trust that their staff will be there for them and meet their needs on a regular schedule.
Every state has a “safe haven” law designed to provide a safe place for newborn babies in lieu of abandonment, injury or death.

This law allows a mother, or person who has the mother’s permission, to leave a newborn (within 72 hours of birth) at the hospital without fear of prosecution for abandonment.

Non-hospital facilities; such as the Midway campus, direct the person to the nearest acute care hospital.

All HealthEast Hospitals and Medical Transportation you would accept the baby.

If someone asks you if they can leave the newborn they are carrying with you:

- Accept the baby and follow the specific directions of your facility.
- NEVER ask identifying information: Name of person presenting the baby, mother’s name, phone number or address.

EMTALA

Emergency Medical Treatment and Active Labor Act (EMTALA) protects individuals from being turned away from a hospital when in need of medical care.

NEVER TURN A PATIENT AWAY who is requesting or in need of treatment.

DO NOT ASK QUESTIONS REGARDING PAYMENT. A medical screening and stabilizing treatment, if required, is provided regardless of their ability to pay.

Bring the patient to the Emergency Room or Maternity Care departments for medical screening.

If the patient refuses treatment and leaves before the screening by qualified medical personnel, a medical screening refusal form should be signed by the patient.

Law violations identified by another hospital are mandated to be reported. The facility may be fined and could result in the facility being excluded from Medicare and state programs.

Patient Handbook: Rights and Resources

The patient’s rights are reflected in national and state laws. We are required to tell the patient what rights they have while in our care. Reasonable accommodations for those with communication impairments or limited English speaking patients must be provided.

Patients should be encouraged and have the right to participate in their care and treatment. Competent patients have the right to refuse treatment. HealthEast is committed to management of pain throughout the patients stay. Pain should be assessed regardless of whether they are being treated for pain.

Patients have a right to be safe while in our care. If a patient is at risk of harming themselves; pulling out tubes providing life saving measures, or other behaviors, we may need to use restraints. The goal is provide the least restrictive alternative or restraint that successfully keeps the patient safe.

Patient has the right, subject to his or her consent, to receive visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner, another family member or a friend, and has the right to withdraw or deny consent at any time.

Review the Patient Handbook and other resources specific to your identified work area.
Isolation Precautions (Transmission-Based)

Notify receiving departments that a patient is on precautions prior to transport.

**Contact Precautions** (blue bars)

- **Uses:** MRSA, VRE, lice, scabies
- **Practice:** Gloves to enter room; gown for any patient or environment contact. Dedicated frequently used items (stethoscope) or disinfect after use. Clean/disinfect high touch surfaces daily.
- **Good hand hygiene.**

**Droplet Precautions** (green bars)

- **Uses:** seasonal influenza, bacterial meningitis, Pertussis
- **Practice:** Surgical mask when within 3 feet (arms length) of patient. Gown and eye protection as needed.
- **Good hand hygiene.**

**Airborne Precautions** (red bars)

- **Uses:** tuberculosis (TB), chickenpox, measles
- **Practice:** Use negative pressure room (list of rooms on reverse); wear fit-tested N95 respirator or hood (PAPR) for tuberculosis; immunity required for chickenpox or measles case.
- **Good hand hygiene.**

**Enteric Precautions** (brown sign)

- **Uses:** Clostridium difficile, Norovirus, Rotavirus, diarrhea, vomiting or other enteric symptoms
- **Practice:** Gown & gloves when planned patient contact. Hand washing with soap and water is preferred. Chlorine bleach disinfection of room and contents by housekeeping.

