



Department of Professional Practice, Research & Development  
Department of Human Resources

# 2023 Compulsory Hospital Inservice Program (CHIP) for Students

Founded by the Dominican Sisters of the Presentation in 1906, Saint Anne's Hospital in Fall River, Massachusetts, is a full-service, acute care Catholic hospital with 211 beds and satellite locations in Attleboro, Swansea, Dartmouth, New Bedford, and Stoughton, Massachusetts.

A member of Steward Health Care, Saint Anne's provides nationally recognized patient- and family-centered inpatient care and outpatient clinical services to patients from surrounding Massachusetts and Rhode Island communities. For two consecutive years, Saint Anne's has been named a Top Hospital in the U.S. by The Leapfrog Group for quality and safety. In addition, Saint Anne's has earned the Leapfrog Group's "Straight A's" grade for patient safety since the award's inception in 2012.

The hospital's key services include the Center for Orthopedic Excellence; surgical services, including multiple robotic-assisted surgical capabilities, two ambulatory surgery centers, spine surgery, and bariatric surgery; Saint Anne's Hospital Regional Cancer Center; the Center for Pain Management; the Spine Center; and inpatient geriatric psychiatry services.

As a student, you are responsible for completing CHIP **before** you begin your experience at Saint Anne's Hospital.

**A minimum score of 85% is required for successful completion of CHIP.**

## MISSION OF SAINT ANNE'S HOSPITAL

### Mission Statement:

Steward Health Care is committed to providing the highest quality care with compassion and respect.

### Identity Statement:

Faithful to the legacy of *Charity and Compassion* of Blessed Marie Poussepin, in 1906 the Dominican Sisters of the Presentation founded Saint Anne's Hospital, a *Catholic, Community* health care organization, providing accessible and quality health care to all within our *Culturally* diverse Greater Fall River community.

## HOSPITAL SAFETY

Safety Committee: The Safety Committee whose members consist of senior leadership and department directors, meets monthly to discuss issues related to areas such as, the Environment of Care (EOC), hospital safety issues that have occurred or exist and Emergency Management. The committee determines and oversees appropriate corrective actions. Environment of Care rounds are scheduled throughout the year in all patient care and non-patient care areas and at all the satellite locations.

If something needs to be fixed immediately, notify your supervisor or on-site instructor.

Safe Medical Device Act (SMDA): The Safe Medical Device Act (SMDA) requires all healthcare facilities to report to the Food and Drug Administration (FDA) and the appropriate manufacturer any medical device related deaths, serious injuries, or illnesses. Healthcare facilities must do this within ten working days of becoming aware of the event.

In the healthcare setting, we are surrounded by equipment. Many of these devices play an important role in the diagnosis, treatment, and rehabilitation of our patients. While most equipment performs without any significant problems, there are always devices that can produce risk of injury to either the patient or the staff/student operator.

We are all required to ensure that the risk of injury to the patient and employee is properly managed. The Steward Healthcare Medical Equipment Management Program (MEMP) contains policies and procedures related to medical equipment management.

- Each student has a responsibility to know proper operating principles for the equipment he/she uses. Students must be knowledgeable about the use of equipment prior to use on or with a patient. Most clinical equipment has an operator's manual, and that manual should be in a specific location within the department. If you have a question about any of your clinical equipment, please contact your supervisor or on-site instructor for clarification prior to use.
- Ensure that any power cord is in proper working condition. Power cords cannot have frayed or exposed wires. The power plug should be in good condition with no cracks or missing pins that plug into the electrical outlet. Power cords and plugs can cause a risk to staff, students and patients.
- Check the inspection sticker. All medical equipment has a biomed sticker attached with the next inspection due date. If the next due date has passed, the item should not be used and you should contact your supervisor or on-site instructor.

- In case of a malfunctioning or past due piece of equipment, immediately take the equipment out of service, attach a Red Tag - Danger Do Not Use to the item, and contact your supervisor or on-site instructor.
- In the event of any medical equipment injuries, illnesses or related deaths, notify your supervisor or on-site instructor who will notify the hospital risk manager and administrator-on call as needed. Complete an online incident report and/or a Product/Equipment Defect Report, noting lot number, serial number or model number. Whenever possible, retain all parts of the equipment or device for the risk manager who will coordinate reporting to the FDA.
- Upon receiving notification of an event that may be reportable under the SMDA, the hospital risk manager and hospital safety officer/ designee will interview staff as appropriate. When indicated, the vice president of medical affairs, appropriate senior leaders, and others will review results of the investigation.

## EVACUATION PLAN

Senior leadership, the patient care supervisor, administrator on call, the director of facilities or the director of security and safety organize and direct planned and emergency evacuations on site in the hospital.

All emergency evacuations take place behind fire doors. Do not use elevators or stairs unless instructed to do so. Evacuate horizontally first, then vertically, if authorized by the onsite incident commander. Do not touch medical gas shut offs during an event unless directed by the Director of Respiratory or designee who has made arrangements for portable gases. Refer to Fire Plan — Hospital that can be found under Policies & Procedures on MySteward.

Students in satellite locations refer to the addendum in policy LS 14 Fire Response Plan for site specific procedures.

## DISASTER PLAN

A disaster is a situation or “All-Hazard” event that disrupts the normal flow patient care services (e.g. vehicle crashes, severe weather events, mass casualty events, Chemical exposures).

The hospital’s plan is designed in accordance with the national Hospital Incident Command System (HICS). The federal Department of Homeland Security now requires that all public and private organizations have an emergency response plan that uses the Incident Command System as the response model. The number to call for ANY emergency situation in the hospital is ext. **5555**. The hospital has plans to prepare for an incident that may last up to 96 hours in duration. All plans can be found in the Emergency Management section of the SAH Policies & Procedures at MySteward.

