The following presentation is a review of clinical topics and is required of UWMC Clinical Staff only.

If you have questions about the information presented here, please ask your manager or supervisor.
Welcome to the 2010 Clinical Specific Topics Annual Education

The following presentation meets the requirements for the UWMC organization-wide annual education.

After viewing the presentation, complete the Clinical Specific Topics quiz and check your answers.

If you have questions about the information presented, please ask your supervisor or manager.

Please provide the completed quiz to your supervisor, as evidence of completion.

NEW! Monthly reports will be provided to management to evaluate the status of completion (i.e. completed or not completed). Your paper quiz will only be captured on the monthly completion report if a copy of the completed paper quiz is received by OD&T before the fourth Wednesday of the prior month.
Who should complete the 2010 Annual Education?

All UWMC employees are required to complete this competency if it has been one year or more since you were hired or last completed the Annual Education (Education Fair). If you attended Foundations (New Employee Orientation) anytime in 2010, you have already met the annual compliance review requirement and do not need to take this quiz until 2011.
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Abuse, Neglect and Exploitation

Abuse, neglect and exploitation of children and vulnerable adults can take many forms including physical, emotional, sexual and/or financial exploitation.

**Abuse:** An act or suspected act of physical or mental mistreatment or injury, which harms or threatens a person through action or inaction by another individual.

**Neglect:** A pattern of conduct resulting in deprivation of care necessary to maintain physical and mental health.

**Exploitation:** Taking advantage of a vulnerable child or adult in a physical or financial manner.
Abuse, Neglect and Exploitation
Examples of Signs and Symptoms of Abuse, Neglect and Exploitation:

1. Patient complaints of physical or sexual abuse or exploitation.
2. Patient has multiple admissions for repeated injuries.
3. Burns in unusual places, bites, or unexplained bruises.
4. Injuries not consistent with developmental age, physical capacity or explanation provided by the patient or caregiver.
5. Basic needs are inadequately met, e.g., poor hygiene or no food/medicine despite apparent availability of funds.
6. Unattended physical problems/medical needs, such as untreated or infected wounds.
Abuse, Neglect and Exploitation
If an Inpatient Complains of Sexual Assault by Staff or Others:

1. Contact your **manager immediately**, or the **STAT RN** during off-shifts, weekends, and holidays.

2. Page Security at **222** to stand by and assist.

3. If there is a threat of continued physical violence, contact UW Police immediately at **911**.

4. The department manager or STAT RN will report the incident to the Administrator on Call, who will direct the immediate response.

*For additional information, refer to the UWMC policy: Responding to Sexual Offense Incidents within University of Washington Medical Center.*
Abuse, Neglect and Exploitation
If You Suspect or Witness Abuse:

- Health care workers are mandated by law to report cases of suspected or actual abuse, neglect or exploitation.

- To report abuse/neglect of developmentally disabled or dependent adults of any age, or any adult over the age of 60 call **Adult Protective Services:** 1-866-221-4909.

- To report abuse/neglect of a child call **Child Protective Service:** 1 866-363-4276 (1-866-END-HARM).

- If you fear for a patient’s safety call **Security:** 222.
- Or, for immediate public safety/police intervention, call: 911.

- Tell your supervisor and document in the patient’s chart when/why a report was made.
Advance Directives

It is required that patients are asked upon hospital admission if they have an **Advance Directive** and that they are able to access materials and assistance on how to execute an advance directive if they so desire.

If a patient needs help with completing their **Advance Directive**, refer them to the Social Work and Care Coordination Department.

**No** UWMC employee, volunteer, care provider, or employee of the care provider may sign as a witness to a patient’s **Advance Directive**.
Advance Directives
Advance Directives Can Include:

**Health Care Directive:** communicates a person’s wishes if they were to become incapacitated.

**Durable Power of Attorney for Health Care:** indicates who can make a decision for a person if they were to become incapacitated.

**Physician’s Order for Life Sustaining Treatment (POLST):** brought by a patient to UWMC to indicate wishes in the event of a life-threatening event. Usually used as a DNAR (do not attempt resuscitation) for outpatient and home settings. Notify the provider if your patient has a POLST, so they can write a DNAR order. While waiting for the DNAR order, the patient is still a DNAR.

**Mental Health Advance Directive:** a person’s wishes for mental health treatment if they were to become mentally incapacitated.
Advance Directives
Information for the Outpatient Setting:

All clinics distribute “Information About Your Healthcare” brochures to new patients: either by mail, in their new patient packet, at the time of check-in, or anytime upon request.

