Our Core Values
- Caring Spirit
- Excellence
- Good Humor
- Integrity
- Safety
- Stewardship

Our Mission
We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

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EMERGENCY CODES

**Code Alert** - Emergency Event Notification

Code Alert will be paged overhead to alert staff of a potential or pending emergency event that may affect the hospital. Note: This code can only be initiated by hospital emergency response staff (i.e. Incident Commander).

**There are three critical steps in responding to an emergency event:**
1. What is the job I perform during a disaster?
2. Where do I do this job?
3. Who do I report to when I need assistance or supplies?

Your job during an emergency event is defined by your unit’s role. Review your department plan with your Manager or Safety Coach to know your specific role, where you will work and to whom you report. For most events you will do your same job, in the same location, reporting to your normal manager, in your normal work unit.

If you are called to the hospital from home, find out where to check in and report. In a major event you may be told to check in at the Advanced Medicine Pavilion, Entrance 25. From there, proceed to the hospital associate entrance and then to your work assignment.

**Code Black** - Bomb Threat

A. If you receive a letter or note, handle it as little as possible. Contact Security immediately.
B. If you receive a telephone call bomb threat, do the following:
   1. If co-worker is nearby, she/he should **dial 55** to activate the **Code Black** procedure.
   2. Keep caller on the phone as long as possible. DELAY—ask the caller to repeat.
   3. Ask the following questions:
      a. When is the bomb set to explode?
      b. Where is the bomb located?
      c. What kind of bomb?
      d. Why is he/she doing this?
      e. What is your name? or What phone number are you calling from?
   4. Note details: sex, accent, speech, age, background noises, unusual phrases, time call received, and time caller hung up.
   5. Talk to no one about the call unless instructed by supervisor.
   6. Be prepared to relay information to police if requested.
   7. Be prepared to conduct a visual search of your work area.

**Code Blue** - Cardiac or Respiratory Arrest

1. **Dial 55**, state "**Code Blue**" and your exact location.
2. Start CPR if trained.
3. Code Blue team will arrive.

**Code Gray** - Security Assist

1. **Dial 55**, state "**Code Gray**" and your exact location.
2. Response Team will arrive to assist.

**Code Orange** - Chemical Spills

If you come across a spill to which you cannot safely respond, follow these steps to activate the Code Orange procedure:
1. Alert co-workers for assistance.
2. Remove any contaminated victim to the ER.
3. Secure the spill site. Don't let anyone pass through the spill. Evacuate area if necessary.

**Code Orange** - Chemical Spills continued

4. **Dial 55**, state "**Code Orange**" and give exact location of spill to PBX.
5. Give type of material spilled (if known), and estimate size of spill.
6. Remain at spill site if able to do so without dangerous exposure.
7. The Response Team will determine if the spill can be safely cleaned by St. Mary’s Hospital or whether the Grand Junction Fire Department will be called.

If you know what was spilled, the spill is small, and you are trained and have spill response material (spill kit, etc.) and PPE, then proceed with clean up.

Follow the "3 C's":
- **Control** the spill by stopping the leak.
- **Contain** the spill to keep the spill from spreading.
- **Clean Up** the spill by using PPE (if required) and mechanical devices for picking up and disposing properly.

Follow Code Orange procedure if the spill is large, you are not trained, you don’t know what was spilled, don’t have a spill kit or don’t have the correct PPE.
**Code Pink - Abduction of an Infant/Child**

1. Anyone suspecting that an infant/child is missing reports immediately to Charge Nurse/Nursing Supervisor.
2. **Dial 55** and state "Code Pink."
3. PBX announces "Code Pink and age of child" three (3) times.
4. If near an exit, go there and observe those leaving.
5. Question suspicious persons or activity and dial 55 to report.
6. Follow department specific standards and hospital standard "Abduction of an Infant/Child from a Patient Care Area."

**Code Silver - Aggressive Person with a Weapon**

1. **Dial 55**, state "Code Silver" and your location, number of suspects/hostages/victims and type of weapon.
2. Do NOT go to the paged area. This is a dangerous situation to be handled by trained authorities.
3. If in the affected area, evacuate if possible, or seek cover and remain calm.
4. If NOT in the affected area, close all patient and entry doors in your area. Secure if possible.
5. Remain until the "All Clear" is paged.

