Module 2

Patient Safety
Go through **each** slide and read/listen to the information (this module will be marked as ‘Completed Unsuccessfully’ until you have viewed all of the slides)

**Access and review** documents as indicated by searching online or using the links provided in the ‘2017 AME Guide’

Learning Goals are outlined so you are able to identify what is expected of you upon completion of the training.

<table>
<thead>
<tr>
<th>Directions</th>
<th>Reference Material</th>
<th>Learning Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go through <strong>each</strong> slide and read/listen to the information (this module will be marked as ‘Completed Unsuccessfully’ until you have viewed all of the slides)</td>
<td>Throughout the Module there will be notes like this that will list additional materials to access. Refer to your ‘2017 AME Guide’ (provided at the beginning of this training and as a downloadable attachment)</td>
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Module 2: Patient Safety

- **Lesson 2.1**: Identify Patients Correctly
- **Lesson 2.2**: Improve Staff Communication
  - **Topic**: 2.2.1: Rapid Response
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- **Lesson 2.4**: Prevent Infection
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    - **Subtopic** 2.4.1.1: Hand Washing
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  - **Topic**: 2.5.1: Suicide
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- **Lesson 2.6**: Abuse And Neglect
- **Lesson 2.7**: Improve Patient And Family Communication
- **Lesson 2.8**: Stroke
- **Lesson 2.9**: Downtime
Learnig Goals

• Label National Patient safety goals
• Choose the correct reason for a Ticket to Ride
• Identify the steps for calling a rapid response
• Choose the correct action to take upon hearing a medical equipment alarm
• Identify ways to prevent infection
• Identify ways to reduce patient safety risks
• Select the action to take for communicating with a patient in a preferred language
• Outline the IT downtime procedure
This module will provide information on key topics that have been identified as crucial factors to ensure patient safety.

Patient safety is extremely important to us at MHS; it is one of our strategic focus areas. We use the latest 7 National Patient Safety Goals 2017 produced by The Joint Commission.

MHS focuses on developing processes to achieve continuous improvements in patient safety.
1. Identify patients correctly
2. Improve staff communication
3. Use medicines safely
4. Use alarms safely
5. Prevent infection
6. Identify patient safety risks
7. Prevent mistakes in surgery
• Please note that there is much more information and detail that you can review related to National Patient Safety Goals depending on your position.

• If you would like further information on any of the National Patient Safety Goals, please speak with your immediate supervisor/leader.
Lesson 2.1
Identify Patients Correctly
To avoid errors such as wrong information, wrong treatment etc., correct patient identification is extremely important.

We use 2 identifiers to cross check
- name and date of birth.

A 2-step method for checking is conducted for every patient, every time!

1. Ask patients to state their full name and date of birth
2. Verify by checking the patient’s armband
Lesson 2.2

Improve Staff Communication
Good and effective communication means better patient care!

Welcome people’s comments, questions, and concerns. If someone voices something to you, be thankful for their help in meeting the MHS mission to provide exceptional healthcare, hope, and compassion to every person, every time.
Be aware of what is going on around you!

- If you don’t know or understand what is going on, then ask.
- If you hear or see something that you think needs to be addressed, please notify someone. Remember, voicing a concern is done out of care for others. You can notify:
  - Your chain of command
  - The person in charge in the location that the situation occurred
  - Compliance Hotline 877-785-0002
  - Corporate Compliance
  - Risk Management
  - Patient Experience

- For example, if you see a patient doing something that you do not think is normal then communicate with someone to address it.
At MHS we communicate in many different ways.