If a patient provides the clinic with an Advance Directive, a copy will be sent to Patient Data Services to include in the medical record.

If a patient “codes” in the outpatient setting, a code will be called unless the patient or patient’s caregiver has identifiable DNAR (do not attempt resuscitation) documentation, or POLST (physician’s orders for life sustaining treatment) visible to clinic providers at the time of the event.
Blood Transfusions
Managing Suspected Transfusion Reactions

Signs and Symptoms of Potential Transfusion Reactions:
- Fever/chills/rigors
- Flushing/hives/urticaria
- Hypotension/hypertension
- Nausea/vomiting
- Back, chest, or flank pain
- Wheezing/difficulty breathing/hypoxia
- Peri-orbital edema
- Anxiety
- Dark/red urine
Blood Transfusions
Primary Interventions When a Transfusion Reaction is Suspected:

1. **STOP THE TRANSFUSION** (Do not discard unit).
2. Maintain IV access.
3. Assess vital signs frequently (include temperature).
4. Perform a clerical check of patient and component.
5. Notify the patient’s physician.
7. Collect two 7mL purple top tubes and send with the form to UWMC TSS/SAT lab.
8. Obtain urine sample and send if dark or red to TSS/SAT lab.
Blood Transfusions
Important Considerations With Suspected Reactions:

• Transfusion reactions can occur at any time during the infusion or up to several hours after it is completed.

• Transfusion reactions can occur with any type of blood or blood component including red cells, plasma, platelets, or cryoprecipitate.

• Any change in assessment from the patient’s baseline in association with a transfusion should be considered a potential transfusion reaction.
Health care employees have an obligation to protect patients from harm. The purpose of this process is to identify and manage matters of practitioner health in a manner separate from the disciplinary process. The intent of this process is to assist and rehabilitate, rather than discipline.
The Impaired Practitioner

What is meant by impaired?

- Substance abuse
- Physical impairments
- Deterioration due to advancing age
- Motor skill impairment
- Psychological impairment
- Personality disorders
The Impaired Practitioner

The American Medical Association defines an impaired practitioner as “one who is unable to practice medicine with reasonable skill and safety to patients because of chemical dependence, deterioration due to advancing age, loss of motor skill, and/or substance abuse.”

Early intervention with any impairment - physical, psychological, or chemically related - is critical in achieving the best outcome for the practitioner and preserving patient safety.
The Impaired Practitioner

Signs of Impairment:

- Personality changes which occur rapidly or over time, such as increased irritability.
- Disruptive behavior.
- Changes in personal grooming habits or in mode of dress.
- Memory lapses or forgetfulness.
- Withdrawal from social situations in which the practitioner had previously participated.
- Complaints from co-workers and/or family members.
- Making rounds late at night or at “off times”.
- Inappropriate orders or over prescribing of medications.
The Impaired Practitioner

Physical Symptoms:
- Tremors
- Diaphoresis (sweating)
- Irritability or mood swings
- Marked weight gain or loss
- Hyperactivity
- Excessive sleepiness
The Impaired Practitioner

Why Get Involved?
• Help keep our patients safe
• Help our colleagues
• Help ourselves

If You Suspect Impairment → Report Your Concerns to Your Supervisor
Medical professionals have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues.
The Impaired Practitioner

Options for Confidential or Anonymous Reporting

Human Resources: 206-598-6116
The Compliance Hotline: 206-616-5248

Additional Sources for Information and Support

Care Link Faculty and Staff Employee Assistance Program: 1-866-598-3978

Remember: early intervention is the key!
Organ, Eye, & Tissue Donation

UWMC recognizes the importance of allowing those who wish to do so the maximum opportunity to donate. The non-profit donation agencies that provide UWMC donation services are:

• Organs: LifeCenter Northwest Donor Network
• Eyes: SightLife
• Tissues: Northwest Tissue Services
Organ, Eye, & Tissue Donation

Federal Requirements:

Refer all hospital deaths (within an hour of cardiac death) and imminent deaths (a severely brain injured ventilator dependent patient and/or any patient in which death is expected from the intervention of withdrawing ventilator support), regardless of age or medical/social history, to the Donor Referral Line. **DO NOT** approach the family.
Each potential donor family is informed of their donation options by a donation agency coordinator.

