

Concord Hospital Necessities

Education for students associated with
Concord Hospital services
CCP version

Introduction

This PowerPoint contains required education for students expecting to participate in clinical sites associated with Concord Hospital (CH), a member of Capital Region Health Care (CRHC).

- Before you begin your experience at the hospital, you are required to review this additional orientation material.
- As a student at CH, you represent the hospital to patients and families. You also represent your school. As a guest in the organization, we expect you take this responsibility seriously.
- You will get a CH ID badge on your first day of clinical. You need to wear this badge at all times during your experience. At the end of your clinical experience, you must return the ID badge to your instructor (if you are with a group) or to the Security Department.
- You are expected to follow CH policy and procedures. If you have any questions, please ask your instructor or preceptor.

Parking at Concord Hospital

- Students must get a parking sticker from Security, on your first day of clinical rotation. You will need to know your car's make, model and plate number.
- The first priority for parking on campus is patients. You will be instructed where to park for your clinical hours. **Never park in patient parking.** Your car will be ticketed and it will be reported to your instructor, and to your program director. Your car may even be towed.
- Remember, you represent your school when you are a student on campus or in the clinics. Your behavior should reflect professional values and respect for patients and visitors.

Content

- Mission statement
- Service Behaviors
- Accreditation
- Emergency Codes
- Fire Safety and Evacuation
- Electrical Safety
- Infection Control
- Bio Hazardous and Pharmaceutical Waste Management
- Safety Data Sheets
- Special Communication Needs
- Confidentiality and Privacy
- EMR Security
- Social Media
- Compliance

Concord Hospital Mission Statement



Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the communities it serves.

It is the established policy of Concord Hospital to provide services on the sole basis of the medical necessity of such services as determined by the medical staff without reference to race, color, ethnicity, national origin, sexual orientation, marital status, religion, age, gender, disability or inability to pay for such services.

Revised and approved, Board of Trustees 9-24-12

Concord Hospital Service Behaviors

The following ten service behaviors are part of the culture at CH. When you are here as a student, please be sure to reflect them in your behavior to help us maintain this friendly, professional and respectful culture.

1-Make Great First Impressions

Acknowledge visitors and customers; greet each person in a way appropriate for the situation. Make eye contact; wear your name badge. Introduce yourself. If someone looks lost or confused, stop and ask, *"How may I help you?"* Escort them, if possible, or provide a resource to help them reach their destination. Remember our reputation is on the line. In all communications, create a polished and professional first impression.

2-Show Care and Concern

- Anticipate what people want before they ask, rather than simply reacting. **Actively listen** to what people are saying:
- Sit with patient/family, stop doing other tasks
- Establish comfortable eye contact
- Have "open" body posture
- Paraphrase what you have heard to confirm understanding
- Reassure them that what they are saying is important.
- Treat each customer as if meeting his or her needs is the most important thing you have to do that day.

3-Respect the Dignity and Confidentiality of Others

Watch what you say and where you say it; discuss personal activities, hospital business and patient issues in private. Don't gossip. Be mindful of the potential impact on those who may overhear your conversations. Knock before you enter patients' rooms. Acknowledge privacy: *"Your dignity and privacy are important."* Ask: *"How would you like to be addressed?"* Explain and offer choices in care to patient and family.

4-Be a Team Player

Trust, respect, support and assist your co-workers. Ask teammates, *"How may I help you?" "Am I giving you what you need?"* Get to know what other teams need and want. Look for ways to combine and share resources. Speak positively about other team members and departments. Show respect for teammates by being open, honest and direct. Address conflict effectively. Assume good intent; always believe the best about your teammates. Share praise and appreciation. Make sure your individual actions contribute towards team and organizational goals. By helping each other, we help our patients. Remember, patients judge the quality of the care they receive by observing how we all treat one another.

5-Communicate, Communicate, Communicate

Explain our procedures, policies and systems in positive terms customers can understand. Explain any delays and problems. Keep people informed on a timely basis. Be proactive with information. Provide written instructions. Show empathy: paraphrase and use open-ended questions. Ask, *"What questions do you have for me?"* and *"Is there anything else I can do for you?"* to check understanding and elicit needs. Say, *"Thank you."*

6-Show Grassroots Problem-Solving: Go the Extra Mile

Own the problem and stick with it until the problem is resolved to the customer's satisfaction. Take responsibility for problem solving. When someone needs assistance, take action to solve the problem and strive to exceed expectations. Adopt a *"can do"* attitude. Respond to a request as soon as possible. Set defined timeframes for follow-up or response. Communicate those and agree, i.e., *"Is 10 minutes OK?"* Always follow through!