Codes and levels for disasters are as follows:

Code Black	Close ED - Internal Emergency
Code Blue	Cardiac/Respiratory Arrest
Code D Internal/External	Emergency Operations Plan Standby or Activation
Code Gray	Security STAT / Violence Intervention
Code Green	Bomb Threat
Code H (Help)	ED Volume Decompression
Code Orange	Hazmat Spill
Code Pink	Infant/Child Missing / Abduction
Code Red	Fire Alarm
Hostage Situation	Hostage Situation
Rapid Response	Rapid Response Team
Code I	Infectious Disease Incident
Active Shooter	There is a person or persons actively engaged in killing or attempting to kill people in the hospital or on the hospital campus

Disaster & Response Plans can be found online at MySteward under the Saint Anne's Hospital Policies and Procedures, Emergency Management. Please review to identify your department's specific role in a disaster event.

## FIRE SAFETY

For all fire emergencies in the hospital pull the nearest pull station and call ext. **5555** to report the location of the fire emergency. If you smell smoke or see a fire, **RACE**.

<b>Rescue</b>	Rescue patients from immediate danger but DO NOT put yourself in danger – use common sense.
<b>Alarm</b>	Activate the fire alarm by pulling a pull station and call <b>5555</b> and say “Code Red” and location of the fire.
<b>Confine</b>	Confine the fire by closing doors to all rooms, hallways, and EXIT doors.
<b>Evacuate</b>	Evacuate anyone in immediate danger under the direction of the incident commander and when it is safe to do.

Think **PASS** when using a fire extinguisher. Do not use a fire extinguisher unless trained to do so.

<b>P</b>	Pull the pin
<b>A</b>	Aim extinguisher
<b>S</b>	Squeeze the trigger
<b>S</b>	Sweep back and forth

## ELECTRICAL SAFETY

- Don't overload the circuits.
- Use extension cords only with permission of the Facilities Department.
- Plug strips (Relocatable Power Taps – RPTs) must be hospital grade and approved by the Facilities or Bio-Medical departments.
- Check cords and connections for damage and do not use if cracked or broken.
- Take damaged or broken equipment out of service by attaching a Red Tag - Danger Do Not Use and remove from the service area. Tags are located in the nurses' station or by contacting Biomedical Engineering Department or Facilities Department. Be sure to notify your supervisor or on-site instructor.

In the event of a loss of utilities (electrical, water, sewer), immediately notify your supervisor or on-site instructor. To ensure a power supply for critical patient care equipment, plug equipment into **RED EMERGENCY** receptacles.

## HAZMAT AND SAFETY DEVICE SHEETS (SDS)

As a healthcare student, you need to understand your responsibility when working with hazardous substances. Know the substances and chemicals in your area. Know the term Safety Data Sheets (SDS). It is your responsibility as an employee to review the MSDS for any toxic or hazardous substance that you work with or to which you may be exposed.

SDS contains pertinent information on hazardous substances, chemicals, ingredients, precautions for safe use, required safety equipment, first aid procedures and labels. The most reliable method of obtaining an SDS is online at MySteward. Click on MSDSONline. All employees should know how to obtain a SDS substance information sheet provided by each substance manufacturer.

If there is a hazardous material spill, notify your supervisor or on-site instructor to activate the Hazmat Spill Team. The emergency code for a hazardous spill or leak is **Code Orange**.

Saint Anne's is committed to providing a safe environment by properly and safely identifying, controlling, storing, and disposing of all hazardous materials.

Globally standardized black and white symbols surrounded by red diamonds Pictogram that alert to health, physical and environmental information on hazardous materials are posted in your work area.

HCS Pictograms and Hazards		
<b>HEALTH HAZARD</b>  Carcinogen Mutagenicity Reproductive Toxicity Respiratory Sensitizer Target Organ Toxicity Aspiration Toxicity	<b>FLAME</b>  Flammables Pyrophorics Self-Heating Emits Flammable Gas Self-Reactives Organic Peroxides	<b>EXCLAMATION MARK</b>  Irritant (skin and eye) Skin Sensitizer Acute Toxicity Narcotic Effects Respiratory Tract Irritant Hazardous to Ozone Layer (Non-Mandatory)
<b>GAS CYLINDER</b>  Gases Under Pressure	<b>CORROSION</b>  Skin Corrosion/Burns Eye Damage Corrosive to Metals	<b>EXPLODING BOMB</b>  Explosives Self-Reactives Organic Peroxides
<b>FLAME OVER CIRCLE</b>  Oxidizers	<b>ENVIRONMENT</b> NON-MANDATORY  Aquatic Toxicity	<b>SKULL AND CROSSBONES</b>  Acute Toxicity (fatal or toxic)

## ADVANCE DIRECTIVES

An Advanced Directive is a “written instruction” or documentation allowing a person to give direction about his/her care if he/she loses the capacity to make or communicate such decisions.

A **Health Care Proxy** is a legally recognized Advance Directive document or form that enables adult patients to designate in writing a person (agent) who will make medical decisions on their behalf when they lack capacity to do so. A Health Care Proxy does not require an attorney or notary public. In Massachusetts, it is the legally recognized form for advance directives. It may include limits or specific directions. It may also designate an alternate agent if the agent named is not available.

A Healthcare Proxy is invoked after the attending physician makes a determination that the patient lacks the capacity to make or to communicate health care decisions due to the patient’s current medical condition. This may only be temporary and must be done on each admission. The healthcare proxy must be invoked for the agent to make any decisions for the patient.

A Healthcare Proxy can be revoked at any time, orally or in writing. It can be revoked even if the attending physician has determined that the patient lacks the capacity to make or to communicate health care decisions and the Healthcare Proxy is invoked.

A Healthcare Agent appointed by the patient takes priority over court appointed guardians. The invoked healthcare proxy is valid throughout the entire inpatient stay or outpatient visit, unless the patient regains the capacity to make or communicate health care decisions or it is revoked by the patient.

## ETHICS CONSULTATION

Saint Anne’s Hospital is committed to quality care and service that is delivered with compassion and respect for personal and professional values. Members of the Ethics Committee are available to provide advice and analysis about ethics concerns or questions regarding patient care. An ethics concern is an uncertainty or conflict among patient, family, or staff regarding values or ethical obligations in patient care. Patients, family members, physicians, any employee of the hospital, or a member of the community may request an Ethics Consult by speaking directly with a healthcare professional, who will facilitate a consult on their behalf, or by calling the Ethics Access Line at ext. **5566**. Work with your supervisor or on-site instructor on all Ethics Consults.