- Email, phone, Martin Link, and flyers.
- Face to face communication happens with other associates, healthcare practitioners, leaders, visitors, and at huddles.
- Hand-off of care occurs as Ticket to Ride, shift report and during transfer of care.
Positive Communication

- Healthy Groups that foster a culture of positive communication will:
  - Demonstrate a willingness to work through conflict rather than avoid it
  - Demonstrate a willingness to listen and pay attention to one another
  - Focus efforts on addressing one topic of discussion at a time
  - Help members feel comfortable in sharing thoughts & ideas
  - State decisions clearly so that all members can understand the outcomes
  - Provide avenues for feedback
  - Maintain consistent communication processes to help the group stay focused on its goals
Tips for Listening

- Tips for listening
  - Conversations means talking ‘with’, NOT ‘at’ someone
  - Keep yourself fully engaged
  - Ask yourself, have you ever felt this way, did someone listen to you?
  - Focus on what is being said, not on what you want to say
  - Value listening more highly than speaking
  - If you don’t agree or understand – let the speaker know why, be open to differences
  - Clarify feelings
  - Remember, people also communicate with tone of voice and facial expressions
  - Be aware of your body language
Tips for Non-Verbal Communication

• Tips for non-verbal communication
  – Don’t assume a frown means someone disagrees with you – they may be thinking really hard
  – People look to the eyes for how you really think and feel
  – Your face is one of the most obvious indicators of your attitude and feelings
When communicating with others, it is your responsibility to ensure that the message you send is received and clearly understood.

You can do this by asking for a repeat back, and follow up with questions to check understanding.
• Staff also communicate about where a patient is coming from and is headed to through a *Ticket to Ride*

• A Ticket to Ride ensures continuous care when transporting a patient from one department/diagnostic area to another.

• When patients travel between departments they should have a **TICKET TO RIDE**.
  – A nurse should initially fill out the *Ticket to Ride*
  – The Ticket to Ride has important patient information to keep patients safe
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Lesson 2.2 Improve Staff Communication

Topic 2.2.1 Rapid Response
A rapid response (RR) is a way of calling for immediate help for a patient with a deteriorating condition.

It allows anyone to call for a specialty team to examine a patient at the first sign of decline to initiate immediate interventions that will improve the patient’s outcome.

The Rapid Response Team (RRT) is a team of ACLS trained clinicians who bring critical care expertise to the patient wherever it is needed. Their response time is within 5 minutes.
The Importance of Rapid Response

- Why do we need it?
  - It can reduce death rates in hospitalized patients.
  - You may see someone in a bad condition and it is crucial that you are aware of your ability and responsibility to call a Rapid Response.
  - A Rapid Response can help prevent Code Blues! Patients who experience code blues in hospitals often have observable signs 6-8 hours before the arrest occurs
  - Once a patient codes, their survival rate greatly decreases.
  - Early recognition of these signs and quick treatment can reduce the number of code blues.
Who can call a Rapid Response?

- **ANYONE** can call a rapid response, including:
  - Family Member
  - Patient
  - Any staff member

- All associates, patients, and visitors are **required** to receive information on how to call a Rapid Response.
  - The information is **located in the patient guide**. It is reviewed with patients and their visitors upon admission.
Calling a Rapid Response

• A Rapid Response/Medical Emergency can only be called when you are at:
  – One of our 3 hospital locations
  – St. Lucie West campus
• If you are not in one of these locations, then call 911.
• Do NOT call the house supervisor directly
  – The emergent situation may not be attended to immediately because the house supervisor receives a large number of calls.
Steps to Calling a Rapid Response

1. Call the Command Center’s Medical Emergency Line ext. 14444 or 44444
   If the phone system is down, (ex: because of a disaster or power failure) use the Beige Emergency Phone (BEP) and dial 221-7738

2. Request a “Rapid Response” to the location (ex: patient room and bed number)

3. Remain with the patient until the Rapid Response Team (RRT) arrives

4. Provide the RRT with any information related to why you called the RR
Lesson 2.3

Use Medical Equipment Alarms Safely
No matter your job role, if you hear an alarm sounding from medical equipment, you have a responsibility to respond.

Promptly responding to alarms can save lives.

Let your leader/team know if you have any ideas that could help

Ensure that medical equipment and alarms are heard

Alarms serve a purpose. They notify us that something is wrong, even though they create noise and can be seen as annoying.

