STUDENT ORIENTATION

Welcome to Christus Good Shepherd Health System
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Students, faculty and all others working with us at CHRISTUS Good Shepherd are expected to follow the organization’s policies and procedures. Please ask for any assistance you may need in this regard.

Also, please don’t hesitate to ask the Director of the Department you are working in, a Charge Nurse, Nursing Supervisor or any Associate if you have questions.
STUDENT / INSTRUCTOR REQUIREMENTS

- Each school must have a current affiliation agreement with Christus Health
- Before coming to CHRISTUS GSMC, the school must send proof of Signed orientation certificate, Signed Confidentiality form, CPR, immunizations, drug screen, and background check.
- Wear a photo identification name tag identifying his/her status with the Institution.
- Good Handwashing practice.
- Provide a list of the full names of all the Students that shall be participating in a clinical training experience and through this experience providing services.
- And all other requirements as outlined in the affiliation.
EXPECTATIONS OF STUDENTS

- Follow the policies and procedures of CHRISTUS GSMC—ask if you don’t know
- When reporting to the Department you are assigned—ask for a report and department specific orientation for anything you need
- If an observer, such as a high school student, do not get involved in any patient care, strictly observe. If asked to assist with patient or use a piece of equipment, remind the staff that you are there to observe only.
- Dress Code—neat, clean, no tattoos or body piercing showing (you may wear one earing in each ear). **Wear school uniform with school ID badge at all times when you are on the campus in your student role.** Do not wear artificial fingernails or extenders and keep natural nail tips less than ¼ inch long when working in student roles that have direct contact with patients.
- Personal belongings should not be brought into the hospital when observing.
IN THE EVENT OF ILLNESS, INJURY, OR EXPOSURE

- If a student is injured or becomes ill the appropriate CHRISTUS Director/Manager and the student faculty representative must be notified at once.

- The student and faculty representative will follow the policies and procedures of the school for medical treatment and follow-up.

- If the decision is made to receive treatment at CHRISTUS GSMC, the student will be taken immediately to the Emergency Department.

- If the facilities are utilized for treatment, the student or school will be billed according to the contract provisions.

- The student and school (as appropriate) will be responsible for any follow-up treatment.

- If a student is injured or becomes ill, the Director/Manager in the area where the student is assigned will complete the necessary forms.
STUDENT PARKING IN MARSHALL

- The Visitor’s lot may not be used by students. These are the closest parking lots to the front entrance.
- Students are to park across South Washington in the employee parking lot.
STUDENT PARKING IN LONGVIEW

- 5th Floor or the parking garage
- Across from the main hospital, 700 East Marshall Avenue
- May access the crosswalk to go into the main hospital
- From Hwy 80, turn on 4th or 6th Street, parking garage is between the two streets
THE CHRISTUS MISSION
WHY WE EXIST: TO EXTEND THE HEALING
MINISTRY OF JESUS CHRIST

Our Core Values: *What We Believe In*

**Dignity:** Respect for the worth of every person with special concern for the poor and underserved

**Integrity:** Honesty, justice and consistency in all relationships

**Excellence:** High standards of service and performance

**Compassion:** Service in a spirit of empathy, love and concern

**Stewardship:** Wise and just use of talent and resources in a collaborative manner

**CHRISTUS’ Vision**
CHRISTUS Health, a Catholic health ministry, will be a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love.
GREET EVERYONE WITH A HELLO & SMILE

- Never pass a appears to need directions, without stopping to assist
- Escort visitors to their destination rather than pointing them in that direction
- Allow others to exit an elevator before entering

When Answering Incoming Calls
- Answer all calls by identifying the department and your name, followed by “How may I help you?”
- Ask the caller for permission before placing them on hold
- Take accurate and complete messages should that be required