## RULES OF CONDUCT IN THE WORKPLACE

All employees, volunteers, students, physicians and contract staff at Saint Anne’s Hospital must be familiar with and adhere to the hospital's policies on Disruptive Behavior (RI 20) and Sexual and Unlawful Harassment (HR 27) to ensure that their behavior is in keeping with the guidelines of these policies. The policies can be found on MySteward under policies and procedures.

Consistent with these policies, no workforce member should engage in or encourage harassing and disruptive behavior, or fail to report any observance of breaches to the rules of conduct as outlined in Hospital policies. All workforce members are to treat each other with dignity and respect, and commit to maintain a work environment that is free of harassment.

Any individual who believes he or she has been subjected to inappropriate conduct in the workplace should notify his or her supervisor or on-site instructor. Every report of perceived sexual or unlawful harassment will be fully and promptly investigated and remedial action will be taken.



## WORKPLACE VIOLENCE

Students at Saint Anne's Hospital are strongly encouraged to report any and all incidents of violence and promote a safe environment that is free from disruptive, threatening, bullying, and violent behavior.

Know the basic rules of violence prevention:

- Always be aware of the potential for violence and know it can be avoided or lessened through preparation.
- Limit physical interventions in an altercation whenever possible
- Seek frequent training
- Know ways of preventing or diffusing volatile situations or aggressive behavior.
- Develop sensitivity to racial and ethnic issues and differences.
- Know ways of protecting yourself and coworkers, including the buddy system
- Know the Saint Anne's Hospital policy on workplace violence/nonaggression. This policy is called EOC 06 Workplace Violence Oversight Policy and can be found on MySteward under policies and procedures.

Notify your supervisor or on-site instructor if you have experienced threats, harassment and/or aggressive/violent behavior while at clinical. This includes off-work situations that could intrude into your clinical experience at Saint Anne's Hospital.

## INFECTION CONTROL AND PREVENTION

Infection prevention and control depends on EVERYONE doing his/ her part to keep patients, visitors, staff and students safe every day. Please review your responsibilities below:

EVERYONE:

- Complete hand hygiene upon entering and exiting a patient room, and before and after patient contact/care. Hand hygiene is the most important thing you can do to protect yourself and to prevent the spread of infections.
- There are guidelines for nails of direct patient caregivers (those who provide direct hands-on patient care, those who prepare food, medications, or sterile supplies)
- Nail Length: Fingernails should be short (no longer than ¼"), well-trimmed, and clean. Nail Polish: if used, should be freshly applied and free of chips, cracks, or peeling. Direct caregivers are not allowed to wear artificial nails.
- Standard precautions must be used during the care of all patients, regardless of illness and ability to cause infection. If you think that you may come into contact with body fluids (blood, drainage, etc.), wear proper personal protective equipment (PPE) such as gown, gloves, mask, and/or eye protection. If the patient is coughing, wear a mask and eye protection.
- Clean all equipment between each patient according to manufacture specifications. When cleaning equipment be sure to follow the cleaning product's designated wet time or contact time (amount of time the product is to remain visibly wet on the surface). The wet time or contact times are listed on a chart in the clinical areas. If you have questions, ask your direct supervisor/manager or infection control practitioner.
- Clean patient care equipment must be stored in a Clean Equipment Storage Room/Area. Do not leave clean equipment with dirty equipment. Clean and dirty items must be separated.
- Do NOT store outside shipping cardboard boxes in the Clean Equipment Storage Room/Area or other patient care areas. Outside shipping boxes and container contain

bacteria, and can harbor worms and insects. Therefore, shipping boxes should never be stored in patient care areas.

- Cough and sneeze into a tissue or your arm (also called Cough Etiquette).
- Observe transmission-based precaution signs throughout the hospital. These signs will notify you what PPE is needed prior to entering a patient's room.
- Familiarize yourself with and refer to Infection Control Policies located on the Intranet.
- If you are unsure what to do, call Infection Control at extension 5645.

**HAND HYGIENE IS THE SINGLE MOST IMPORTANT METHOD TO PREVENT THE SPREAD OF INFECTION. ONLY YOU CAN MAKE THE DIFFERENCE!**

## **INCIDENT REPORTING**

Any incident that was undesirable and unexpected, which has an actual, potential (near miss) or perceived adverse impact on a patient or visitor must be reported.

Incident reports are filed in RL Datix which can be accessed on the MySteward homepage by clicking on "Incident Reporting."

When filing an incident report, we would never document in the patient's medical record that one was completed.

Incident reports are to be completed factually, objectively, and without extraneous comments based on opinion.

By reporting, we are able to be proactive in identifying cause and therefore prevent future errors from occurring.

### **WHO SHOULD REPORT:**

- Person responsible for incident, or
- Person who observes the incident, or
- Person who discovers the incident, or
- Person to whom the incident was reported

*Duplicate reporting is NOT a problem.*

Reporting is not punitive, it's a way to review current processes and identify opportunities for improvement. The process of reporting, investigating, corrective action, and follow-up of patient events are intended to be an integral part of hospital medical peer review process.

## **EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT OF 1986 (EMTALA)**

EMTALA was enacted in 1986 to prevent "patient dumping" from one hospital to another. EMTALA applies to:

- All hospitals participating in the Medicare program
- All individuals who come to a dedicated Emergency Department
- All individuals who come onto hospital property seeking emergency care
- Ambulances and hospital satellite locations with one third of services offering emergency care.

EMTALA requires a medical screening exam, separate from triage, for all individuals requesting emergency care to determine if a medical emergency exists. This medical screening exam



must be provided by a physician or advanced practitioner and may require calling in specialty physicians for consults.

If no medical emergency exists, then the hospital's obligation under EMTALA has been fulfilled.

If an emergency does exist, the hospital's obligation under EMTALA requires stabilization of the patient, regardless of the patient's ability to pay for services. This requirement also applies to a patient in active labor, where assisting with birth would be needed, even in a facility that does not have an OB service.

Once the patient is stable enough for transfer, a hospital may transfer the patient to an accepting facility that offers a higher level of care. Medically qualified personnel must transfer the patient to the accepting facility. The proper paperwork must accompany the patient. This transfer requirement also applies to a patient in active labor.