7-Initiate Quality Improvements

Add **your** value to the organization. Respond quickly. Initiate and participate in organization performance improvement and activities. Offer suggestions and be open to new ideas and new ways of doing things. Use customer information and feedback to improve processes and to reassess results. Seek to discover and eliminate waste. Give and accept honest feedback. Utilize TQM tools and principles, such as brainstorming and doing Right Things Right. Create a safe environment that supports learning. Identify, emulate and celebrate best practices throughout the organization.

8- Act Like An Owner

Show pride in your team and in our organization. Speak highly of the work you and others do. Take initiative to make things better. Make and implement suggestions to improve service; share your successes. Get involved; demonstrate loyalty. Assume responsibility and embrace change. Stay informed about our services. Utilize resources as if they were your own. Expect the best, don't settle for second rate performance. Make personal growth and growth of your colleagues a priority. Be a winner. Celebrate successes!

9-Be Professional – Always Look Your Best

Be mindful and sensitive of the impression you create by your appearance. Dress professionally, appropriately for your position. Wear clothes that fit and are clean. No excessive jewelry, perfume/cologne or make-up. Maintain good personal hygiene. Wear your name badge where it's easy to read. Always introduce yourself and your role, too! Our customers want to know who you are and what you do.

10-Keep It Quiet

Shhhhh! Remember, we are a healthcare environment. Speak in soft tones whenever possible and remind others to be quiet. Do everything you can to reduce noise in all patient areas: Respond quickly to "*call bells*." Repair noisy equipment. Soften lighting to create a peaceful mood.

Accreditation of Concord Hospital

- Concord Hospital is accredited through a company called DNV (Det Norske Veritas).
- DNV is the first and only CMS approved accreditation service that surveys annually and integrates ISO 9001 quality methods with Medicare Conditions of Participation
- In Spring 2021, Concord Hospital once again received full accreditation to DNV Healthcare Inc. / NIAHO® under deeming authority from CMS.
- This accreditation recognizes and validates our compliance with NIAHO standards and Medicare's Conditions of Participation and further recognizes the great care we provide to our patients and their families.



Emergency Codes

The following are standard emergency codes used in health care in New Hampshire:

- **Code Blue** - when someone appears to be in cardiac or respiratory arrest. A code blue team will respond.
- **Code Red** - fire. Follow procedure to report and respond.
- **Code Gray** - when staff need assistance with an aggressive person
- **Armed Intruder** - person with a weapon. Shelter in identified safe areas, silence or turn off pagers, phones and Voceras.
- **Code Black** - bomb threat. Staff should look for suspicious items in the dept. If anything is found, report and do not touch it!
- **Code White** - the organization is using emergency management activities due to some form of disaster or emergency
- **Code White - ED** - an emergency department centric event, usually due to unusually high volume

- **Code Update** - to alert staff that important information is being communicated. Check with your preceptor for more information.
- **Code Amber** - a missing person, infant, child, adult, patient, or visitor from the CH campus buildings. You may be asked to stand by stairwells and exits.
- **Code Orange** – hazardous material spill

Within the hospital, the following additional codes are used:

- **Rapid Response Team** for extra help when staff are concerned about patient's condition, pediatric or adult
- **Condition Help** - for family or patient use when they are concerned about their clinical care
- **Stroke activation** - in-patient, or ER- quick response team for suspected or confirmed stroke patients
- **Trauma Level 1 activation** - Response for ER patient meeting critical criteria
- **BERT activation**- Behavioral Emergency Response Team- for escalating behavior

The emergency line to report any of these codes in the hospital is **5555**.
If you aren't in the hospital, the emergency number is **911**, or **9-911**.

Fire Safety



- **Dial 5555** to report a Code Red at Concord Hospital, dial 911 for Code Red in other locations.
- Remember **RACE** at Concord Hospital means::
 - Remove anyone in immediate danger.
 - Alarm-use pull stations and code line, or 911, to activate alarms.
 - Close all doors.
 - Extinguish fire (if small).
- Pull stations are located by stairwells, and at entrances and exits.
- Keep hallways clear of clutter and unused equipment.
- Fire drills are held on a routine basis in all areas of Concord Hospital. As a student you will be expected to know and demonstrate what to do as if in an actual emergency.

Evacuation



- The **Fire Chief** will make the decision on evacuation of patients.
- Ambulatory patients/visitors **are moved first**. Form a line with a staff member in front and back to guide them.
- Wheelchair patients are **moved second**.
- Bed-ridden patients are **moved last**.
- Evacuate patients on the same level (laterally) if possible.
- Stairwells in the Main Hospital are fire rated, and are considered a place of refuge, which gives occupants additional time to evacuate safely.