When Entering or Leaving a Patient’s Room
- Always knock before entering a patient’s room, and wait for a response to enter
- Greet the patient by name
- Offer an appropriate greeting and remind the patient of your name and your purpose (remember AIDET!)
- Always offer the patient a closing statement such as, “What more can I do for you? I have the time.”
FOR ALL INTERACTIONS WITH THOSE WE ARE PRIVILEGED TO SERVE

- Anticipate patients’, families’, and visitors’ needs
- Always say, “It is my pleasure,” not “ok” or “no problem”
- Never say “I’m too busy” or “We’re short-staffed.”
- Never walk past a call light without stopping to help
- Thank patients and families for choosing our hospital at every opportunity

As Healthcare Workers we are expected to...

- Be respectful of others and our facility.
- Keep noise at an appropriate level.
- Have a professional appearance and follow our dress code.
- Limit eating and personal conversations in front of patients or visitors/families.
- Listen attentively to patients and family members
- Treat each other in a professional and tolerant manner.
- Demonstrate good working relationships with other departments.
- Have a pleasant greeting for fellow Associates.
- WE ARE EXPECTED TO HOLD EACH OTHER ACCOUNTABLE
WORKING ENVIRONMENT

Please address any concerns or problems with your Instructor or on your Evaluation.

Harassment

- Our facilities prohibit sexual harassment as well as behaviors which are intimidating, hostile or threatening.
- Unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct is prohibited.
- All persons are responsible for conducting themselves in a businesslike manner which demonstrates respect to others.
- Complaints of harassment should be reported immediately to the supervisor, manager, or Human Resources Department.

**AIDET – Every Patient, Every Time**

- When communicating with patients we recommend the AIDET technique:
  - **Acknowledge** – show empathy, establish trust
  - **Introduce** – yourself, your colleagues and your role
  - **Duration** – be specific, ex. “How long will procedure take?”
  - **Explanation** – don’t assume, give thorough information
  - Thank You – thank the patient

We are committed to an environment where each person is honored and respected.

- Every effort is made to include all people without regard to ethnicity, culture, gender, religion, age, disability, sexual orientation, appearance, marital status, socioeconomic status, or any other of the myriad of characteristics that make people unique.

Successfully appreciating others begins with understanding your own culture:

- What is important, polite or rude regarding such things as communication (language, eye contact, no eye contact, touching, physical space, timeliness)?
- Belief about illness, it’s cause, when and how it should be treated?

To be culturally be aware that others may have different beliefs and values:

- How the patient prefers to be addressed
- Beliefs about illness and how it is treated
- Preferred language
- Spiritual/religious orientation
- Food preferences
- The role the family plays in their decision making and care
- Symptom management (for pain, fatigue, constipation/diarrhea, nausea, etc.)
- Activities of daily living (issues regarding modesty, hair/skin/nail care, toileting, self-care, etc.)
- Communication (language, preferred languages, literacy, non-verbal)
- The individual is the focal point; the culture is a reference point that may help to enhance understanding the individual’s point of view. Even siblings, growing up in the same environment may have different beliefs.
AGE SPECIFIC/TEAM WORK

- The age specific needs of patients from birth to late adulthood (elderly) are unique
  - Minimizing fear and promoting understanding
  - Take into consideration age and development when caring for them to include learning needs, environmental hazards or other unsafe situations.
- It takes all of us in the healthcare environment working together, communicating conscientiously to make this a safe patient care environment and a safe working environment.

**Characteristics of a Team**

- Everyone works for the betterment of everyone
- Everyone wants to work for the benefit of the team
- All members are equal
- Communication is shared regularly
- There is a “We” attitude

- Remember, as a student, you are an important part of the team and your observations and communication is critical to the success of the team and the excellent of care of our patients and families!
Identify patients correctly
   Use at least two ways to identify patients: use the patient’s name and date of birth.
   Each patient should get correct meds, treatment, and blood.

Improve staff communication
   Get important test results to the right staff person on time.