Simply put, no patient requesting emergency medical care may be turned away. At a minimum, we must offer each patient a medical screening exam provided by a physician.

## **PROVIDING A SAFE ENVIRONMENT FOR SUICIDAL PATIENTS**

Suicide affects all ages. In 2020, suicide was among the top 9 leading causes of death for people ages 10-64 and was the second leading cause of death for people ages 10-14 and 25-34 in the United States. Suicide is rarely caused by a single event or circumstance; rather a range of factors can increase a person's risk; these include individual risk factors, relationship risk factors and societal risk factors.

People with substance use disorders are approximately 10 – 14 times more likely to die by suicide than the general population. It is difficult to understand what drives so many individuals to take their own lives but a suicidal person is in so much pain that he/she can see no other option. Suicide is a desperate attempt to escape suffering that has become unbearable.

Suicide can occur anywhere, even in a hospital where staff is available to protect patients and monitor them closely. This tells us that even when we are available to patients who are experiencing suicidal thoughts, they may take any opportunity to act upon them. There are times when an individual may express feelings of hopelessness, helplessness, and worthlessness. These feelings may indicate that the patient is depressed and is losing the will to live.

If a patient expresses suicidal thoughts or expresses these feelings, immediately inform your supervisor or on-site instructor who will notify the registered nurse caring for the patient. This will allow the nurse to implement a safety plan as soon as possible. Do not leave the individual alone. Get immediate assistance by asking for help by calling out or pulling the call light. We cannot underestimate the human will to achieve what a person sets out to do, or the dangers of the lack of the will to live. We need to take any expression of suicide seriously. We need to take every precaution to keep patients safe by continuously assessing patients' intentions, plans, and environment for potential means to harm themselves.

The following precautions help keep a patient safe who is at risk for suicide:

Two staff members should check the patient's room for any potential hazards such as:

- Clothing for strings or belts that could be tied around the neck
- Medications brought from home.
- Sharp items: pens, pencils, silverware, scissors, razors, knives, soda cans, etc.
- Glass flower vases, ceramic pots, balloons or gloves
- Pens, pencils, spiral bound notebooks, make-up, mirrors, razors, choking hazards like small caps, and even toothbrushes
- Excess linen (sheets, blankets)

Everyone must take part in keeping our patients safe. Housekeepers must keep cleaning products and carts out of the patient's reach, and dietary hostesses should ask the RN to check meal trays for harmful objects.

We are all responsible to review our patient's environment and help maintain safety. Good communication and consistency among all staff/students is essential to prevent suicide. Take all statements of suicidal intent seriously and report them to the nurse immediately.

## **PATIENT ABUSE, NEGLECT OR HARASSMENT**

Patients have the right to be free from all forms of abuse, neglect and harassment from staff, other patients, students or visitors. If a patient discloses to you that he/ she has been abused, neglected or harassed while receiving care at Saint Anne's Hospital, report this information to your supervisor or on-site instructor. An investigation will be conducted in accordance with the Steward procedure for allegations of sexual/physical abuse.

## **NATIONAL PATIENT SAFETY GOALS**

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them. The 2023 National Patient Safety Goals (NPSG) include:

### **Goal 1**      Identify patients correctly

- Use at least two patient identifiers prior to providing care, treatment, and services: NAME AND DATE OF BIRTH
- Eliminate transfusion errors, related to patient misidentification.
- Label containers used for blood and other specimens in the presence of the patient.
- Use distinct methods of Identification for newborn pts.

*Corresponding Saint Anne's Hospital Policies:  
POC 19 Patient Identification  
POC 47 Administration of Blood  
POC 24 Identification , Collection and Care of Specimens  
MCH 13 Identification and Rebanding*

### **Goal 2**      Improve staff communication

- Report critical results of tests and diagnostic procedures in a timely manner.
- Develop written procedures, implement the procedures and evaluate the timeliness of reporting the critical results.

*Corresponding Saint Anne's Hospital Policies:  
POC 28 Communicating Critical and/or Significantly Abnormal Results of Tests and Diagnostic Procedures*

### **Goal 3**      Use Medicines Safely

- Label all medications, medication containers (medicines in syringes, cups and basins) and other solutions on and off the sterile field in perioperative and other procedural settings.
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

*Corresponding Saint Anne's Hospital Policies:  
MM 02 Anticoagulation Management and Safety  
MM 23 Labeling of Medications and Solutions  
MM 26 Medication Reconciliation*

**Goal 6****Use alarms safely**

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
- Identify the most important alarm signals to manage.
- Establish policies and procedures for managing the alarms identified.
- Educate staff/LIPs about the purpose and proper operation of alarm systems for which they are responsible.

*Corresponding Saint Anne's Hospital Policies:  
POC 68 Clinical Alarm Management*

**Goal 7****Prevent infection**

- Use the hand hygiene guidelines from the Centers for Disease Control and Prevention or the World Health Organization.
- Set goals for improving hand hygiene and improve compliance based on established goals.
- Use proven guidelines to prevent health care-associated infections due to multidrug-resistant organisms.
- Use proven guidelines to prevent central line-associated bloodstream infections.
- Use proven guidelines to prevent surgical site infections.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

*Corresponding Saint Anne's Hospital Policies:  
IC 20 Hand Hygiene  
IC 31 Prevention of Central Line Associated Blood Stream Infections (CLABSI)  
IC 51 Prevention of Surgical Site Infections (SSI)*

**Goal 15****Identify patient safety risks**

- Reduce the risk for suicide. The hospital conducts an environmental risk assessment.
- Assess immediate safety needs/setting
- Provide suicide prevention information (such as a crisis hotline) to the patient and his/her family.

*Corresponding Saint Anne's Hospital Policies:  
POC 22 Assessment and Management of Suicide Risk and Self Injurious Behavior*

**Universal Protocol****Prevent mistakes in surgery**

- Implement a pre-procedure process to verify the correct procedure, for the correct pt., at the correct site.
- Mark the procedure site before the procedure is performed and, if possible, with the pt. involved.
- Conduct a standardized time-out immediately before starting the invasive procedure or making the incision.
- Document the completion of the time out.