Electrical Safety

- Handle electrical equipment carefully to prevent injuries.
- Grasp the plug, not the wire, to unplug an electrical cord.
- All extension cords must be supplied or approved by Bio Med.
- If electrical equipment is in disrepair:
 - REMOVE IT from patient use.
 - LABEL IT as broken.
 - REPORT IT and make sure it gets fixed.

If the power goes out:

- Use RED emergency outlets for equipment required for patients.
- Most medical equipment has battery back-up, but if the power outage is lengthy, batteries may need to be recharged in RED outlets.



Infection Control: Hand Washing

- *What are the top 10 carriers of infectious agents?*
 - *People's 10 fingers! (and hands)*
- Use an alcohol hand rub or soap and water to decontaminate your hands.
- Proper hand hygiene is the single most important way to prevent hospital-acquired infections.
- With our mandate to do no harm to our patients and government financial penalties



About Hand Washing

If using soap and water-

- ✓ Wash for at least **15** seconds. Wash front and back of hands and between fingers and under fingernails.
- ✓ Rinse and dry with a paper towel.
- ✓ Turn off faucet with a paper towel.

When using alcohol based hand rub-

- ✓ Use a dab about the size of a quarter in your palm. Dip fingers into dab first, to get under your nails, and then rub hands together until dry.
- ✓ Do not use this product when hands are visibly soiled or the patient is known to have *C. difficile* infection.

Wash your Hands-

- ✓ **Before** and **after** direct patient contact.
- ✓ **Before** and **after** contact with items in a patient's room.
- ✓ **After** removing gloves.



Concord Hospital is taking the pledge of
being SEEN and HEARD being CLEAN!

We are asking patients to help us achieve our goal by providing the following feedback:



Our Quality Management System (QMS) at work.



Be SEEN and HEARD being Clean

- At CH we expect all care providers, including students, who enter a patient's room to be seen washing their hands as they enter, or tell the patient when they have just washed their hands before entering the room.
- The goal is to be seen doing this, and to talk about hand washing, so patients are aware of the importance we place on preventing infections by washing hands.
- Audits will be performed with patient interviews to measure their perception of our compliance with hand washing, and to see if care providers actually talked with them about it.
- Bringing up the subject reassures the patient, and removes pressure on them to ask if we washed our hands.

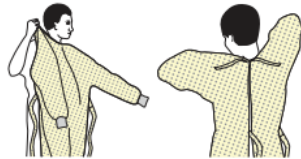
Donning and Doffing PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



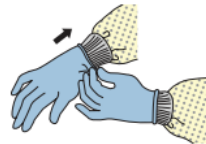
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

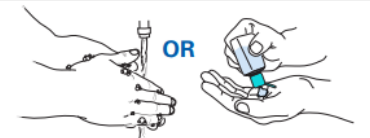


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Standard Precautions

- Used with **ALL PATIENTS, ALL THE TIME** to protect yourself, your family, and our patients
- All patients should be considered infectious with appropriate PPE used at all times, depending upon the situation
- Clean hands frequently, including after removing your gloves
- Gloves keep from transmitting infection via your hands
- Gowns protect your clothing
- Goggles/Eye protection protect from droplets and splash
- Masks protect from aerosols and droplets

- Follow respiratory hygiene and cough etiquette guidelines
- Wear your mask properly, covering your nose and mouth

Isolation Precautions

- Used in addition to Standard Precautions, enhanced isolation is used for various pathogens/situations
 - Contact Precautions – for CURRENT active infections
 - Contact Plus Precautions – for gastrointestinal illnesses (e.g. C. difficile, Norovirus)
 - Respiratory isolation
 - Droplet Precautions – for certain respiratory illnesses (e.g. pertussis, RSV)
 - Droplet Precautions – enhanced isolation for special respiratory illnesses (e.g. COVID, Influenza)
 - Airborne Precautions – isolation for tuberculosis, chicken pox, measles, etc.
 - Compromised Host Precautions
 - For protection of severely immune compromised patients

Isolation signs should always be left up until EVS has completed cleaning room after patient discharge!!

Contact Precautions

- For patients with ACTIVE infections during current admission (not for history of infection)
 - Gloves and gown *every time* you enter the room
 - Remove PPE and clean hands before leaving the room
 - Clean/disinfect reusable items after each use
 - XENEX UV light after patient discharge



CONTACT PRECAUTIONS

EVERYONE ENTERING THIS ROOM MUST WEAR:

Gloves and Gown

AND MUST PERFORM

Proper Hand hygiene

Applies whether or not contact with the patient or the patient's environment is anticipated.
Visitors must see nurse before entering the room.