Do NOT ever do the following

- Disable alarms
- Disconnect alarms
- Ignore alarms
- Silence alarms

For additional information: On Hospital Portal → Clinical Policy: Alarm Management
Below is a guide to help you take the correct action every time you hear an alarm.

<table>
<thead>
<tr>
<th>Do you know why the alarm is sounding?</th>
<th>Do you use this equipment to do your job AND know the appropriate response to the alarm?</th>
<th>Then you should...</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
<td>Respond and address the alarm</td>
</tr>
<tr>
<td>NO</td>
<td>NO</td>
<td>Notify the person in charge in that area about the alarm</td>
</tr>
</tbody>
</table>
Lesson 2.4
Prevent Infection
We work in an environment that is high risk for infection.

- Our Hospitals are busy places with many people coming and going 24/7.
- Items in the healthcare environment are touched by many people.
- Health care worker’s hands serve as the #1 vehicle for transmission of bacteria!
• Did you know that every 60 seconds, a working adult can touch as many as 30 items? That’s 1,800 items per hour!

• **Hot zones** are areas/items where bacteria and viruses build up. This is because they are the items touched more often.

• The top Hot Zones in Hospitals are:
  – Door knobs
  – Restroom lights
  – Computers
  – Stethoscopes
  – Bedrails
  – Telephones
  – Keyboards
The green X marks in this picture show areas of risk for hand and glove contamination after contact with a VRE-positive patient.
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Lesson 2.4  Prevent Infection

Topic 2.4.1  Sanitization
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Lesson 2.4 Prevent Infection

Topic 2.4.1 Sanitization

Subtopic 2.4.1.1 Hand Washing
Hand washing is the **#1** way to stop the spread of illness and disease!

Correct hand hygiene reduces transmission of harmful organisms and reduces overall infection rates.
It is our duty to wash our hands to stop the spread of bacteria. There are hand washing requirements to make sure that everyone is properly protecting patients and associates from infection.

Hand washing is required **before** and **after**:  
– Each time you provide patient care- for every patient, every time  
– Have contact with the patient’s environment  
– When using gloves for any purpose  
– Using equipment including computers and telephone  
– Visiting the bathroom  
– Transporting a patient  
– Preparing /serving food  
– Removing waste or debris

*This Standard Precaution is always warranted for every patient, whether or not on contact isolation.*
Soap and Water vs. Alcohol-based Hand Sanitizer

<table>
<thead>
<tr>
<th>Use soap and water to wash:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• When hands are visibly soiled</td>
</tr>
<tr>
<td>• After handling</td>
</tr>
<tr>
<td>– Infectious materials (such as blood or body fluids)</td>
</tr>
<tr>
<td>– Patients with diarrhea</td>
</tr>
<tr>
<td>• When preparing and handling food</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use an alcohol-based hand sanitizer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Before direct patient contact</td>
</tr>
<tr>
<td>• After contact with</td>
</tr>
<tr>
<td>– Patient’s skin</td>
</tr>
<tr>
<td>– Body fluids</td>
</tr>
<tr>
<td>– Wounds</td>
</tr>
<tr>
<td>– Broken skin</td>
</tr>
<tr>
<td>– Equipment or furniture near patient</td>
</tr>
<tr>
<td>• After removing gloves</td>
</tr>
</tbody>
</table>
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Lesson 2.4  Prevent Infection

Topic 2.4.1  Sanitization

Subtopic 2.4.1.2  Appropriate Kill/Dwell Times for Cleaning Wipes
Kill/Dwell Times for Cleaning Wipes

**Kill/Dwell time** is the amount of time a surface must remain wet for a product to effectively kill all microorganisms present.