Use medicines safely
   Before a procedure, label medicines that are not labeled: medicine syringes, cups, basins.
   Do this in the area where medicines and supplies are set up.
   Take extra care with patients who take medicines to thin their blood.
   Record and pass along correct information about a patient’s medicines.
   Medication reconciliation.

Use alarms safely
   Ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection
   Use the hand cleaning guidelines from CDC or WHO.
   Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
   Use proven guidelines to prevent infections that are difficult to treat.
   Use proven guidelines to prevent infection of the blood from central lines.
   Use proven guidelines to prevent infection after surgery.
   Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks: which patients are most likely to try to commit suicide.

Prevent mistakes in surgery
   Make sure that the correct surgery on correct patient and at the correct place on the body.
   Mark the correct place on the patient’s body where the surgery is to be done.
   Pause before the surgery to make sure that a mistake is not being made.
INFECTION CONTROL IS EVERYONE’S RESPONSIBILITY

HAND WASHING WITH SOAP AND WATER or the use of waterless hand antiseptics are the most effective means of controlling the spread of infection.

- Use soap & water, if hands or visibly soiled or if exposure to *Clostridium difficile*
- Wet hands with water
- Apply soap, rub vigorously at least 15 seconds: all surfaces of the hands and fingers
- Rinse with water and dry thoroughly with a disposable towel
- Turn off faucet with a disposable towel

ALCOHOL BASED HAND RUB

- May be found at entrances to the hospital, at elevators and between each patient room.
- Use a dime-sized squirt of gel or a golf ball-sized ball of foam
- Rub hands, covering all surfaces, until they are dry (at least 15 seconds)
- Avoid operating equipment until your hands are dry—alcohol is flammable!

DECONTAMINATE HANDS:

- Before and after direct contact with patients
- After contact with body fluids or excretions, mucous membranes, non-intact skin
- Moving from a contaminated to clean body site during patient care
- After contact with inanimate objects, i.e. medical equipment
- Before and after donning sterile gloves
- Before and after procedures
- Before eating
- After using the restroom

_Students with open wounds and/or weeping dermatitis should refrain from all direct patient care activities because infection can occur through non intact skin. Consult with your instructor for guidance._
All blood and body fluid is treated as possibly infectious. It is your responsibility to wear appropriate Personal Protective Equipment (PPE).

- Gloves when in contact with blood, body fluids, secretions/excretions (except sweat) or non-intact skin.
- Wear goggles, mask, face shield if splashes to the face are possible
- Wear a gown if possible contact to your body or clothing.
- Use mouth to mask device or bag mask device for resuscitation to avoid mouth contact
- Be careful with sharps. ALWAYS DISPOSE OF NEEDLES IN SHARPS CONTAINER.

If you have a needle stick, sharps accident or unprotected exposure to blood or body fluids notify the charge nurse or Unit Director and your instructor IMMEDIATELY!

Transmission Based Precautions
Transmission based precautions are designed for patients with known or suspected for transmissible disease. For a patient that is in transmission based isolations, the door of the patient’s room will have a sign posted to alert you to the precautions that must be taken. Follow those directions without fail.

Please note: NON NURSING Students are NOT allowed to enter a room with Airborne Infection Precautions. This is because to be protected from the airborne organism the healthcare worker must wear an N95 and our facilities are not able to fit test students to ensure that they would be protected using the brand of N95s used in the facility.

Transmission Based Isolation Precautions include: Contact, Enhanced Contact Precautions, Droplet Precautions, Airborne Infection Precautions. You will also see Protective Precaution signs. This sign and precautions are used to protect patients who are highly susceptible to infections due to certain diseases or therapeutic regimens which decrease their ability to fight off infection, such as cancer, burns, severe dermatitis, total body irradiation, high level steroid therapy.
WASTE DISPOSAL & CONTAMINATED ITEMS

**Red bag in a Biohazard labeled trash container**
- Isolation waste
- Waste saturated, caked or able to drip infectious body fluids.
- Cultures and stocks of infectious agents
- Unfixed tissue from surgery, pathology, autopsy