CONCORD HOSPITAL
New England Health System

Contact Plus Precautions

- Formerly known as Contact Brown (Concord) or Enteric Precautions (Laconia/Franklin)
 - Gloves and gown every time you enter the room
 - Mask required if patient has Norovirus
 - Remove PPE and clean hands before leaving the room
 - Use dedicated reusable items if possible
 - Clean/disinfect reusable items with BLEACH WIPES after each use
 - XENEX UV light after patient discharge

ALL patients with active/history of CRE require Contact Plus Isolation for every admission



CONTACT PLUS PRECAUTIONS

EVERYONE ENTERING THIS ROOM **MUST WEAR:**

 **Gloves and Gown**

AND MUST PERFORM

 **Proper Hand hygiene**

Clean ALL Patient Care Equipment with BLEACH wipes.
Visitors must see nurse before entering the room.

 **CONCORD HOSPITAL**
Your Regional Health System

Droplet Precautions

- Wear procedure/surgical mask every time you enter the room
- Patient should wear procedure/surgical mask, especially if they need to leave the room
- Remove PPE and clean hands before leaving the room
- Clean/disinfect reusable items after each use



DROPLET PRECAUTIONS

EVERYONE ENTERING THIS ROOM **MUST WEAR:**



Surgical Mask

AND MUST PERFORM



Proper Hand hygiene

Patient must wear a surgical mask if leaving the room for any reason.
Visitors must see nurse before entering the room.



CONCORD
HOSPITAL
New Regional Health System

Droplet Plus Precautions



- Wear N95 respirator/PaPR and eye protection every time you enter the room
- Patient should wear procedure/surgical mask, especially if they need to leave the room
- Negative pressure room NOT required
- Remove PPE and clean hands before leaving the room
- Clean/disinfect reusable items after each use
- Applies to COVID and Influenza



DROPLET PLUS PRECAUTIONS

EVERYONE ENTERING THIS ROOM **MUST WEAR:**

N-95 Respirator and Eye Protection

AND MUST PERFORM

Proper Hand hygiene

Patient must wear a surgical mask if leaving the room for any reason.
Negative pressure not required.

Visitors must see nurse before entering the room.

CONCORD HOSPITAL
Your Regional Health System

Airborne Precautions

- Wear N95 respirator/PaPR every time you enter the room
- Patient should wear procedure/surgical mask, especially if they need to leave the room
- Negative pressure room **REQUIRED**
- Remove PPE and clean hands before leaving the room
- Clean/disinfect reusable items after each use




AIRBORNE PRECAUTIONS

EVERYONE ENTERING THIS ROOM **MUST WEAR:**




N-95 Respirator

AND MUST PERFORM



Proper Hand hygiene

Patient must wear a surgical mask if leaving the room for any reason.
Visitors must see nurse before entering the room.



CONCORD HOSPITAL
Your Regional Health System

Compromised Host Precautions

- Wear surgical/procedure mask every time you enter the room
- Patient should wear procedure/surgical mask, especially if they need to leave the room
- Remove PPE and clean hands before leaving the room
- Clean/disinfect reusable items after each use



COMPROMISED HOST PRECAUTIONS

VISITORS MUST SEE NURSE BEFORE ENTERING THIS ROOM
EVERYONE ENTERING THIS ROOM **MUST WEAR:**



Surgical Mask
AND MUST PERFORM






Proper Hand hygiene

Patient must wear a surgical mask if leaving the room for any reason.



CONCORD HOSPITAL
Four Regional Health System

Nurse Driven Isolation Precautions

CURRENT SIGNS AND SYMPTOMS	ISOLATION TYPE	DETAILS
<ul style="list-style-type: none"> • NO signs/symptoms of infection • History MRSA, VRE, ESBL, or C. Diff 	<p>Standard Precautions No Isolation Precautions needed!</p>	<ul style="list-style-type: none"> • Do NOT place patient on precautions for history of MRSA/VRE/C Diff with no signs/symptoms of infection
<ul style="list-style-type: none"> • Fecal incontinence • Numerous loose stools • Fever • Vomiting 	<p>Contact Plus Isolation Precautions</p>  <p>The sign is brown with a white border. It features a hand icon in a circle at the top. Below it, the text reads 'CONTACT PLUS PRECAUTIONS' in white. Underneath are icons for 'Gloves and Gown' and 'Proper Hand Hygiene'.</p>	<p>Suspect: <i>C. difficile</i> OR <i>Norovirus</i></p> <p>Discontinue isolation if lab results are negative</p> <ul style="list-style-type: none"> • C. diff: PCR (-) OR PCR (+) and Toxin (-) • Norovirus (-) <p>Wear a mask if patient is vomiting as Norovirus is <i>highly contagious</i></p>
<ul style="list-style-type: none"> • Open, draining, UNCONTAINED wound • Fever • Other signs/symptoms of infection 	<p>Contact Isolation Precautions</p>  <p>The sign is red with a white border. It features a hand icon in a circle at the top. Below it, the text reads 'CONTACT PRECAUTIONS' in white. Underneath are icons for 'Gloves and Gown' and 'Proper Hand Hygiene'.</p>	<p>Ask provider to order culture</p> <p>Discontinue precautions if lab results are negative</p>
<ul style="list-style-type: none"> • Cough • Fever • Nausea and/or vomiting 	<p>Droplet Plus Isolation Precautions</p>  <p>The sign is purple with a white border. It features a hand icon in a circle at the top. Below it, the text reads 'DROPLET PLUS PRECAUTIONS' in white. Underneath are icons for 'N-95 Respirator and Eye Protection' and 'Proper Hand Hygiene'.</p>	<p>Suspect: COVID, Influenza</p> <p>Have patient wear a mask</p>