<table>
<thead>
<tr>
<th>Use</th>
<th>First Wipe</th>
<th>Additional Wipes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used on surfaces and objects to thoroughly clean off</td>
<td>Used on surfaces and objects to thoroughly clean off</td>
<td>Used on surfaces and objects to thoroughly clean off</td>
</tr>
<tr>
<td>• Heavy soil</td>
<td>• Heavy soil</td>
<td>• Heavy soil</td>
</tr>
<tr>
<td>• Blood</td>
<td>• Blood</td>
<td>• Blood</td>
</tr>
<tr>
<td>• Bodily fluid from surfaces or objects, if present.</td>
<td>• Bodily fluid from surfaces or objects, if present.</td>
<td>• Bodily fluid from surfaces or objects, if present.</td>
</tr>
<tr>
<td><strong>Use</strong></td>
<td>Used to disinfect</td>
<td>Used to disinfect</td>
</tr>
<tr>
<td>• Make sure to use appropriate kill time and friction.</td>
<td>• Make sure to use appropriate kill time and friction.</td>
<td>• Make sure to use appropriate kill time and friction.</td>
</tr>
<tr>
<td>Color of wipes</td>
<td>Guidelines</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Purple</td>
<td>• 2 minute wet time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Allow to air dry</td>
<td></td>
</tr>
<tr>
<td>Orange</td>
<td>• 4 minute wet time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Allow to air dry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bleach wipes for C. diff*</td>
<td></td>
</tr>
</tbody>
</table>

*C. Diff is an extremely dangerous and infectious bacteria.*
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Lesson 2.4 Prevent Infection

Topic 2.4.2

Proper Personal Protective Equipment (PPE)
Gloves

Hand Washing and Gloves

– Gloves only reduce contamination and bacterial transmission by 70-80%
– If you wear gloves, you still must wash your hands after removing the gloves.
Use gloves when touching:
- Blood
- Body fluids
- Secretions
- Excretions
- Contaminated items
- Mucous membranes
- Non-intact skin

*This is a Standard Precaution and is always warranted for every patient, whether or not on contact isolation.
Mask/eye protection is required when procedures and/or activities are likely to produce splashes or sprays of blood and/or bodily fluids.

- Protects:
  - Eyes
  - Nose
  - Mouth

*This is a Standard Precautions and is always warranted for every patient, whether or not on contact isolation.
Gowns are required when procedures and/or activities are likely to produce splashes.

- Protects
  - Skin
  - Clothing

*This is a Standard Precautions and is always warranted for every patient, whether or not on contact isolation.*
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Lesson 2.4 Prevent Infection

Topic 2.4.3 Isolation
• Follow isolation policy to prevent transmission of micro-organisms between patients
• Isolation signs are used to tell what type of personal protective equipment is required and what precautions need to be taken when entering a patient’s room. Below are some examples.

For additional information:
On Hospital Portal
→ Infection Control Policies
# Isolation Sign Color

<table>
<thead>
<tr>
<th>Sign Color</th>
<th>Isolation Type</th>
<th>Required Personal Protective Equipment</th>
</tr>
</thead>
</table>
| **Red***     | Contact Isolation       | • Gown  
• Gloves                                                                                   |
| **Orange***  | Contact Isolation       | Used for C. diff **only  
• Gowns  
• Gloves  
• Strict hand washing with soap and water only, Purell gel is not effective against C. diff spores  
• Bleach cleaning only with Orange top wipes |
| Blue         | Airborne                | • Gown  
• Gloves  
• N95 mask                                                                                     |
| Green        | Neutropenic             | • Gown  
• Gloves  
• Surgical mask                                                                                 |
| Lime Green   | Contact/Droplet         | • Gown  
• Gloves  
• Surgical mask                                                                                 |

*Red and Orange signs are often interchanged because both are contact isolation, but it is important to not interchange them to prevent cross contamination due to incorrect hand hygiene and cleaning after patient contact. Think Cdiff...Orange wipes, orange sign.