*Corresponding Saint Anne's Hospital Policies:  
POC 23 Universal Protocol for Correct Person, Procedure, Site Verification*

## CULTURE OF SAFETY

Providing safe patient care is the number one priority at Saint Anne's Hospital. There is nothing more important than keeping patients safe.

Steward Health Care is working diligently to monitor and improve patient safety and reduce harm. The Steward Culture of Safety is defined as everyone, every day, using behaviors that result in safe, reliable, productive performance.

The concept of Culture of Safety is studied in high reliability organizations, or organizations that consistently minimize harmful events while carrying out complex and hazardous work.

High reliability organizations maintain a commitment to safety at all levels, from frontline staff to managers and senior leaders.

This commitment establishes a "culture of safety" that encompasses these key features:

- acknowledgment of the high-risk nature of an organization's activities and the determination to achieve consistently safe operations
- a blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment
- encouragement of collaboration across all levels of the organization and seeks solutions to patient safety problems
- organizational commitment of resources to address safety concerns

Speak up for safety is a principle where everyone has the ability to speak up if they feel a situation is unsafe. This applies regardless of the individual's position, title, or educational level. We are all here to keep our patients safe. In general, no one should be afraid to approach another employee, provider, or contractor when patient safety is at risk.

Steward leaders have created a vision for safety that involves 6 safety behaviors to help achieve this goal:

1. Pay attention to details
2. Communicate clearly and directly
3. Have a questioning attitude
4. Perform effective handoffs
5. Work together with your team
6. Follow the rules

Improving the culture of safety within our hospital is an essential component of preventing or reducing errors and improving overall health care.

## INTERPRETER SERVICES: COMMUNICATING WITH LIMITED ENGLISH PROFICIENT AND/OR DEAF AND HARD OF HEARING PATIENTS

### Legal Mandates

*Minors: Anyone under 18 is prohibited from interpreting*

#### Communication with Limited English Proficient and/or Deaf /Hard of Hearing patients

Steward Health Care has legal requirements to provide interpreter services (including both oral, sign and written language assistance) **at no cost** to our patients who are deaf, hard of hearing, who do not speak English or whose proficiency in English is limited.

- Family members, friends and significant others will not be used to interpret for any patient unless specifically requested to do so by the patient. Family members, friends and significant others have to agree to this and be fluent in both languages to communicate clinical information. This information needs to be communicated to the patient by the clinical and hospital staff through a qualified, approved medical interpreter resource (in person, by phone, or via video remote link) and include staff disclosure to the patient that the hospital's interpreter resources are available free of charge.
- This discussion should occur in private wherever reasonably possible to ensure patients are refusing hospital interpreter services of their own accord and not because of pressure from family members or others to do so.
- The refusal of hospital interpreter resources will be documented by clinical and hospital staff in the patient's medical record under the Tele/video intervention and will include the interpreter name/ ID number used for the release as well as the full name and relationship of the person appointed by the patient to replace the interpreter.

#### Obtaining Informed Consent from Limited-English Proficiency Patient and/or Patient who is Deaf:

- The responsibility for informed consent shall reside with the clinical staff, as is the case with patients for whom no language barrier exists. The only responsibility the interpreter bears for informed consent is to ensure that the elements of information stated by the provider be transmitted in a manner understandable to the patient.
- A qualified, approved medical interpreter resource must be used when obtaining informed consent from a patient who is Deaf and/or LEP.
- Even patients who have refused hospital medical interpreter resources may not exclude them during informed consent.
- Bilingual clinical staff/students cannot speak directly to patients in a language other than English unless they have been assessed and passed the Bilingual Clinical Staff Language Assessment (BCSLA).

#### How do I contact Interpreter Services?

Interpreter Services support is available from the Saint Anne's Hospital Interpreter Services Department, 24/7 via the ServiceHub Request System on the MySteward portal, Monday – Friday 6:30 am – 7:00 pm, Saturday & Sunday, 7:00 am – 4:00 pm. Outside of that schedule, Interpreter Services can be obtained via our Video Remote Interpreters or Over The Phone Interpreters.

## PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights and Responsibilities document is provided to patients on admission, upon request, and is visibly posted in the main lobby, registration, and in key waiting areas. Hospital staff are committed to ensuring that patients are aware of their rights and responsibilities.

Hospitals of Steward Health Care System support the following rights for each patient:

- The right to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
- The right of each patient to a reasonable response to his/her requests and needs for treatment or services within the hospital's capacity, its stated mission and applicable laws and regulations.
- The right of each patient to obtain a copy of any rules and regulations of the Hospital which apply to a person's conduct as a patient.
- The right of each patient to considerate and respectful care, including consideration of the psychosocial, spiritual and cultural values that influence the perception of illness.
- The right of each patient to privacy during medical care, within the Hospital's capacity to provide it, and to receive care in a safe setting, free from any form of abuse, neglect or harassment.
- The right of the patient to receive the name and specialty of any individual responsible for care or the coordination of care upon request.
- The right of each patient to obtain an explanation as to the relationship, if any, of the Hospital and its physicians to any other health care facility or educational institution insofar as the relationship relates to the patient's care or treatment.
- The right of each patient to refuse to be examined observed or treated by students or other Hospital staff without jeopardizing the patient's access to medical care.
- The right of each patient to receive prompt lifesaving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purposes of determining insurance information, unless such delay can be imposed without material risk to the patient's health. This right extends to all patients, including persons accessing care through the Emergency Department.
- The right of each patient to the confidentiality of his or her medical information. The patient or the patient's legal representative will have access to the information contained within his or her medical record within the limits of the law.
- The right of each patient to refuse removal of clothing.
- The right of the patient suffering from breast cancer to receive complete information on the alternative treatments, which are medically viable.
- The right of the patient to refuse to serve as a research subject, and to refuse any care or examination when the primary goal is educational or informational rather than therapeutic. No patient will participate as a research subject without his or her written consent.
- The right of each patient to receive effective management of pain.
- The right, if you are a maternity patient, if applicable, to receive information about the Hospital's rate of cesarean sections and related statistics.