**INFORMATION RESOURCES**

- **InfoNET** (IC Section)
- **IC Guide Flipchart**
- **IC Policies** (InfoNET)

**Hand Hygiene**

- **Expectation:** hand hygiene upon every patient room entry and exit
- **It’s OK (expected) that we will support and remind each other to perform hand hygiene.**
- **Tell patient at least once per shift or encounter: “I am cleaning my hands before I take care of you”.**
- **Use soap/water for patient’s with diarrhea (e.g. Clostridium difficile).**
- **Artificial nails:** restricted for all patient care personnel.
Infection Control Standard Precautions

- For the care of all patients, always. Includes contact with blood, body fluids, secretions, non-intact skin, mucous membranes and any potentially contaminated/soiled items.
- Hand hygiene before and after patient contact and after removing gloves. Use Avagard waterless hand sanitizer between tasks unless hands are soiled.
- Wear gloves when hands are likely to contact blood, body fluids, non-intact skin, mucous membranes, or contaminated articles. Change gloves between tasks on the same patient.
- Wear a fluid-resistant gown when clothing is likely to have contact with blood/body fluids.
- Wear a mask, eye protection or face shield to protect eyes, nose and mouth during activities that may result in splashing/spraying of blood/body fluids (e.g. suctioning, intubation).
- Do not recap needles unless no other safe alternatives are possible. Dispose of sharps in appropriate containers. Use needle safety or needleless devices where possible.
- Use resuscitative devices/barriers when it is necessary to provide resuscitation.

Cleaning and Disinfection/ Blood Spill Management

- Hospital-approved surface disinfectants
  - 3M HB Quaternary Solution #25 Bottle (1 year outdate from bottle fill) 10 minute contact time
  - PDI Sani-cloth AF3 Disposable Wipes 3 minute contact time
- Blood spills = 3M HB Quat #25 or PDI Sani-cloth AF3 Wipes; contact Housekeeping if there is a need to clean and disinfect large spill areas, furniture or carpeting

Blood and Body Fluid Exposure/Injury Reporting Protocol

- Wash the affected site; cuts/scrapes/punctures/splash to skin = wash site with soap and water; splash to eyes = flush with water
- Notify your supervisor/lead or clinical director immediately.
- Call the Injury Reporting hotline at 651-232-2939, 24 hours per day for directions and triage.
- During business hours Monday through Friday, the worker will be directed to the site Employee Occupational Health office
- Complete Health care worker injury/incident/exposure form.
- Return the completed form, in person if possible, to Employee Occupational Health within 24 hours of the incident.

Airborne Isolation Rooms (Negative Pressure)

<table>
<thead>
<tr>
<th>St. Joseph's Hospital</th>
<th>St. John's Hospital</th>
<th>Woodwinds Hospital</th>
<th>Bethesda Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000: 4018, 4020, 4022, 4024</td>
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<tr>
<td>4100: 4124, 4126, 4128</td>
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<tr>
<td>4500: 4568, 4570</td>
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<tr>
<td>5000: 5020, 5022, 5024, 5026</td>
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<tr>
<td>5100: 5132, 5134, 5136</td>
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<tr>
<td>MCC: 2568</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ER: 4, 5, 6, 7</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DOC area: Room 1893</td>
<td></td>
<td></td>
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<tr>
<td>P1: 101, 102, 117, 128</td>
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<tr>
<td>P2: 217, 228</td>
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<td>P3: 306, 317, 328</td>
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<td>P4: 406, 417, 428</td>
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<td>ICU: 341</td>
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<td></td>
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<tr>
<td>MCC: 001, L2 Nursery Isolation</td>
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<td></td>
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</tr>
<tr>
<td>ER: Exam room 11</td>
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<td></td>
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<tr>
<td>GI Lab: Room 14</td>
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<td></td>
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<tr>
<td>2nd Floor: 272, 2116</td>
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<td></td>
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<tr>
<td>3rd Floor: 328, 334, 336, 3108</td>
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<tr>
<td>PACU: PACU 7</td>
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<td>Endoscopy: 090, 094</td>
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<tr>
<td>ER: Exam room 152</td>
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<tr>
<td>5 West: Room 571</td>
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<tr>
<td>6 West: Rooms 671, 683</td>
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**Adverse Event Reporting**

To report ALL medication variance, patient/visitor safety events, and adverse medication reactions use the electronic safety event reporting tool.

The tool is available on the infonet under SAFETY > QUALITY AND PATIENT SAFETY

Events can be reported by using your network user ID and password or be done anonymously. All RED fields need to be completed.

You will need to SUBMIT EVENT to have the report go to the next level for review. You may save as incomplete, if you need more information to file a complete report.

Cross cultural factors should also be identified. Resources to complete the form are available on the infonet.

