

UW Medicine

**2017 ANNUAL REFRESHER
TRAINING**

**NORTHWEST HOSPITAL AND MEDICAL
CENTER
INFORMATION SHEET**

Northwest Hospital & Medical Center

1550 N. 115th St. Seattle, WA 98133-9733 206-364-0500

MISSION & PATIENTS ARE FIRST

Our Mission

Our mission is to raise the long-term health status of our community by providing personalized, quality care with compassion, dignity, and respect.

Our Vision

Northwest Hospital is a community of caring health professionals, valued and recognized for promoting wellness through early detection and prevention, minimally invasive interventions, and innovative clinical practices.

CULTURAL COMPETENCY

INTERPRETER SERVICES

24 hours a day, 7 days a week for more than 90 languages

Interpreters are certified through the State of Washington and can assist with barriers related to language and culture.

INFECTION PREVENTION

Utilize Powered-Air-Purifying Respirators (PAPR) should be reserved for aerosolizing/cough producing procedures.

To report equipment failures: Contact Clinical Engineering.

To report exposures or concerns: Contact Employee Health/Infection Prevention/Nursing Supervisor.

We are continuously analyzing what devices and procedures are involved in exposures. If you know of a device you would like to have evaluated, contact the Product Evaluation and Review Committee (PERC).

Antimicrobial Stewardship

Did you know?

- 50% of hospitalized patients are given an antibiotic
- 1 in 8 clinic patients are given an antibiotic
- AND at least 30% of these prescriptions are medically unnecessary
- Antibiotics are associated with:
 - Adverse reactions (like allergic reactions)
 - Increased bacterial resistance, leading to more illnesses, complications, and deaths
 - Increased C. difficile infections
- How can I help?
 - Know why your patients are taking antibiotics and for how long
 - Educate patients that the majority of colds and upper respiratory infections are caused by viruses and do not require antibiotic treatment
- Questions?
 - Contact the Antimicrobial Stewardship Program at your facility
 - HMC/UWMC Antibiotic Guidelines are available at: <https://occam.uwmedicine.org>

PATIENT SAFETY



The Patient Safety Network (PSN) is the online incident reporting system for Northwest Hospital and Medical Center.

What do you need to know about the Patient Safety Network:

- The Patient Safety Team reviews every reported event.
- Emails are immediately sent to managers.
- Data is reviewed for trends.

- Events and trends may be used to support system changes.
- PSN is a way to get the right people notified of your concern.
- Contact your Patients Safety Network representative to find out how to anonymously report events.

Where can you access the PSN?

- The icon to access the PSN is on any UW Medicine computer or desktop
- Easy to access and easy to use

ENVIRONMENT OF CARE

NWHMC uses Emergency Reference Sheet:

- Hospital Building Pink sheet
- Hospital-owned MAB, MOB, OPMC yellow sheet
- Non-hospital owned McMurray, LFP, SIM Northcut, SMC-Ballard, Mill Creek, OMC, RIM, Green Card

EMERGENCY CODES

EMERGENCY CODE	EMERGENCY SITUATION
Code Red	Fire
Code Blue	Medical Emergency
Code Orange	Hazardous material call nursing supervisor
Code Silver	Weapons/Hostage situation
Amber Alert	infant Abduction
Code Gray	Safety Threat
External Triage	External Disaster
Internal Triage	Internal Disaster

Hospital Emergencies - Dial x1888

Gero-psychiatry - follow Unit specific policies

Non-Hospital Buildings - Call 911

NWHMC EVACUATION

The fire marshal or area charge will order either horizontal or vertical evacuation.

Horizontal Evacuation: This method will be ordered when safety can be achieved in an adjacent fire compartment, separated by fire-doors.

Vertical Evacuation: This method will be ordered when horizontal evacuation does not present a safe environment.

NWHMC ACCESS TO MSDS

3E Company contact 1.800.451.8366 and provide the following information:

- Product name and number
- Manufacturer name
- UPC Code if available
- Immediately accessible fax number

NWHMC HAZARDOUS WASTE SEPARATION (see below)

Waste Generated	Waste Examples	Disposal Container	Waste Picked by
Sharps	Needles, lancets, razor blades, scalpels, broken ampules	Red Sharps Bin	EVS Contractor
Biohazard	Materials saturated with body fluids or blood such as bandages, dressings, gloves, suction canisters, blood bags, tubing	Red biohazard bin with red bag	EVS
Chemotherapy/ Pharmaceutical Waste	Partial doses of medications (aborted/expired dosages sent to Pharmacy) chemo-contaminated syringes, tubing, contaminated PPE, spill clean-up materials	Yellow Chemotherapy waste bin Pharmaceutical RCRA black waste bin	EVS picked up by different contractors
Chemicals	Formalin, Xylene, other lab chemicals, unknown chemicals, pesticides	Labeled container provided by department	EVS
Batteries	Alkaline, Nickel cadmium, lithium, nickel metal hydride batteries	Labeled battery container provided by department or EVS	EVS Battery drop off located in soiled utility rooms

HAZARD REPORTING

Use the Patient Safety Network (PSN) for reporting any event at that could cause or has caused a PATIENT, VISITOR, OR STAFF injury or illness.

REPORT WORKPLACE VIOLENCE: NWHMC SECURITY

Active Shooter: An emergency response to an active shooter event.

Dial X1888 to reach the hospital operator to report an active shooter.

Give the location of the shooter, the description of the shooter, and the type of gun if known.

Outside and offsite clinics **call 911** to report an active shooter.

MEDICAL EQUIPMENT FAILURES

All medical equipment used in patient care areas is inspected before first use.

Loaner equipment, rental, physician owned, research evaluation equipment must also be inspected prior to being used in a patient care area.

EQUIPMENT FAILURE TO DOS
Report all medical equipment problems.
Equipment involved with possible injury or death of a patient must be removed immediately. DO NOT change device settings!
Report all equipment-related injuries, 'near-misses,' or potential problems.
Use of patient-owned equipment is strongly discouraged. Patient-owned equipment shall be inspected by clinicians to assure proper functioning and safety.
Extension cords are not allowed in patient care areas, unless approved.

UTILITY ISSUES & FAILURES

Within ten seconds of a power outage, specific areas and essential systems will automatically transfer to the emergency power system.

POWER OUTAGE TO DOS
Turn off unnecessary electrical equipment. Ensure critical equipment is plugged into red outlets.
Remain calm and in your work area.

Locate flash lights.

Continue work duties, where possible.

UTILITIES THAT MAY BE AFFECTED

Heating, cooling, and ventilation

Water supply and sewer backups: DO NOT put items down sinks, hoppers and toilets that do not belong, such as towels or Sanicloths, this can cause the plumbing system to back up.

Pneumatic tube system

Elevators: If you get stuck in an elevator, stay calm and use the emergency number located in the elevator.

Medical gas and vacuum

Telephones