**Trash can with Biohazard Label and regular Trash bag**
- Waste with small amount of blood or body fluids
- Foleys
- Suction supplies
- Drainage tubes

**Contaminated Reusable Items:** place in biohazard labeled container marked reusable

**Sharps are placed in the red Sharps container.**

If Student’s clothing is soiled with blood or body fluids or other potentially infectious material (OPIM) notify the Unit Director or Charge Nurse immediately. Use gloves, remove contaminated clothing and wash exposed skin areas thoroughly. If non-intact skin or mucous membrane exposure was noted, complete an incident report, notify your instructor immediately.
FIRE SAFETY

- IN CASE OF FIRE OR FIRE DRILL CALL 215555-Marshall, 11-3000 - LONGVIEW
- GIVE OPERATOR YOUR NAME, LOCATION OF FIRE
- CLOSE ALL DOORS
- REMOVE PATIENTS AND OTHERS FROM THE AREA
- FIRE EXTINGUISHERS ARE LOCATED THROUGHOUT THE HOSPITAL
- P-PULL
- A-AIM
- S-SQUEEZE
- S-SWEEP

R-RESCUE
A-ALARM
C-CONTAIN
E-EXTINGUISH
SAFETY CODES

- CODE RED: FIRE
- CODE GREEN: TERMINATES ALL CODES
- CODE BLUE: RESPIRATORY ARREST ADULT
- CODE PINK: RESPIRATORY ARREST 8 YEARS AND YOUNGER
- CODE SILVER: SHOOTER
- CODE GRAY: WEATHER

ALWAYS CALL 215555 TO REACH MARSHALL OPERATOR

ALWAYS CALL 113376 TO REACH LONGVIEW SECURITY
BACK SAFETY

Back Safety
- When lifting and/or transferring patients ask for help and use additional staff or mechanical assistance when needed

Lifting
- Maintain the natural curves of the back
- Keep load close to your body
- Avid twisting as you lift or turn (turn entire body, keeping feet and hips pointing in the same direction)

Bending
- Maintain the natural curves of your back
- When leaning forward, move your whole body not just your arms
- Bend at the knees and hips rather than your back

Reaching
- Arrange work area to minimize reaching
- Reach only as far as comfortable

Pushing & Pulling
- Tighten stomach muscles when pushing
- Avoid leaning forward
- Stay close to the load
- Use both arms
- Push rather than pull whenever possible
- Sit close to your work rather than leaning
- Use a chair with good lumbar support
- Change positions often to avoid fatigue.
TRANSLATION

- Providing information to patients about their disease, treatment options and how to best care for themselves is important to the success of their care.
- Ensure the patient understands their condition, treatment choices and the potential outcome of their choices.
- To prevent errors and miscommunication in the provision of care, our facilities have language translation supports including MARTTI that can be taken to the units as needed.

- It is important to remember that it is imperative that a patient's preferred language to receive medical information be identified and documented on admission and that all important medical information (about diagnosis, treatment, informed consent, discharge instructions, care planning) have approved language translation by language translation services.
- Ensure translation skills to convey the information so that the patient understands it correctly.
- The only exception is if the patient declines a formal interpreter and appoints another of their choice (this should be documented in the patient's record).

- DOCUMENTATION of INTERPRETATION: should be documented in the patient record, date, time, what was interpreted, and interpreter identification.
ALL MEDICAL RECORDS, COMPUTERIZED OR PAPER

ALL RECORDS ARE KEPT CONFIDENTIAL

• are accessed on a “need to know” basis as it directly relates to patient care delivery
  • Keep computer screens and open charts from view of public traffic.
  • Log off when leaving the computer.
  • Do not share your computer password with anyone.
  • Do not use someone else’s user ID and password to gain access to secured sites.
  • Do not share patient information learned over social media.
PATIENT RIGHTS & RESPONSIBILITIES