**C. Diff is an extremely dangerous and infectious bacteria.
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Lesson 2.4 Prevent Infection

Topic 2.4.4 Flu Vaccine
Flu (Influenza) is
- Very contagious
- A respiratory disease
- Can cause serious complications, hospitalization, or death

How is it spread?
- By droplets from coughing and sneezing
- By touching contaminated surfaces

Do **NOT** come to work if you are exhibiting flu like symptoms
Getting Your Flu Vaccine

• You are **required** to:
  – Get a Flu Vaccine annually ➔ You will get an identifier for your ID badge
    OR
  – Sign a Waiver to not get the Flu Vaccine ➔ You **must** wear a mask in **all** patient care areas

• How to get your vaccine:
  – Get your flu shot annually as soon as it is available (usually August or September).
  – Occupational Health will give you a free flu shot at this time.
  – Watch out for notifications on Martin Link and in your e-mail.
• Getting your flu shot is extremely important because:
  – It reduces risk of illness
  – Prevents you from spreading the virus to loved ones, co-workers, and *patients*
• For more information on preventing infection, call Infection Control (ext. 13273, 17015, or 12966), refer Hospital Portal, or see policies on MartinLink.
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Lesson 2.5

Identify Patient Safety Risks
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Lesson 2.5 Identify Patient Safety Risks

Topic 2.5.1 Suicide
Examples of suicide risk factors include:
- Previously attempted suicide
- Suicidal thoughts or behaviors
- Family history of suicide or psychiatric illness
- Currently taking antidepressants
- Physical health problems, delirium or dementia, chronic or acute pain with poor prognosis
- Social stressors (ex: divorce, financial, employment or relationship)
Suicide warning signs include:

- Irritability, Anxiety, Agitation, Impulsivity
- Decreased emotional reactivity
- Unrelenting pain
- Crying spells
- Declining medications
- Request of early discharge
- Hopelessness or helplessness
- Decreased interest in treatment or prognosis
- Feelings of worthlessness
- Refusal to eat
Suicide Precautions

• Ensure the suicidal patients have appropriate safety precautions in place
  – Sitter
  – Personal items removed
  – Ligature assessment performed and risks mitigated
Is Someone a Suicide Risk?

• Pay attention to patients, associates, and visitors. If you feel someone is a suicide risk, then stay with them and call Command Center (ext. 15741).
  – Notify the nurse if applicable
  – RNs need to complete the Suicide Risk Assessment on Epic and follow the Suicide Policy on Hospital Portal.

Contact Information:
→ Command Center at ext. 15741
→ Suicide Risk Policy
Topic 2.5.2

Reduce Patient Falls
Falls can lead to more injuries or be fatal; however, patient falls can be preventable. We want to heal people who come into our facilities, not cause them more injuries.

- RNs need to fill out the Fall Risk Assessment using the Hendrich Fall Assessment tool which identifies those at risk every shift and after any falls or changes in their condition.
- Interventions may include the use of sitters at the bedside or telesitters.

Move tripping hazards out of the way and be alert for signs that indicate that a patient is a fall risk.

For additional information:
On Hospital Portal
Clinical Policy: Fall Risk?????
To identify patients that are a fall risk, look for:

- Signs over patient bed
- Yellow:
  - “fall risk” patient armbands
  - light over room door
  - slipper socks

Listen for bed and chair alerts
- Respond as quickly as possible

Patients travel throughout the hospital. These identifiers are a great visual and auditory indication that these people are at risk.
- For example, if you see someone with yellow slipper socks going down the hallway by themselves, then you know that they are at an increased risk for falling. In such a situation you should call for assistance and stay with the patient until assistance arrives.
Lesson 2.6

Abuse and Neglect
As a caring healthcare organization we have opportunities utilizing all of our associates to pay attention to patients and support the reduction of the abuse and neglect of vulnerable people.

If you see something, say something, report any concerns you have to a Leader. You may see/ hear something in the hallway, bathroom, coffee shop, or waiting room. Clinicians are more likely to notice signs as they carry out clinical procedures. Clinicians have specific obligations under their professional license to report. Reporting can help protect a person from further abuse and find the help they need. So our actions count.