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**Employee Injuries & Illness**

Employee Occupational Health provides services for staff when:
- Injuries occur
- Staff become ill
- Staff are exposed to blood & body fluids or other communicable diseases.
- Work place violence

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**Equipment Broken?**

TAG and notify BIOMED

REMOVE from service any equipment that is not working. Place the red equipment tag on equipment and notify BioMed.

**POWER EMERGENCIES**

Units have wall mounted Emergency Procedure Guides

**UTILITIES - RED Outlets** are on back up power, find them on your unit/department tour

**ALL life support equipment** should be plugged into the RED outlets at ALL times

---

**In Hospital Emergencies:** 2-1111
Depending on your role and department, you may respond to these emergency codes within the hospital. Be familiar with the location of your code or crash cart. Full emergency code policies can be found on the safety tab on the HealthEast infoNET.

**Emergency Codes**

- Rapid Response Team (RRT) Triage & management of an unstable or rapidly deteriorating patient. May be implemented needing help with managing patient with changing condition.
- Code NINE - Internal = In hospital, External = Hospital grounds  MEDICAL ASSISTANCE NEEDED
- Code ZEBRA - Infectious disease outbreak or bioterrorism event
- Code BLUE - Probable cardiac or respiratory arrest
- Code PINK - Probable neonate / infant < ONE month old respiratory or cardiac
- Code BLACK - Severe Weather (Move patients away from windows/close blinds)
- Code RED - Fire / Smoke: RACE = Rescue, Alert, Confine, Extinguish / Evacuate
- Code GREEN - Person is displaying signs of disruptive, combative, or harmful behavior; need for staff assistance
- Code ORANGE - Internal / External  Disaster and Large hazardous spills
- Code BABY - Infant or child abduction
- Code TEN - Prisoner missing; Do not approach or confront, remove items from hallways that could be used as weapons, secure the area
- Code WHITE - Breach of confidentiality by sharing information in public areas and to staff inappropriately
- Code YELLOW - Bomb or suspicious package found, DO NOT USE WIRELESS DEVICES
- Code ELLA (Bethesda only) - Missing / elopement of patient
- Code SILVER - Person using or brandishing a weapon or firearm
Patient Identification Policy: HENSA 1 - 2

HealthEast Care System has a number of patients with the same name and at times, the same date of birth. A recent hospital survey showed:

300+ Mai Vang’s
200+ Mary Johnson’s
100+ Mark Anderson’s

The Patient’s location (room number) is NEVER an identifier.

Patients with ID Bands:
MATCH the ID band to another source of patient data (chart, MAR, order, etc.)
MATCH ID band name and Medical record number with EVERY med administration.
PHONE interactions: the patients’ full name should be SPELLED. The Medical Record number is the preferred second identifier within the hospital, Date of Birth is an acceptable alternative.
CHECK for the presence AND accuracy of ID at the start of every shift.

EMERGENCY: Temporary ID bands with patient’s name and date of birth should be used and replaced when a permanent band is made available.

Alert wristbands identify and communicate risk factors or special needs based on patient assessment, medical status, and wishes. Caregivers always confirm alerts with the patient and verify with the medical record. The following patients will wear alert wristbands:

Inpatients, Observation patients, and Emergency Department patients

Patients undergoing inpatient or outpatient surgical procedures, receiving blood or blood products

Outpatients who must sign a consent & wear a white ID wristband before receiving medication, treatment, procedure, or service

PROCESS: The RN will assess the patient and determine the need for an alert wristband. (ONLY AN RN CAN PLACE AN ALERT WRISTBAND).

Placement should be on the same wrist as the white ID band, when possible. The RN will educate the patient and family regarding the importance and use of the alert wristband.
Section 3: The Culture of HealthEast

HealthEast serves the communities of the east metro area. In addition to various Northern European communities, we have members from across the globe. More culturally specific information is available on the infonet > Cross Cultural Services

Working with Medical Interpreters

Interpreters are your voice in another language. Under federal law and hospital policy, patients, patient’s family members and companions have a right to an interpreter even if they know some English. Care providers also have a right to an interpreter. We provide this service at no cost to the patient. We highly discourage a child or family member, another patient or a non-qualified staff member to interpret. If the family waives the right to an interpreter, waiver forms must be interpreted to ensure understanding.