Isolation and Personal Protective Equipment (PPE)



PPE supplies are found in isolation carts which are placed outside each room needing isolation precautions.

Infection Control: Your role

- Follow standard and isolation precautions and wear PPE.
- Don't come to work if you are sick.
- Clean your hands frequently.
- Clean shared patient equipment after each use.
- Clean patient rooms and treatment areas after each use if this is part of your responsibility.

Clean your hands before and after contact with your patient or the environment, *including* after glove removal.

Pharmaceutical and Bio-hazardous Waste Management

Pharmaceuticals are being found in our lakes, rivers, streams, and even drinking water. As a result of this, reproductive anomalies are occurring in aquatic species.

Publicly Owned Treatment Works (POTW) cannot remove pharmaceuticals as a part of their process. With the use of Stericycle as our hazardous waste vendor, Concord Hospital disposes of pharmaceutical waste via incineration, off-site.



Bio Hazardous Waste

There are specially marked and coded waste bins for different kinds of bio-hazardous and pharmaceutical waste.

Within your role as a student, follow the procedures for pharmaceutical and bio-hazardous waste management described by your preceptor/instructor.



Pharmaceutical Waste- What is it?

Pharmaceutical waste is a medication that is:

- No longer used for its intended purpose
- To be discarded

Pharmaceutical waste is **LEFTOVER** or **UNUSED** medication contained in:

- Vials
- IV's with attached tubing
- Oral medications
- Ointments and Creams
- Physician Samples

The following wastes will NOT be disposed in the Rx Waste Containers:

- Waste that contains blood or other bodily fluids including empty sharps. – Use **Red** bin trash
- Plain IVs – Can still go down the drain. Examples include: Saline, Potassium, D5, Electrolytes and Lactated Ringers. (No Medications Instilled)
- Empty IVs, vials, wrappers, and syringes will be disposed of in proper receptacles. An item is empty if it contains 3% or less of its original volume.
- Controlled Substances

Pharmaceutical Hazardous Waste

Pharmacy will apply code stickers to medications considered hazardous.

Stickers correspond to the correct bin for disposal.

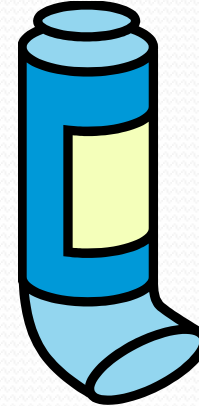


Pharmaceutical Waste Special Circumstances

A few items cannot go in bins on your unit because of laws from the DOT on how they are to be shipped. These items will be marked or coded (SP, SPC, SPO or SPLP) and include:

- Aerosol/Inhalers with propellant.
- Leftover Multitrac 4 & Acetic Acid.
- Unused Botox, Collodion Flexible.

Seal the item in a clear Ziploc bag and **send to the Pharmacy.**



P-listed Rx Waste

The EPA regulates certain chemicals a little bit more than most as they are historically very toxic to the environment; these chemicals are on the EPA's "P-list". The regulation on these chemicals goes on to mandate the collection of the residue and container that held the chemical.

In a hospital, two (2) very common drugs are on the P-list. Their packaging must be collected as well as any remaining drug. These items will be marked or coded "**PBKC**" :

- **Coumadin – dropped pills, blister packs and wrappers**
- **Nicotine – unused patches, peels from the back of a patch, gum blister packs**

Seal the item in a clear Ziploc bag and dispose in 8 Gallon BKC (Black) container.

What about Sharps and Packaging?