- The right of each victim of sexual assault to be provided with medically and factually accurate written information prepared by the commissioner about emergency contraception.
- The right of each female rape victim of childbearing age who presents at this hospital after a rape to be provided with medically and factually accurate written information prepared by the commissioner about emergency contraception.
- The right of each female rape victim of childbearing age who presents to the emergency department after a rape will be offered emergency contraception.
- The right of each female rape victim of childbearing age who presents to the emergency department after rape will receive initial emergency contraception upon request.
- The right of each patient, or patient's representative, in collaboration with his or her physician, to participate in the development and implementation of the care plan, inpatient or outpatient, and including as applicable a discharge plan and pain management plan, and to make health care decisions to the extent permitted by law.
- The right of each patient to obtain information necessary, such as diagnosis, possible prognosis, benefits and risks to enable the patient to make treatment decisions that reflects the patient's wishes.
- The right of each patient to know in advance who will perform each treatment or procedure and to request another physician or health care provider for treatment or consultation.
- The right of the patient (or the patient-designated representative) to participate in the consideration of ethical issues that arise in the care of the patient.
- The right of the patient to formulate advanced directives and to appoint a surrogate or health care agent (proxy) to make health care decisions in the event that the patient becomes unable to do so. The provision of care is not conditioned on the existence of an advance directive.
- The right of the patient to accept or refuse treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- The right of each patient to request and receive from Patient Access Services any information the Hospital has available relative to financial assistance and eligibility for free hospital care.
- The right for each patient to receive upon request an itemized bill or other statement of charges submitted to any third party by the Hospital, and to have a copy of the itemized bill or statement sent to your attending physician.
- The right of all patients and their families requiring language interpretation or translation, large print/Braille/audio or video-tape or assistance with listening devices or those with other special needs, to receive such services and materials in a timely manner at no additional cost to the patient.
- The right to be free from restraints or seclusion in any form that is not medically necessary.
- The rights to have someone of your choice remain with you for emotional support during your hospital stay or outpatient visit, unless your visitor's presence compromises your or other's rights, safety or health. You have the right to deny visitation at any time.
- The right of the patient to have a family member or representative of his/her choice and his/her own private physician notified promptly of his/her admission to the hospital.



- The right to voice your concerns about the care you receive. If you have a problem or complaint, you may talk to your doctor, nurse manager or a department manager. You may also contact the Hospital president or patient advocate. You have the right to be informed of the process around complaint resolution.
- You have the right to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent up until a reasonable time before the item is used.

### **Patient Responsibilities:**

- To provide, to the best of your knowledge, accurate and complete information about present symptoms, past illnesses, hospitalizations, medications, and other matters relating to your health.
- To report unexpected changes in your condition to those responsible for your care.
- To understand your health care. If you are unclear about either your condition or medical treatment, please ask your physician or other staff member to discuss them with you.
- To follow the treatment plan recommended by the practitioner primarily responsible for your care.
- To accept full responsibility for your decision and your health care if you refuse treatment.
- To pay your Hospital bill promptly and to supply us with necessary health insurance information.
- To follow the Hospital's rules and regulations affecting patient care and conduct, including the "smoking" policy.
- To be considerate of the rights of other patients and the Hospital personnel by assisting in the control of the noise and the number of your visitors and allowing your roommates and other patients privacy and quiet.
- To respect the property of others and of the Hospital.
- To respect the individuality of others including racial, ethnic and cultural differences.
- To report your pain and to discuss with the doctors/nurses any concerns you may have about pain.
- To take reasonable care of your own valuables and other possessions.
- To understand that physicians (includes persons employed by physicians such as mid-level providers) on the staff at this hospital, including my attending physician, may not be an employee or agent of the hospital and that the hospital cannot be held responsible for any actions related to a physician's medical decision making specific to my care while at the hospital

**NOTES:** All policies referenced are available on MySteward (intranet). Please work with your supervisor or on-site instructor for assistance in locating these policies, as needed.

### **FOR STUDENTS WHO ARE NOT LOCATED IN THE HOSPITAL:**

All students who are not on the hospital campus should **dial 911** in case of an emergency (NOT 5555). All extensions referenced in this CHIP module are preceded by the main hospital (508) 674-5600.

## **HIPAA FOR STUDENTS**

### **Health Insurance Portability and Accountability Act**

Saint Anne's Hospital has a strong tradition of protecting the privacy of patient information. Confidentiality has always been part of the hospital culture. The law that sets a national standard to protect medical records and other personal health information is called the Health Insurance Portability and Accountability Act or HIPAA.

As a student, you are required to follow the same confidentiality policies as a Saint Anne's Hospital employee. If it is not part of your assignment but you have observed someone you know in the hospital for treatment or testing, you are still responsible for protecting that person's information and not talking about it to others. You may have friends or family members ask you, "Why didn't you tell me so-and-so was in the hospital?" Let them know that you were following the hospital's policies regarding HIPAA regulations to protect the patient's privacy. **Anything that you see or hear is private.**

#### **PROTECTED HEALTH INFORMATION (PHI)**

Protected Health Information (PHI) is any individually identifiable health information.

Protected Health Information (PHI) includes, but is not limited to:

- Medical Records
- Billing information (bills, receipts, etc.)
- Labels on IV bags
- Telephone notes (in certain situations)
- Test results
- Patient menus
- Patient information on a palm device
- X-rays
- Clinic lists

HIPAA covers ALL forms of PHI; oral, written and electronic.

#### **SHARING PATIENT INFORMATION**

HIPAA allows the provider of care to use or share health information for Treatment, Payment and Operations (TPO).

Treatment: Providing care to patients

Payment: Getting paid for caring for patients

Operations: Normal business activities such as quality improvement, training, auditing, customer service and resolution of grievances

If use of the information does not fall under one of these categories, patients must sign an authorization before you can share their information.

**If you are not caring for the patient, you are not authorized to access the records. This includes fellow students who may also be patients in the hospital, a neighbor, or even a friend or family member.**

#### **WHAT ARE THE CONSEQUENCES OF NOT COMPLYING WITH THE LAW?**

There are potentially heavy civil and criminal fines for violation of the law. A breach of privacy may result in disciplinary action.

#### **INFORMATION TECHNOLOGY**

Information Technology increases the risk of inadvertent release of patient information. Information Technology includes fax machines, telephones, computers and copiers.