And are given a copy of the Patient Rights & Responsibilities

**Patients have the right to:**
- Respect, compassion, dignity
- Access to reasonable, impartial response to request for treatment or services are available or medically indicated
- Effective communication
- Know the identity and professional status of the persons delivering care
- Be involved in decisions about treatment and care
- Have family member and their own physician notified promptly of admission to the hospital

**Patients have the responsibility to:**
- Provide adequate, complete information about present & past illnesses, hospitalizations, & meds
- Inform caregivers of perceived risks & unexpected changes in their conditions
- Follow the care, treatment, and service plan developed & ask questions when the care is not understood
- Understand unfavorable outcomes may happen when they do not follow the care, treatment and service plan
- Follow the facility’s rules and regulations affecting the patient and family
- Be considerate of the staff of the facility and their property as well as other patients and their property
- Fulfill financial obligations promptly
PATIENT REPRESENTATIVES

- Can assist patients and their families with concerns or problems that are not easily resolved by the staff through our Patient Grievance/Complaint Policy.

- CHRISTUS GSMC Health Care recognizes the rights of patients with pain.
  
  All patients:
  
  - Have the right to have their reports of pain accepted and acted on by health care professionals
  - Have the right to have their pain controlled, no matter what the cause or how severe it may be
  - Have the right to be treated with respect at all times. When medication is needed for pain, patients should not be treated as abusers.
Child Abuse

- A “child” or “minor”, according to the TEXAS FAMILY CODE section 101.003, is defined as a person under 18 years of age who is not and has not been married.

**EXAMPLES OF CHILD ABUSE / NEGLECT:**
- Child abuse and neglect include the following acts or omissions by a person responsible for a child’s care, custody, or welfare.
- Allows physical injury to be inflicted upon a child that is not accidental
- Commits or allows to be committed an act of sexual abuse.
- Fails to provide food, shelter, clothing, education, and/or medical care though financially able to do so.
- Imposes excessive disciplinary actions.

**REPORTING CHILD ABUSE**
- The initial licensed Associate member who suspects child abuse or neglect is legally required to contact the Texas Department of Family and Protective Services (DFPS).
- A licensed professional may not delegate to or rely on another person to make the report. The term “professional” includes but is not limited to nurses, doctors, social workers, respiratory therapists, psychologists, dietitians, child life specialists and physical/speech/occupational therapists.
ELDER/VULNERABLE ADULT ABUSE/NEGLECT

- Under Texas state law, an elder is a person who is “age 65 or older.
- According to Texas state law, a “disabled person (vulnerable adult)” has a mental, physical, or developmental disability that substantially impairs the person’s ability to provide adequately for their own care or protection and is:
  a) 18 years of age older; or b) Under 18 years of age and is emancipated

ABUSE: Physical/Psychological Abuse; Sexual Abuse; Exploitation; Neglect

FAMILY/DOMESTIC VIOLENCE IS A CRIME. Texas law defines an act by a member of a family against another member intending physical harm, bodily injury, assault, or sexual assault, or is a threat that places a member in fear of harm.

- can be physical, sexual, emotional, economic or psychological actions or threats
- includes any behaviors to frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound someone.
- Domestic violence that is physical should be reported to the local police department.
- Acts of violence may involve known or unknown suspects.
- If a gun is involved the incident must be reported to the police.
- If a child is involved, the staff will report to the law enforcement agency (where the crime was committed) and Texas Department of Family and Protective Services (DFPS).
- A patient suspected of being a victim of domestic violence is referred to Social Services.
- A list of community agencies that provide help to victims is available through Social Services.
- No person shall incur any civil or criminal liability as a result of making a report in good faith.
COLOR CODED WRIST BANDS

- Color Coded Wrist Bands – for patient safety to ensure that all healthcare workers are alerted patients at our hospitals wear color coded wrist bands.