**Code Red - Fire**

**Internal fire in your department:**
Upon discovery of fire follow RACE procedure.

**R—Rescue:** Remove anyone from the fire room while calling out "Code Red, Room ..." for assistance. Extinguish the fire if you can do so safely. Close the door to the fire room and any connecting rooms.

**A—Alarm:** Activate the fire alarm. Dial 55 to give exact location and nature of fire.

**C—Contain:** Close all remaining doors and windows in the fire zone, placing patients into rooms away from the fire.

**E—Evacuate:** Evacuate as directed by person in charge.

**Notes:**
1. If a fire has not spread from the point at which it started, it should be suppressed by the discoverer using water pitcher, bedding, clothing, pillow or fire extinguisher if applicable.
2. Order of the above steps is somewhat flexible; however, the evacuation of the room's occupant(s) and confinement of the fire shall be the top priorities.

**Fire in an area outside of your department:**

1. Report back to your unit if you are not already there.
2. Follow fire procedures for your area. Close corridor doors.
3. If the fire alarm is on your floor in a different smoke compartment, be prepared to receive evacuated patients if needed.
4. Monitor for signs of smoke or fire in your area.

**Equipment Failure**

1. Take equipment out of service immediately and tag it so it isn't used.
   a. Submit online Service Request. Go to St. Mary's Landing/Service Requests/Bio Med Mgmt. Service Request
2. Medical equipment malfunction:
   a. Contact Bio-Med at 82446 or pager 2202
   b. Submit online Service Request via St. Mary's Landing
3. Injury or negative patient outcome:
   a. Contact Risk Manager at 82282.
   b. Complete the online Pearl Report (RL6) and investigation of Incident (St. Mary's Landing).

**Blood Exposure Protocol**

1. Immediately wash and irrigate the exposed area.
2. Eye exposures report to Associate Health (M-F between 7:30 a.m.—4:00 p.m.) or the SWH Emergency Department.
3. Alert your supervisor.
4. REPORT YOUR EXPOSURE: Monday through Friday between 7:30 a.m.—4:00 p.m. call Associate Health at ext. 87124. At all other times report to House Supervisor and follow after-hours algorithm located on St. Mary's Landing/Human Resources/After Hours Process for Associate Exposures.
5. Complete PEARL Safety Event Report by the end of shift.
Communication Barriers
To assure patients receive effective communications, access one of these free services.

Interpreter Services/Hearing Impaired:
1. Video Remote Interpreter (iPad)
   - Select language desired
   - Interpreter will ask the following:
     - Associate name and number (s, c, p, or v)
     - 8 digit accounting unit (e.g. 2331xxxx or 6321xxxx)
     - Patient name and medical record number
2. Over the phone interpreter (accessible from any phone and iPad)
   St. Mary’s Hospital – Dial “8TALK” (88255) or 1-844-281-1260
   St. Mary’s Medical Group – Dial 88007 or 1-844-281-1261
   - The interpreter will ask for the following:
     - Language needed
     - Associate name and number (s, c, p, or v)
     - 8 digit accounting unit (e.g. 2331xxxx or 6321xxxx)
     - Patient name and medical record number
     - If a third-party dial-out is needed
3. Vocally and/or Hearing Impaired
   - Single Patient Use bilingual picture boards are available for basic and emergent communication (available on nursing units and the Communication Center)
   - Contact Speech Therapy for more extensive communication needs

Hazardous Materials
To work safely with chemicals, review with your Safety Coach:
1. Department Chemical Inventory
2. Safety Data Sheet (SDS) found in the
   Quick Links section of the hospital intranet
3. Chemical labels before using the product
For details see the standard “Hazard Communication Program” (Org. Saf.006) on the hospital intranet.

Heart Attack
Page the CRT by dialing 55 for symptoms of a heart attack.