Fax Machines: Saint Anne's Hospital (SAH) has strict policies on sending PHI by fax.

Before sending a fax:

- Call the recipient to confirm the fax number.
- Use the Saint Anne's Hospital cover sheet, which includes a confidentiality statement.
- After you dial the number, double check it on the display before you press send.
- Do not leave outgoing faxes unattended on the fax machine.

Telephones: Use caution with the telephone. Callers may misrepresent themselves to access information they are not legally entitled to. All hospitals restrict the information that can be given out by phone. Know and follow the Saint Anne's policies. Answering machines and voice mail should never be used to leave sensitive information; there is no way of knowing who will retrieve the message.

Computers: Everyone who uses a computer has a duty to keep PHI secure. Carelessness with passwords, displays, printers and e-mail can result in the disclosure of confidential information.

**You can access a patient's information only if you are caring for the patient or if it is part of your job. If a family member comes to the hospital for a test and you are not caring for him/her as a patient, you are NOT authorized to access the records. The same rules apply if you are the patient. You are NOT authorized to look up your own medical record, check lab results, check radiology reports, etc. All of these things are HIPAA violations. Audits (of who is accessing records) are performed regularly.**

Copiers: Tips for using the copy machine:

- Stay at the copier while printing is in process
- Do not forget to take the original

### ***PROPER DISPOSAL OF INFORMATION***

Always dispose of PHI in a secure trash bin or a shredder.

### **INTERVIEWING PATIENTS**

Avoid using waiting rooms or public areas to interview patients or family members. Even if a patient does not complain, he/she may feel resentful about having medical information discussed publicly.

### **REPORTING VIOLATIONS**

It is everyone's responsibility to report violations or wrong doings.

**Now that you are familiar with HIPAA,  
please read, sign and date the attached Privacy Agreement.**

Thank you and we hope you enjoy your experience at Saint Anne's Hospital!

# 2023 CHIP TEST for Students

Use the attached answer sheet to complete the post-test.

1. If you suspect a piece of equipment is malfunctioning, what should you do?
  - a. Attach a "Red Tag" - "Danger Do Not Use" to the item
  - b. Contact your supervisor or on-site instructor
  - c. Immediately take the equipment out of service
  - d. All of the above
  
2. Which of the following things should you do during an evacuation?
  - a. Evacuate horizontally first, then vertically
  - b. Do not touch medical gas shut offs unless directed
  - c. Do not use elevator or stairs unless instructed to do so
  - d. All of the above
  
3. You are working in a department in the hospital. Over the loud speaker, you hear there is a Code Gray. What does this mean?
  - a. There is a hostage situation
  - b. There is a need for security STAT for violence intervention
  - c. There is an actual fire
  - d. There is a hazardous spill
  
4. You are working in a department in the hospital and there is a fire. You pull the nearest pull station, call ext. 5555 to report the location of the fire emergency and you RACE. What does "R" in RACE stand for?
  - a. Rapid
  - b. Run
  - c. Rescue
  - d. Respond
  
5. To ensure a power supply for critical patient care equipment, plug equipment into which of the follow?
  - a. Red emergency receptacles
  - b. Orange emergency receptacles
  - c. Yellow emergency receptacles
  - d. Black emergency receptacles
  
6. If there is a hazardous material spill, whom should you contact?
  - a. Your supervisor or on-site instructor
  - b. You do not need to tell anyone
  - c. Either of the above
  - d. Neither of the above

7. Can you identify this product's hazard?

**CORROSION**



Skin Corrosion/Burns  
Eye Damage  
Corrosive to Metals

- a. Corrosion
  - b. Health Hazard
  - c. Environment
  - d. None of above
8. Patients, family members, physicians, any employee of the hospital, or a member of the community may request an ethics consult by which of the following:
- a. Speaking directly with a healthcare professional
  - b. Calling the Ethics Access Line at ext. 5566
  - c. Either of the above
  - d. Neither of the above
9. A Health Care Proxy:
- a. is a legally recognized Advance Directive document or form that enables adult patients to designate in writing a person (agent) who will make medical decisions on their behalf when they lack capacity to do so
  - b. Is the legally recognized form for advance directives in the state of Massachusetts
  - c. A healthcare proxy can be revoked any time, orally or in writing
  - d. All of the above
10. If you feel you are a victim of sexual abuse or observe a violation of the Disruptive Behavior Policy and/or the Sexual and Workplace Harassment Policy, whom should you report the offense to?
- a. Your supervisor/ on-site instructor
  - b. Another student in the hospital
  - c. Your roommate
  - d. Any of the above is acceptable
11. Which of the following are basic rules of violence prevention?
- a. Develop sensitivity to racial and ethnic issues and differences.
  - b. Always be aware of the potential for violence and know it can be avoided or lessened through preparation.
  - c. Limit physical interventions in an altercation whenever possible.
  - d. All of the above
12. You should practice Standard Precautions:
- a. With every patient
  - b. Only when you may come in contact with body fluids
  - c. Only when your patient has the ability to cause infection
  - d. Whenever you feel like it

13. Who should complete an incident report?
  - a. Person responsible for incident
  - b. Person who observes or discovers the incident
  - c. Person to whom the incident was reported
  - d. Any or all of the above
  
14. A patient presents in the Emergency Room. She has no insurance and is in active labor and assisting with the birth may be necessary. What do you do?
  - a. Turn her away because we don't have OB at Saint Anne's Hospital.
  - b. Ensure the patient is offered a medical screening exam provided by a physician.
  - c. Stabilize her, including delivery of the child if necessary, regardless of her ability to pay for services
  - d. Both b and c
  
15. A patient has just expressed to you that she is depressed over the loss of her spouse and "wants to end it all." How would you act in response to this statement?
  - a. Do not leave the patient alone. Stay with her until help arrives
  - b. Get assistance by calling for help or using the call light in patient's room
  - c. Inform your supervisor/on-site instructor or the nurse assigned to the patient
  - d. All of the above
  
16. If a patient reports that he/she has been abused, neglected or harassed while receiving care at Saint Anne's Hospital, whom should you report this information to?
  - a. There is no need to tell anyone
  - b. Tell your roommate or family members
  - c. Your supervisor or on-site instructor
  - d. All of the above
  