- All patient ID bands are white and if the patient has an allergy, is high risk for falls, has asked and their doctor agreed, not to be resuscitated in the event they code, in other words have a DNR order, or if they have an extremity that should be restricted from procedures, B/Ps, etc., the patient will have a color coded wristband

- Nurses apply the bands and will educate patients and families about this aspect of patient safety

- Color wristbands go on the SAME ARM as the ID band (exception restricted extremity)

- Document the application of the appropriate band
PATIENT RIGHTS & PROTECTIONS
HIPAA-PATIENT PRIVACY

- All healthcare providers are obligated to take reasonable safeguards to protect patient privacy. HIPAA (Health Insurance Portability and Accountability Act) regulations govern providers’ use and disclosure of health information, and grant patient’s rights of access and control. They also establish civil and criminal penalties for violations of patient privacy. Fines range from $100 to $50,000 for each episode. When privacy violations occur, disciplinary action will be taken.

- Healthcare providers’ ethical and legal obligation to protect patient health information includes all formats: written, electronic and oral communication.

- Patient information is shared with other healthcare workers on a “need to know” basis.

- Protected health information (PHI) may not be discussed in front of a patient’s family, friends and/or visitors without the patient’s permission. You should ask individuals to momentarily leave a patient’s room while you discuss the patient’s health information/condition with the patient.

- Information is never released without written consent, except as per the law.

- Confidential information is never discussed in areas where others can overhear you (hallways, elevators, informal social settings, etc.).
Resuscitation Services

Code Rapid / BLUE
Code Stroke
Code Pink
Code Blue
WHAT IS RAPID RESPONSE?

- A group of trained healthcare providers who will respond when alerted to a patient, employee, or visitors in distress
  - Cardiopulmonary (Respiratory Therapist)
  - House Supervisor
  - IMC or ER Nurse (designated each shift)
- The Rapid Response Team will respond to any department, unit or clinical area within the confines of the hospital’s physical location.
- The goal of this team is to minimize the number of respiratory and cardiac arrests experienced by hospitalized patients, outpatients and visitors and to mobilize multidisciplinary medical team to quickly intervene for the benefit of patients, visitors, and employees experiencing any acute decompensation.
WHEN TO CALL THE RAPID RESPONSE

- Staff member, family member or visitor sense a change in the patient’s condition
- Acute change in vital signs or breathing despite oxygen
- Acute change in level of consciousness, mental status, or neurological function
- New, repeated, or prolonged seizure activity
- Chest pain unrelieved by nitroglycerin
- Threatened airway

Patient, family, visitor, or staff can call 215555 (MARSHALL), 11-3000 (Longview) for a Code Rapid / BLUE.
WHAT CAN I EXPECT FROM MY RAPID RESPONSE TEAM?

- Attending physician will remain in charge of the patient’s care unless delegated to another physician.
- Employees and visitors will be taken to the emergency department for evaluation.
- The RRT will perform a patient assessment and implement protocols where appropriate.
- The purpose of these protocols is to define actions that may be taken by the RN and Respiratory Therapist when a patient exhibits symptoms defined as pre-arrest symptoms while the physician cannot immediately be contacted. In addition to these protocols, ACLS guidelines shall be followed.
If you suspect your patient is having a stroke:

- In Marshall, call 215555 and tell operator Code Stroke and location.
- In Longview, call 113000
- Follow same procedure as Code Rapid.
- Code Rapid can become code stroke.
- Check bedside glucose,
- Get stroke packet and
- Prepare to answer stroke team questions
“Code Blue” is the term used to describe cardiopulmonary emergency or arrest in an adult.

“Code Pink” is the term used to describe cardiopulmonary emergency or arrest involving a child 8 years of age or younger.

“Code Blue” or “Code Pink” team members will immediately report to the location as available. The responders will assist in resuscitative efforts until more qualified team members arrive and assume duty in the code.