Typical Symptoms
- Jaw, chest, abdominal, arm or shoulder pain
- Chest heaviness, chest pressure, squeezing
- Indigestion, nausea, cold sweats, shortness of breath

Atypical Symptoms (especially in women)
- Unusual feeling of fatigue, weakness or shortness of breath
- Pain between the shoulder blades, back pain
- Upper abdominal pressure or discomfort, nausea, lightheadedness

Time is cardiac muscle. 85% of damage occurs in the first hour. Dial 55 for help.

Infection Prevention
Perform hand hygiene before and after every patient encounter to prevent the spread of infection.
1. Hand hygiene is the single most important infection prevention procedure. Wash hands with soap and water before eating and after using the restroom. If hands are not visibly soiled, use an alcohol hand sanitizer before and after all patient contact.
2. Gloves must be worn if you will have contact with potentially infectious material.
3. Standard Precautions include treating ALL body fluids as if they are potentially infectious.
5. Use needle-free systems or sharps safety devices to reduce your risk of sharps injury.

Oxygen Safety
- Know where the shut offs are located in your unit.
- Never leave oxygen cylinders freestanding or leaning against a wall.
- Be sure to secure oxygen cylinders in a supporting cart or rack.
- Full containers are stored in a rack labelled: full.
- Empty containers are stored in a rack labelled: empty.
- Do not mix empty and full containers in the same rack.
- The unit’s Nursing Leader (or designee) has the authority to shut off medical oxygen in an emergency.

Patient Safety Goals
The Patient Safety Goals focus hospital associates to make the hospital a safer environment for patients.

Goal: Improve the accuracy of patient identification.
- Use at least two patient identifiers when providing care, treatment and services.
- Eliminate transfusion errors related to patient misidentification.

Goal: Improve the effectiveness of communication among caregivers.
- Report critical results of tests and diagnostics in a timely manner.

Goal: Improve the safety of using medications.
- Label all medications, medication containers and other solutions on and off the sterile field in perioperative and other procedural settings.

NOTE: Medication containers include syringes, medicine cups and basins.
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
- Maintain and communicate accurate patient medication information. Record and pass along correct information about a patient’s medicines. Find out what medication a patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when he or she is at home.
Goal: Reduce the harm associated with clinical alarm systems.
- Improve the safety of clinical alarm systems.

Goal: Reduce the risk of healthcare-associated infections.
- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention (CDC) or the World Health Organization (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.

Goal: The organization identifies safety risks inherent in its patient population.
- Identify patients at risk for suicide.

Universal Protocol: The organization meets universal protocol for preventing wrong site, wrong procedure and wrong person surgery.
- Conduct a pre-procedure verification process.
- Mark the procedure site.
- A time-out is performed before the procedure.

Safety event reporting: PEARL

What needs to be reported?
- Any event that could adversely affect the person: omitted medications, late test results, unplanned surgeries etc. - a “good catch” or “near-miss”
- Any event that results in bodily injury: property loss or damage for a patient, visitor, student or physician – “actual event”
- Any equipment failure, hazardous material/waste occurrence, utility failure, or use/operator failure that could result in a patient, associate or visitor injury.

If you witness or are involved in a visitor event that results in injury:
1. Contact Security by dialing the Operator or 82411
2. Offer the visitor the services of the hospital Emergency Department to the person, but
3. DO NOT indicate or imply the hospital will pay for the medical treatment.
4. Complete the online PEARL safety event reporting system by the end of your work shift.
5. Document only facts in the medical record and charting. Do not draw personal conclusions. Do not document in the patients’ medical record that a PEARL (safety event) has been completed.

Preventing Patient Falls
Patient safety and preventing patients falls is a priority at St. Mary’s Hospital. Keeping our patients safe from falls is every associate’s responsibility. Every patient that enters our facilities has some level of fall risk as a result of being in an unfamiliar environment and the influence of medications, treatments, procedures, or medical condition/injuries.

So what are some ways you can help prevent patient falls at St. Mary’s Hospital?
- If you observe a patient struggling to walk or unsteady on their feet for any reason – offer them a wheelchair or assist them in walking.
- If you observe a high risk fall patient (yellow wrist band and yellow socks) walking alone – offer to walk with them back to their unit or their patient room or get a wheelchair or ask them to sit in a chair and notify the patient’s unit of the patient’s location.
- If you walk by a patient room with a Fall Risk sign outside glance in the room and see the patient trying to get out of or into their bed or chair – step in and offer to assist or get a unit healthcare person in the room immediately. Stay with the patient until the healthcare person arrives in room.