Additionally, pay attention to signs of abuse and neglect in other associates or individuals at the hospital. Report your concerns, it is the right thing to do.
## Types of Abuse and Vulnerable groups

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<th>Abuse can be:</th>
<th>Who might be abused?</th>
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</thead>
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<tr>
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<td>Children</td>
</tr>
<tr>
<td>Psychological or Emotional</td>
<td>Adults</td>
</tr>
<tr>
<td>Sexual</td>
<td>Disabled</td>
</tr>
<tr>
<td>Neglect</td>
<td>Patients</td>
</tr>
<tr>
<td>Financial</td>
<td>Co-workers</td>
</tr>
<tr>
<td></td>
<td>Friends</td>
</tr>
<tr>
<td></td>
<td>Family</td>
</tr>
<tr>
<td></td>
<td>...anyone</td>
</tr>
</tbody>
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## Types of Abuse and Vulnerable groups

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<tr>
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<td>• Disabled</td>
</tr>
<tr>
<td>• Neglect</td>
<td>• Patients</td>
</tr>
<tr>
<td>• Financial</td>
<td>• Co-workers</td>
</tr>
</tbody>
</table>

• ...anyone
### Signs of Abuse

- Poor eye contact
- Wary of physical contact
- Unusually quiet, withdrawn or tearful
- Hesitant to discuss nature or circumstances of injury
- Unusual nervousness, anxiety, self-blaming, or feelings of being undeserving
- Patient’s spouse/caregiver being reluctant to allow the patient to be interviewed alone
- Fear of a particular person
- Seems withdrawn or depressed
- Sudden weight change
- Shy away from physical contact
- Ran away from home
- Unexplained bruises
- Unusual burn
- Head injuries in very young infants/children
- Head or facial injuries, black eye, bruised cheek bones, suspicious marks on throat
- Abdominal injuries
- Suspicious fractures
Examples of neglect include:

– Not providing adequate
  ▪ Nutrition
  ▪ Hygiene
  ▪ Clothing
  ▪ Shelter
  ▪ Access to necessary health care

– Failing to prevent exposure to unsafe activities and environments.
Lippincott Procedures provide definitions, examples, and information on identifying abuse and neglect.

- The information is directed towards nurses, but the information provided on identifying abuse and neglect is relevant and useful for anyone to know.
If you suspect immediate danger:
Call Command Center ext. 15741 (or 911 if you are not at one of the main hospitals)

Non-Clinical Associates

– If you see a person (patient, associate, visitor, etc.) who shows signs of abuse or neglect, then communicate your concerns either to your leader or the person in charge of the area.

Clinical Associates

– If you admit, examine, or treat people then you must report any actual or suspected case of abuse of a child, elderly person, or disabled person. You must report to the Department of Children and Families Abuse Registry (1-800-962-2873) or online at https://reportabuse.dcf.state.fl.us/. Reports can be made 24 hours a day, 7 days a week.

– The FIRST Clinical Associate to encounter the alleged abuse or neglect has the obligation to report the abuse

– Note: All records concerning reports of abuse are confidential. You are required to include your name in the report. The name of the reporter is kept confidential by the Department, unless you consent to the release in writing. Florida law allows the phone conversation to be recorded.

– FAILURE TO COMPLY WITH REPORTING REQUIREMENTS MAY RESULT IN STATUTORY PENALTIES BEING IMPOSED.

For additional information:
Hospital Portal
→ Abuse and Neglect of Children
→ Abuse, Neglect, and Exploitation of Vulnerable Adults
→ Domestic Violence
Lesson 2.7

Improve Patient and Family Communication
To provide the best service to our patients and their families it is important that **every person** understands the procedure and medical care plan which has been agreed for them **every time**. Understanding is often a challenge when their first language is not English.

To be our best we want to communicate to the patient and family in the language they prefer.

Our policy and procedure is to use a Language Line at (800-643-2255, client ID #203019). We use this line always to ensure a reliable interpretation from healthcare professionals.

We DO NOT use staff to interpret for patients as this is at risk of being unreliable.