Spoken Language Interpreters 2-TALK (232-8255)

HealthEast provides interpreters in ANY language needed in 2 ways:

1. In-house Central Interpreter Scheduling: 2-TALK or “interpreter scheduling” via vocera, for same day appointments and scheduling future sessions.

Deaf and Hard of Hearing Patients and their families

American Sign Language (ASL) is distinct from English with its own grammar and syntax. The shape and movement of hands, as well as facial expressions play an important part in conveying information. Sign language is not a universal language and is used predominately in the United States and Canada. (www.NAD.org)

HealthEast provides interpreter services for deaf/hard of hearing patients, family and caregivers FREE of charge. At HealthEast it is imperative that a call is made to CENTRALIZED SCHEDULING within 10 minutes from when the need is determined. If a patient, family member or companion does not speak ASL, Communication Devices and auxiliary aids are available from Engineering.
Special Populations within HealthEast

Bariatric Patients

Obesity is a deadly disease that may require medical intervention. Obese individuals encounter bias and discrimination in all areas of life, including healthcare. Negative attitudes toward obesity can cause these individuals to feel a sense of isolation, loss or hope, or fear of a hostile outside environment. By contrast, sensitivity toward the obese patient can help foster emotional and physical healing.

You can provide the best care for your overweight and obese patients by: challenging your own stereotypes and bias, and focusing on your patient goals and outcomes. Make sure you include the following goals in your encounters with our bariatric patients:

1. Protect your patient and yourself from injury.
2. Provide care in an environment that fosters emotional and physical healing.

Stroke Certification

HealthEast is a certified STROKE center of excellence. Here are some basics about STROKE to know:

F - Face Drooping - Does one side of the face droop or is it numb?
A - Arm weakness - Is one arm weak or numb?
S - Speech difficulty - Is speech slurred? Unable to speak or hard to understand?
T - Time to call 911 or STROKE Code within the acute care centers.

Department of Corrections (DOC)

St. Joseph’s Hospital and St. John’s Cancer have a contract with the Department of Corrections. We may have patients in our care that are inmates, they are still to be treated with compassion and respect. Important things to know about this population:

1. Inmates will always be in orange jumpsuits and shackles – in a wheelchair and covered by a blanket.
2. They will always be escorted by at least one, if not two, DOC officers.
3. When caring for this population; -Do not divulge any info regarding the patient to anyone by phone. You are required to tell the caller that you have no record or information on a patient with that name.
- Do not give, receive or transfer property.
- Do not do them any favors.
- Do not tell them when their next appointment is.

If an inmate was to escape, emergency CODE 10 is called. Follow the emergency guide for this situation and call security.

Check out www.strokeassociation.org for more information on how you can spot a stroke.
Health Literacy

Low health literacy is the inability to read and comprehend directions, health related materials, and taking medications as directed. The impact to the patient and our interventions can lead to dire consequences for the patient and their families. If you have concerns about a patient and/or families understanding, let the patient’s nurse know.

Teach Back—Way to verify patient’s understanding:
Create a shame free environment.
Give discharge directions in adequate lighting. Reduce distractions as much as possible.
Use simple language and use pictures, when appropriate.
Ask patient to “teach it back to you” to confirm understanding.

Professional Communication in HealthEast

SBAR = Situation, Background, Assessment, Recommendation

Used to communicate patient status / handoffs to colleagues between departments, units, and shift report

S = Situation; Briefly state what is the immediate problem, how severe. What is going on with the patient?

A = Assessment; What do you think the problem is? What is going on?

B = Background; What have you found out? What is the current data and relevant history?

R = Recommendation; What should we do? What do you want? How quickly do you need it?

VOCERA

Vocera is HealthEast’s wireless communication system. Resources for the use of Vocera are found on the infonet!

Corporate Services > Information Services > Information Technology > Vocera

HealthEast Infonet

Infonet holds all HealthEast policies, procedures, most documents and materials for the departments and specialty areas of the care system.