SHARPS

EMPTY SHARPS & SHARPS WITH BIOHAZARD WASTES

DISPOSE IN RED SHARPS CONTAINER



- ❖ Empty Syringes (With or without needles)
- ❖ Empty Ampoules

SHARPS WITH MEDICATION

DISPOSE IN BLACK 2 GALLON SHARPS CONTAINER

Leftover or Unused (non-controlled) Medication contained in:



- ❖ Syringes (with or without needles)
- ❖ Ampoules

Radiology uses Purple 8 gallon containers



Non-SHARPS

COMPATIBLE HAZARDOUS

Waste Code: **BKC & PBKC****

(~5% Rx)



8 Gallon

-NO SHARPS-
-NO EMPTY CONTAINERS-
-NO CONTROLLED SUBSTANCES-

INCLUDES LEFTOVER/UNUSED MEDICATION IN:

- ❖ IV Bags/Bottles (with tubing)
- ❖ Medication Soaked Absorbents
- ❖ Topical Ointments/Creams
- ❖ Tablets, Capsules, Pills (Whole or Partial)
- ❖ Vials

NON-HAZARDOUS No Waste Code

(~94% Rx)



8 Gallon

**Waste Code: PBKC P-LISTED WASTES

Examples: Coumadin, Nicotine, Physostigmine

Seal unused medications and EMPTY packaging in clear zip lock bag and Dispose in BLACK CONTAINER

Seal anything that might leak in a zip lock bag prior to disposal.

Examples include: IV bags/bottles with tubing, absorbents soaked in medication, ointments/creams without caps

What about IV Fluid disposal?

IV DISPOSAL GUIDELINES

DRAIN DISPOSAL ALLOWED

Provided there are NO MEDICATIONS instilled in the IV, drain disposal is permitted for any of the following solutions:

➤Saline solution ➤Dextrose solution ➤Lactated Ringer's ➤Electrolytes*

*Including Potassium Chloride, Magnesium Sulfate, Sodium Bicarbonate, Calcium Gluconate

NON-HAZARDOUS Rx WASTE - NO CODE (BLUE CONTAINER)

Any IV with a non-controlled substance instilled in it.

COMPATIBLE HAZARDOUS Rx - Waste Code: BKC & PBKC (BLACK CONTAINER)

Any IV with any compatible hazardous coded BKC or PBKC, non-controlled substance, instilled in it.

CONTROLLED SUBSTANCES (WITNESSED DISPOSAL)

Controlled substances are to be disposed of per current pharmacy/hospital policy.

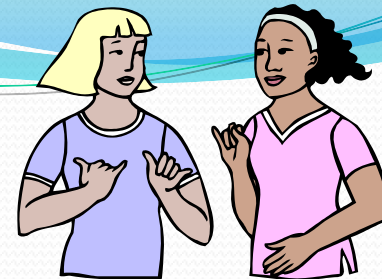
Safety Data Sheets(SDS)

- **Safety Data Sheets** provide employees with information about hazardous chemicals found in their work area. For Concord Hospital and affiliates, the SDS are accessed from The Bridge.

The screenshot shows the Concord Hospital website interface. At the top, there is a banner with the text "We love it here." and the Concord Hospital logo. Below the banner is a navigation bar with tabs for "About Us", "Resources", "Providers", "Quality", "Sites", and "In the Spotlight". The "Resources" tab is active, and a dropdown menu is displayed, listing various resources. The "SDS" link is circled in red. To the left of the dropdown menu, there is a "Facebook News Feed" section with a post from Concord Hospital. At the bottom of the page, there is a "Center to The Concord" logo and a link to "Visit the Quality Assurance Site >>".

Resources	EMPLOYEE	PROCESS/SAFETY
BRIDGE	GroupWise	Ethics
Bulletin Board	Halogen	Incident Command
Calendar	Lawson Portal	MediTract
Town Meeting	MyPassword	PIDS
REPORTS/DASHBOARDS	Open Shift	Policies - Policy & Procedure Manager
Dashboard	Shields	Policies - Bridge Manual
ED-NEDOCs	TRAINING	REQUESTS
Financial Reports	Centricity Training & Resources	Bio Med Request
HBI	University	Facilities Request
Report2Web	Web In Service	Help Desk
		Horizon Supply Source

Communication Needs



We must identify, and accommodate special needs of patients to the best of our ability. For patients who have limited hearing, vision or English proficiency (LEP), there are a variety of assistive devices and services available to enhance communication.

Patients who don't speak or understand English well, or are deaf, or hard of hearing, **must** be offered interpreter services without cost to the patient. This is the law. Professional interpreters, not family members, provide the best assurance that the patient understands what they are being told. Children should never be expected to interpret for family members.

Patients and visitors with low vision or who are blind may need special assistance to find their way through the hospital environment. Be alert and watch for opportunities to help. If you perceive there might be a need, the best questions to ask, are "May I help you?" and "How is the best way I can help you?" Don't assume anything.