Each of you is a key ingredient in reducing patient falls and potential harm or injury to our patients who place their healthcare trust in us.

Radiation Safety
1. Don’t panic.
2. Remember to minimize your time of exposure; maximize your distance to the source, and maximize your shielding.
3. If there is contamination danger, utilize contact precautions.
4. To call for assistance:
   a. During normal business hours, call Radiology at extension 82088 or Radiation Physicists at extensions and pagers: 82140, 87729, 82434, or 87452.
   b. Nights and weekends, dial Radiology at 82088 and ask them to page the Nuclear Medicine Tech on-call, or if no response, dial 0 and ask the Operator to contact the Radiation Physicist or Radiation Safety Officer.

Safety Culture: Tools and Tones for Error Prevention
Tones – to level authority gradient
1. Smile and greet others (eye contact, say hello).
2. Refer to others by preferred (usually first) name.
3. Listen with empathy and intent to understand.
4. Provide opportunities for others to ask questions.

Tools – for evidenced based error prevention
Commit to the right culture
- Peer checking and coaching
- 200% accountability
- Report problems, errors, events
Commit to using and promoting a questioning attitude
- Stop, reflect and resolve
- Speak up/listen up

Commit to clear and completed communication
- Repeat backs/teach back
- Clarifications: phonetic, numeric, clarifying question
- SBAR (situation, background, assessment, recommendations)

Commit to being focused
- Self-checking using STAR (Stop, Think, Act, Review)

Security Assist
If Security is needed for a non-emergent situation (escort, suspicious person, lost item etc.) call 82411. If no answer, dial 0.

Service Requests, Online
A Service Requests link for Bio-Med, Facilities Management (Engineering), Room Requests, and the Technical Assistance Center (TAC) can be found on St. Mary’s Landing. On the right side of the page, click the “Choose Link” drop down menu below “Service Requests” and select the appropriate department to complete the request.

Stroke
Call a Stroke Alert by dialing 55. Symptoms of stroke:
F — Face: Facial droop, uneven smile
A — Arm: Arm numbness, arm weakness
S — Speech: Slurred speech, difficulty speaking or understanding
T — Time: Dial 55 immediately to activate a stroke alert! Stroke is an emergency, every minute counts, act FAST!

Suicide Risk
The hospital identifies patients at risk for suicide by screening all patients being admitted. When are patients assessed to determine if they may be at risk for suicide?
- Upon arrival in the Emergency Department
- During inpatient initial assessment

What services should be provided for at-risk patients?
- Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.
- Address the patient’s immediate safety needs and most appropriate setting for treatment.

Standardized Wristband Colors
The color of patients’ ID bands communicate vital information to caregivers. All patients wear a white ID bracelet, but those with special conditions will wear additional color-coded bracelets.

Patient condition alerts:
- Allergy
- Do Not Resuscitate (DNR)
- Limited Code
- Fall Risk
- Latex Allergy
- Restricted Extremity

Emergency Utility Failure
For utilities: electrical, heating/cooling, water, etc. page Engineering at 2199.
For telephone: report to Communications Center on the fourth floor, Mesa Zone.
For IT issues: call the Technical Assistance Center (TAC) at 82838.

St. Mary's Medical Center Goals, 2016

Associate Engagement
- OSHA reportable Incident Rate — 3.0
- Total Percentage Turnover — 14%
- Percentage of Tier 1 Units — 40%

Clinical Excellence
- CAUTI — 0.5
- CLABSI — 0.414
- Reduce Post Operative Respiratory Failure by 10%

Patient Experience
- HCAHPS Responsiveness of Staff — 67.8
- Press Ganey ED Overall Rating — 75
- HCAHPS Overall Rating — 74.6

Utilization & Throughput
- ED Average Length of Stay — 160
- In Patient Average Length of Stay — 4.07
- Productivity — 100%