The line can be called 24/7. Please ensure it is used for **every person, every time** that it is needed. It will avoid the risk of inaccurate translation and confusion for the patient and their families.
Lesson 2.8

Stroke
Help save lives and improve recovery

Strokes

– Are the 5th leading cause of death in the U.S.
– Happen to someone in the U.S. once every 40 seconds
– Are the leading **preventable cause** of disability
Stroke symptoms include *sudden* changes such as:

- *Sudden* numbness or weakness (especially on one side of the body) of
  - Face
  - Arm
  - Leg

- *Sudden* trouble
  - Walking
  - Speaking
  - Understanding
  - Seeing in one or both eyes

- *Sudden* loss of
  - Balance
  - Coordination

- *Sudden* dizziness
- *Sudden* confusion
- *Sudden* severe headache with no known cause
## Stroke Signs

<table>
<thead>
<tr>
<th>FAST</th>
<th>Description</th>
<th>Instructions</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>F</strong></td>
<td>Face Drooping</td>
<td>Ask the person to: smile</td>
<td>Does one side of the face droop? (If YES → then ACT)</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Arm Weakness</td>
<td>Ask the person to: raise both arms</td>
<td>Does one arm drift downward?</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td>Speech Difficulty</td>
<td>Ask the person to: repeat a simple phrase</td>
<td>Is their speech strange?</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Time to Call for Help</td>
<td>If YES to any of these signs → then IMMEDIATELY call CODE GRAY (ext. 15741) or call 911</td>
<td></td>
</tr>
</tbody>
</table>
If you see someone with *any* of these signs/symptoms then make a call immediately. Every second counts

- Call a **Code Gray** at ext. 15741 (if you are at 1 of the 3 main hospitals)
- Call **911** (if you are NOT at 1 of the 3 main hospitals)

**Every second counts!**
Lesson 2.9

Downtime
An IT Downtime is a period of time when any software systems are not working as expected to perform key functions to maintain hospital operations.

- Other terms include **Epic Downtime** and **BCA (Business Continuity Access) Downtime**

Please be prepared by understanding your departments’ procedures and where to locate them.
Planned **IT Downtimes** will be announced to all associates via email
- 2 weeks prior
- The day of

An overhead announcement will be made immediately before a downtime and the **IT Downtime** procedures will go into effect.

You should consult your department/unit leads for specific department standard work procedures.
• Communication to our patients, their families, our provider partners and each other is important during a down time. If questions arise, consult your department leader.

• As updates become available throughout the downtime, they will be communicated. The Internet may be down during a downtime.
IT and Epic Downtime: After

• Once the downtime is complete, the Command Center will make an overhead announcement that the downtime is clear.

• When the downtime has established a clear status, consult your department leader to determine if there is any work to be completed for recovery.
If you chart in the patient’s medical record...

- Forms are provided in the black boxes on each unit
- You must chart all the information that you would normally chart in EPIC on paper
- When documenting on paper REMEMBER:
  - Always sign your name at the bottom of the page
  - Always place a patient sticker on every page
  - Always date and time all entries
  - Always keep an up to date paper MAR (medication administration record) of medication administrations
  - Keep all papers in that patient’s shell/shadow chart
  - All writing needs to be legible

STAY ORGANIZED AND METHODICAL
• For more information, see Martin Link for Epic Downtime Tools or speak to your Leader.
You have now reached the end of this module!

• You can now review any content in this module by using the back button or the Table of Contents on the left side of the screen.
• This module will be marked as ‘Completed Unsuccessfully’ until you have viewed each slide. You will not be able to proceed to the quiz until it is marked ‘Completed Successfully’.

Once you finish reviewing this module, you can return to iLearn to take the Module 2 Quiz.

• Click the ‘X’ at the top right corner of the screen to exit the module and confirm that you have reviewed all content and reference material. Then click ‘Exit and Finish’.
• The next activity that you will complete in iLearn will be the Module 2 Quiz. You can then start the quiz by clicking ‘launch’ in the list of activities.