Confidentiality Agreement

- Unintentional violations to HIPPA can mean fines of \$25,000 or greater per incident.
- Never access patient information you do not need to see to function in your role.
- Protect patient records from public access.
- No documents from hospital records (with or without patients names) should be taken from the hospital or offices.
- Dispose of confidential information in appropriately labeled bins.
- If you think Protected Health Information (PHI) may have been inappropriately accessed, discuss it with your instructor/preceptor.



EMR Security:

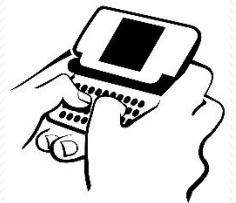
Computer Usernames and Passwords

- You may not share your user IDs and passwords with anyone else. The only exception is to share a user ID and password with the ITS HELP DESK, if necessary, for troubleshooting a systems issue. (Always reset the password after the issue is resolved.)
- If you believe one of your passwords has been compromised, please report this to your instructor/preceptor, and change the password.
- When leaving a computer, **ALWAYS** log off.



Social Media and Professionalism

- It is unethical and disrespectful to post negative comments about the health care organizations and the patients to which you are assigned for clinical, or about the staff who work there. Instead, share questions and concerns with your clinical instructor rather than posting it on a social media site.
- It's easy to lose perspective and commit a security or privacy breach by mentioning private information in positive or negative comments on social media sites.
- Never take photos with personal devices at the clinical site.
- Across the country, students and staff have made some very bad decisions related to content they posted on social media and unfortunately have lost positions in programs, or their jobs. Don't take any chances.
- **Remember, what you do as a student reflects on your institution and on our hospital.**



Concord Hospital's Compliance Program

Our Compliance Program was created to support our commitment to the highest standards of conduct, honesty and integrity in our mission to serve patients and their families.

- To prevent, detect and correct concerns of non-compliance;
- To demonstrate we are following state and federal laws;
- To promote an ethical culture within the organization;
- To demonstrate integrity to the community that we serve;
- To follow the recommendations of the Office of Inspector General (OIG); and
- To comply with the Concord Hospital ACO, LLC (Accountable Care Organization) requirement of the MSSP (Medicare Shared Savings Program).

Concord Hospital's Code of Conduct and Professional Behavior

- Concord Hospital's Code of Conduct and Professional Behavior ("the Code") is a set of guidelines and expectations created to support a culture of integrity.
- The Code applies to all employees, Medical Staff, residents, students and volunteers.
- The Code is intended to promote a positive work environment that encourages mutual respect, quality patient care and ethical business practices.
- It provides an overview of expected behaviors, and encourages anyone to speak up with questions or concerns, without the fear of retaliation.
- The Code is located in PolicyTech

Non-Compliance

Non-compliance is any action or conduct that is in violation of state or federal laws, Concord Hospital policies and/or general conduct as outlined in the Code.

Examples of non-compliance include, but are not limited to:

- Harassment or discrimination of any kind;
- Threatening, intimidating, malicious or abusive language or behavior toward another individual;
- Discussing patient diagnosis, history, treatment or payment information with or in the company of individuals not directly responsible for the patient's care;
- Accepting gifts for treatment or care;
 - Cash and Gift certificates are never allowed to be solicited or accepted; it is ok to receive perishable items such as food or flowers from patients or vendors. Meals from patients must be coordinated through Patient Relations. For more information – see our Gift Policy.
- For more information, please see the full Code in [PolicyTech](#).

Why do we have a Compliance Program?

To prevent, detect and correct concerns of non-compliance, including Fraud, Waste and Abuse:

Fraud:

- Billing for services not provided
- Altering claim forms or medical records to receive a higher payment

Waste:

- Excessive office visits, prescriptions, lab tests or x-rays

Abuse:

- Billing for unnecessary services

Important Compliance Laws and Regulations

Healthcare is a highly regulated industry. A Compliance Program demonstrates that we are following state and federal laws, such as:

Federal False Claims and New Hampshire False Claims Acts (FCA)– submitting claims known to be false or fraudulent

- Example: A physician knowingly submits claims to Medicare or Medicaid for medical services not provided or for higher level of medical services than actually provided.

Both laws contain provisions that protects a *qui tam* (whistleblower) from retaliation by their employer.

- Applies to any employee who is discharged, demoted, suspended, threatened, harassed, and discriminated against their employer as a result of the employee's lawful acts of a false claims action.