Differentiating assists the responders in preparing for the arrival to a child or infant coding:

- Adult vs. child equipment
- Pediatrician will be at Code Pink
- Adult vs. child medication and/or dose
- Moment to mentally prepare for a child coding
ROLES IN CODE BLUE AND PINK

First Responder:

- Any employee who discovers a person who is experiencing a cardiopulmonary emergency will activate the emergency response system and giving the operator the location, “Code Blue” or “Code Pink”, name and title of the caller.
- The first appropriately trained employee at the scene will initiate CPR.

Secondary Responder:

- Hospital staff nearest the “Code Blue” or “Code Pink” location will immediately, upon hearing the “Code Blue” announcement, respond bringing the crash cart to the location.
- The Pedi nurse or designee will bring the Broslow Pediatric Resuscitation pack to the “Code Pink” location if the code pink occurs in an area other than ER, and any pediatric code on Pediatrics will use the Broslow pack located in the Pediatrics unit.
- If two Codes simultaneous or nearly simultaneous occur on a unit other than the Emergency Center, the unit nearest the code location will respond with its crash cart to manage the second code.
WHO MAKES UP THE CODE TEAM?

The “Code Blue” team consists of:
1. ICU charge nurse or designee
2. Respiratory Therapist
3. House Supervisor
4. Pharmacist
5. Patient’s Nurse
6. Unit Charge Nurse or designee
7. Hospitalist or ER Doctor
8. Chaplain
9. Security
10. Security

In addition, a NRP or PALS certified nurse and a pediatrician will respond to a “Code Pink.” Once the “Code” team members arrive and begin participating in the code, unnecessary staff will be asked to return to regular duties, unless requested to continue to assist.
DIRECTING THE CODE

- The ICU nurse (or NRP or PALS nurse, as appropriate to the age of the patient, in a “Code Pink”) or qualified designee will direct the Code and make job assignments until a physician arrives, except in the Emergency Center. In the Emergency Center, the ER Charge Nurse (or NRP or PALS nurse in a “Code Pink”) will direct the code and make job assignments until the physician arrives.

- Resuscitative efforts will continue until an order is given by a physician to discontinue efforts.
CODE BLUE/ CODE PINK ON THE HOSPITAL GROUNDS OR ATRIUM

Initial response

- Any employee who finds or is notified of a cardiopulmonary arrest or emergency on the grounds or inside the hospital will immediately activate the emergency response system and giving the operator the exact location of the emergency and the name and title of the caller.

- CPR will be initiated by the first appropriately trained/certified person on the scene.

- The PBX operator will announce overhead “Code Blue” or “Code Pink” along with the location of the code three times at 10-second intervals on the public address system.

Secondary Response

- Code team members will respond to the location of the code immediately and assist with CPR until the patient can be transported to the Emergency Center.
CORE MEASURES

Joint Commission and CMS 2017 examples

AMI-8a - Primary PCI (Primary Percutaneous Coronary Intervention) Received Within 90 Minutes of Hospital Arrival

Median Time from ED Arrival to ED Departure for Admitted ED Patients

Admit Decision Time to ED Departure Time for Admitted Patients

Anticoagulation Therapy for Atrial Fibrillation/Flutter

Antithrombotic Therapy by the End of Hospital Day Two

Discharged on Statin Medication

Venous Thromboembolism Prophylaxis

Newborn Hearing Screening Prior to Hospital Discharge
WELCOME TO
CHRISTUS GOOD SHEPHERD
LONGVIEW & MARSHALL
Certificate on following slide

RENAE SMITH, RN, MSN
903-927-6301
renae.smith@gsmc.org

LEIGH ANN BRYCE, RN, MSN
903-315-5285
labryce@gsmc.org
CERTIFICATE OF COMPLETION

You have successfully completed online student orientation for CHRISTUS Good Shepherd Health System.

Please print and sign this slide
Return this slide to your instructor

Name: ______________________________  Date: _____________