17. Which of the following is a National Patient Safety Goal (NPSG)?
  - a. Identify patients correctly
  - b. Improve staff communication
  - c. Prevent infection
  - d. All of the above
  
18. Which of the following is true regarding interpreter services?
  - a. Family members, friends and significant others will not be used to interpret for any patient unless specifically requested to do so by the patient. Family members, friends and significant others have to agree to this and be fluent in both languages to communicate clinical information.
  - b. The refusal of hospital interpreter resources will be documented by clinical and hospital staff in the patient's medical record under the Tele/video intervention and will include the interpreter name/ ID number used for the release as well as the full name and relationship of the person appointed by the patient to replace the interpreter.
  - c. Bilingual clinical staff/students cannot speak directly to patients in a language other than English unless they have been assessed and passed the Bilingual Clinical Staff Language Assessment (BCSLA).
  - d. All of the above

19. Your sister comes to the hospital for some tests. She is not your patient, but you are anxious to find out the results and she hasn't heard back from her physician yet. Since you are a student here, can you log into Meditech to look up the results so you can let her know?
- a. It depends how long you've been waiting for the test results.
  - b. Under no circumstances is this ever permitted. It is a HIPAA violation.
  - c. You can look it up, but you can't tell her the results.
  - d. This is acceptable – after all, she is your sister.



## 2023 CHIP Test for Students

**PRINT** Name\*: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

**\*TO RECEIVE CREDIT, PLEASE PRINT YOUR NAME**

- |             |             |
|-------------|-------------|
| 1. a b c d  | 11. a b c d |
| 2. a b c d  | 12. a b c d |
| 3. a b c d  | 13. a b c d |
| 4. a b c d  | 14. a b c d |
| 5. a b c d  | 15. a b c d |
| 6. a b c d  | 16. a b c d |
| 7. a b c d  | 17. a b c d |
| 8. a b c d  | 18. a b c d |
| 9. a b c d  | 19. a b c d |
| 10. a b c d |             |

A minimum score of 85% is required for successful completion of CHIP.

**Please return completed answer and the signed confidentiality agreement to:**

Cheryl Herman  
Manager, Education and Policies  
Saint Anne's Hospital  
(508) 674-5600 ext. 2031  
[cheryl.herman@steward.org](mailto:cheryl.herman@steward.org)

\*\*\*\*\*

Student start date: \_\_\_\_\_

Student end date: \_\_\_\_\_



# Steward Health Care Privacy Agreement

• Employees • Fellows/Residents Students/Interns • Contracted Workforce Members • Volunteers

**This Agreement describes your responsibilities as it relates to protecting privacy at Steward Health Care.**

I, \_\_\_\_\_ (please print name) understand that, in my role at Steward Health Care (“Steward”), I may access or be privy to Confidential Information, as defined below, as part of my employment/assignment/affiliation with Steward. As part of my responsibility to safeguard Confidential Information I understand and agree to the following:

- It is my responsibility to maintain the confidentiality of all Protected Health Information (“PHI”), human resource, payroll, fiscal, management, and any other non-public information that could subject the organization, the data owner, or the data subjects, to harm (including but not limited to financial damages, embarrassment, or damage to reputation) if the data were lost, stolen, accessed or acquired by unauthorized individuals (“Confidential Information”).
- Not to access, use or disclose Confidential Information without a job-related reason to do so. I agree not to use or disclose Confidential Information for personal purposes and agree not to disclose PHI to any individual or entity that does not also have a job-related reason to access the Confidential Information.
- Not to make inquiries about Confidential Information for others who are not authorized to access it.
- When I access, use or disclose PHI, I will use the minimum necessary amount of PHI required to do the job.
- Not to copy or remove Confidential Information from Steward premises without authorization and applying appropriate safeguards. Nevertheless, I will do so only as related to performing my job duties.
- To take appropriate precautions, as defined by policy, when mailing or faxing Confidential Information including checking that the contents and address are correct.
- To maintain all paper Confidential Information securely (e.g. locked desk, locked file cabinet or locked office).
- Not to leave Confidential Information unattended in plain view in an area that is accessible to persons not authorized to view the Confidential Information.
- To avoid discussing Confidential Information in public areas such as lobbies, public hallways and elevators. When discussing Confidential Information, I agree to take appropriate precautions, such as lowering my voice, to prevent unauthorized individuals from hearing the information.
- To appropriately dispose of paper Confidential Information by shredding. Trash and recycling bins are not an acceptable method of disposal. Confidential Information may never be placed in a recycling container.
- To immediately report any known or suspected inappropriate access, use or disclosure following the entities incident reporting protocol or to the Office of Corporate Compliance & Privacy.
- To refer to the Steward Privacy Policies, as appropriate, for additional guidance on privacy-related matters.
- Violation of this Agreement or applicable privacy law or policy, may result in disciplinary action, up to and including termination of my relationship with Steward, in accordance with Steward policies.
- Violation of this Agreement may result in legal liability for me as well as Steward. I agree to indemnify Steward and its parent(s), affiliates, directors, trustees, medical staff, officers, employees or agents and assignees from any loss, damage, claim or liability including reasonable attorneys’ fees arising out of my willful neglect or failure to exercise reasonable care which results in an unauthorized access, use or disclosure of Confidential Information in breach of this Agreement and in violation of applicable Steward policies.
- Upon termination of my relationship with Steward, I will immediately return any documents in my possession containing Confidential Information, in addition to any other required materials.
- My obligations under this Agreement continue after the end of my relationship with Steward.

**By signing this document, I certify that I have read the above Agreement and agree to comply with its terms.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Steward Code of Conduct Attestation

I hereby acknowledge that I have received the Steward Code of Conduct. I certify that I will review the Code and comply with these standards in my daily work activities and that I have a responsibility to report any suspected violations of the Code. I understand adhering to these standards is a condition of employment or business relationship with Steward and that if I have any questions about the Code I must ask my manager for clarification and/or call the Office of Corporate Compliance & Privacy (OCCP). I certify that I will report to my manager and/or the OCCP any instances where I did not or was unable to comply with the standards set forth in the Code

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_