A coordinator from the donation agency will offer donation options to the family. You may be asked to introduce the coordinator’s phone call to the family, or participate in the organ donation family approach led by an organ donation staff member.
Organ, Eye, & Tissue Donation

Required Referral Calls

It is mandatory to have the Donation Agency evaluate each patient death to determine donor suitability BEFORE the family is approached to donate in order to:

- Ensure the family is only approached if the patient meets certain donation criteria and only by donation agency staff.
- Keep the responsibility of evaluation with the donation agencies because the criteria are ever changing.
- Keep potential donors from being overlooked.
- Provide a routine system for UWMC.
- Find out if the decedent has legally registered & given their consent on the WA Donor Registry.
Organ, Eye, & Tissue Donation

Placing and Documenting Referral Calls:

- Admitting calls the Donor Referral Line on all deaths.
- Nursing calls the Donor Referral Line if imminent death is identified.
- Nursing receives the expiration packet from Admitting and fills out the “Organ & Tissue Donor Inquiry” form with help from the donation agency.
- The form must be filled out COMPLETELY!
- It is the responsibility of the donation agency coordinator to offer donation options to the family.
- If you are asked to introduce the coordinator’s phone call, you could say: “Mr. Doe, your wife has some donation options and Joe is on the phone from SightLife to answer questions you may have about that.”
- If the family wants to leave before the phone call is placed, obtain a phone number where they can be reached in the next two hours.
Pain Assessment and Management

- Patients and families can expect that health care providers will ask patients if they have pain.

- The identification and treatment of pain is an important component in the patient’s plan of care.

- If pain is identified:
  - the patient is to have a pain assessment and, in accordance with clinical presentation, either receive treatment for pain or a referral for pain treatment.
  - Pain assessment methods are to be consistent with the patient’s age, condition, and ability to understand.

- Following pain treatment, the patient’s pain is to be reassessed and documented, and additional treatment provided as needed.
Safe Patient Handling:
Getting a Patient Off of the Floor

• 2009 Staff Survey results indicated that many staff members felt manual lifting was needed when a patient was on the floor.

• Staff injuries: several staff members from both in-patient and out-patient settings were injured in 2008 and 2009 related to lifting a patient off of the floor.

• Objective: To discuss options for getting a patient off of the floor safely.
Safe Patient Handling: Getting a Patient Off of the Floor

Some Concerns:

- Patient cardiac arrest: since CPR compressions require a firm surface, leave patient on the floor and begin CPR. Once the patient is stabilized, arrange for transfer off floor.

- For falls with head strike, unwitnessed fall, or complaints of head or neck pain: have the patient evaluated by physician for cervical injuries (especially post spinal surgery).

- Within UWMC, the Lift Team can be reached through dispatch and you will be prioritized for assistance.

- Manual lifting, even with multiple staff to assist, should not be attempted.
Safe Patient Handling:
Getting a Patient Off of the Floor

Best Option for Lifting: HoverJack™

- Designed to lift patient who has fallen on floor up to bed height.
- Best option in terms of patient comfort and ease of use.
- No weight limit.
- Four stacked interlinked mattresses that are inflated one at a time to raise the patient from floor to bed level.
- Four “CPR” valves to deflate in case of emergency.
- Place HoverMatt™ or blue Maxi-Slide™ sheet on top of HoverJack™ prior to placing under the patient (to be used as a lateral transfer device).
- If transferring a patient from a lower surface to a higher surface, you can inflate the number of mattresses needed to create a level surface.
Safe Patient Handling:
Getting a Patient Off of the Floor

Location of Hover Jack™ and How to Access:
The Hover Jack™ that is available to the Medical Center inpatient units and clinics is stored on the 3rd floor, main lobby, behind the Information Desk.

It can be accessed:
- During the hours of 0700-2300
  - Call Lift Team (8-7337, option #1). They can bring one to you and assist with using it.
- During the hours of 2300-0700
  - It is recommended that you call a ‘Rapid Response’ by dialing 222. You can ask for a HoverJack™ (you’ll need to know the physician in charge of the patient and the patient’s room number).
Safe Patient Handling: Getting a Patient Off of the Floor

Other Equipment Options for Lifting:

- Ceiling Lift: can be lowered to floor level to lift a patient in a sling off of the floor.
- ARJO™: a portable lift with sling.
Thank you for completing this quiz!

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Please be sure to complete the remaining quizzes to meet the 2010 Annual Education requirements:
1. Cultural Diversity,
2. Organization Specific Topics,
3. Compliance & Ethics, and
4. Workplace Safety