Important Compliance Laws and Regulations cont'd

- Physician Self-Referral Law (Stark) – referring patients to self-owned provider groups or facilities.
 - Example: A physician refers a patient for a designated health service to a clinic where the physician has an investment interest.
- Government Exclusions – individuals and entities excluded from participation in federal healthcare programs.
 - <https://exclusions.oig.hhs.gov/>

All employees including contractors, students and Residents are required to report to the Compliance Department if they become aware of any potential exclusion from participation in any federal healthcare program.

Reporting Concerns and Potential Violations

Compliance concerns may always be reported directly to your Supervisor, Manager, Director, a member of the Compliance Department or the Compliance Officer.

Additionally, Concord Hospital has the following methods of reporting concerns:



The graphic is a teal rectangular box with a white border. At the top, it reads 'CONCORD HOSPITAL COMPLIANCE HOTLINE' in white, with 'COMPLIANCE HOTLINE' in a larger font. Below this, it says '3 WAYS TO REPORT ACROSS THE HEALTH SYSTEM:'. There are three columns of information, each with an icon and text. The first column has a '24/7' icon and the word 'HOTLINE'. The second column has a 'SPEAK UP.' speech bubble icon and text about visiting the website or clicking an icon. The third column has an envelope icon and text about emailing a specific address.

**CONCORD HOSPITAL
COMPLIANCE HOTLINE**

3 WAYS TO REPORT ACROSS THE HEALTH SYSTEM:

-  **HOTLINE**
Leave a voicemail 24/7
at (603) 227-7186
-  **SPEAK
UP.**
Visit concordhospital.org/compliance/ or
click the Speak Up icon on the Bridge or Pulse
-  **Email**
compliancehotline@crhc.org

OK- Ready to Test yourself?

CH Orientation Quiz

1. Which statement is **false**?

- A. The ID badge I am issued is my property and a souvenir to keep after I finish my clinical hours.
- B. Service behaviors reflect the culture of Concord Hospital and I am responsible to follow them even as a student.
- C. Be Professional, always look your best- (service behavior #9) includes guidelines regarding jewelry, perfume, make-up and dress, and ID Badge.
- D. The emergency phone number within the hospital is 5555, and outside the hospital it is 911 or 9-911.



1. A. was **false**, you need to return the ID badge.

2. Which statement is *true*?

- a. As a student, I will not be expected to respond to a fire alarm.
- b. In the event of an ordered evacuation, sickest patients (ie bedridden) are evacuated first.
- c. RACE at Concord Hospital means:
 - Remove anyone in immediate danger.
 - Alarm-use pull stations and code line, or 911, to activate alarms.
 - Close all doors.
 - Extinguish fire (if small).
- d. Emergency power outlets have a **blue** plate.

2. C. The **true** statement was RACE.

- You *DO* need to respond to a fire emergency the same as an employee would.
- *Least sick* patients (those who can ambulate) are moved first in an evacuation.
- Emergency power outlets are **RED**.

3. Which statement is **false**?


- a. When I enter a patient room, I should be seen washing my hands, or talk about just washing them.
- b. Contact precautions are used for MRSA, VRE and C dif.
- c. PPE is available in yellow carts outside patient rooms.
- d. Washing hands for 10 seconds is long enough.



3. D. was **false**, you need to wash hands for at least 15 seconds.

4. Which statement is **false**?


- a. Hazardous waste must be disposed of in properly identified receptacles.
- b. SDS about chemicals that may be in the clinical environment are accessed via the CH Bridge.
- c. Children are reliable interpreters for patients.
- d. I should never take protected health information (PHI) from the clinical site.



4. C. was **false**, children are not reliable for language interpreters and should not be asked to interpret.

5. Which statement is **false**?

- a. It is O.K. if I use another student's or staff member's password just for a day if my password is not working.
- b. It is not appropriate to post information or photos on social media sites about patients or about my clinical experience.
- c. If I suspect PHI has been accessed inappropriately, I need to be report this to my preceptor or instructor.
- d. My actions reflect on my school, and the hospital or clinical site when I am a student.



5. A. is **false**, it is never OK to use another person's password.

6. Which statement is **false**?

- a. Some medications have stickers with codes to indicate hazardous meds.
- b. Hazardous meds and packaging need to be disposed of in Blue or Black bins, according to the code.
- c. Its OK to discard a half full bag of Heparin down the drain.
- d. A container is considered empty if it has less than 3% of the product.

6. C. was **false**, a half full bag of Heparin should not be drained down the sink. Only plain IV fluid, or electrolyte-type solutions may be drained down the sink. It must be disposed of in the blue pharmaceutical waste bin.

You are done! Be sure to print off the CCP ticket if applicable, read the privacy agreement and sign it, and email it to: Student.ProfDev@crhc.org.

We look forward to having you with us at Concord Hospital!