

Agency Staff-Department Policies and Procedures

Mission:

- Our mission statement is to provide excellent patient care in a timely fashion to all we serve. We work as a team, from the moment the patient enters the facility to the moment they leave it.

Chain of Command:

Charge nurse: responsible for the overall function of the department, in communication with the assistant director of nursing regarding volumes and admitted patient status, coordinates staff nurse and tech assignments.

Staff nurse: coordinate care for assigned patients, work as a team with other nurses and techs to provide efficient, appropriate care.

Multifunctional techs: assist with tasks, including but not limited to blood drawing, peripheral IV starts, patient hygiene/toileting, vital signs, etc.

We work as a TEAM; delegation of tasks is necessary, but must be done in a professional manner. It is not a "nurse job" or a "tech job"—it is OUR JOB.

Tracking system:

- Azyxxi/Whiteboard is used to track patients and review testing results. Azyxxi should reflect what room in the ED the patients are assigned to. To move patients, right-click on their name, scroll down to the room they are assigned, and left click to confirm.

StarPort:

- StarPort is our home page, available on any computer by opening Internet Explorer. The hospital and department policies and procedures are available by highlighting "Administration" along the left hand side of the page, then clicking on "Hospital Policies".

Patient satisfaction:

- Telephone etiquette: Identify yourself and our department when answering the phone, i.e. "Good Samaritan ER, this is _____, how can I help you?"
- SpectraLink phones may be used anywhere within the hospital, but should not be used at the patient's bedside. If you must make or answer a call while in a patient room, please excuse yourself and step out of the room.
- We encourage the use of "AIDET" when interacting with patients and their family members:
 - A- Acknowledges the customer (eye contact, smile, etc.)
 - I- Introduce yourself, highlight your skill/expertise/experience
 - D- Duration, time expectation, keep the patient informed of delays
 - E- Explanation, what procedures are/why we do them, what to expect
 - T- Thank the customer for choosing Good Sam, "Is there anything else I can do for you before I go?"

Labs:

- All specimens are to be labeled AT THE BEDSIDE with the patient's Optio-label, the time of draw, and the drawing staff's initials. If the Optio-labels are not available, the patient's name, DOB, the time and your initials must be on the tube.

- All specimens are taken to lab accessioner room.
- During 11a-11p labs are centrifuged and sent by lab accessioner.
- All labs drawn between 11p-11a (or when no accessioner is available) are sent to lab by the ED staff.
- Centrifuge all light green cardiac tubes to check for hemolysis (red-tinged serum). If hemolysed **do not send**, redraw specimen & repeat steps until no hemolysis present.
- If labels, other than lab labels, are on tubes, place lab labels in baggy with tubes and send to the lab. **Do not put 2 labels on tubes.**
- **EXTERNAL AGENCY STAFF CANNOT DRAW BLOOD CULTURES OR TYPE & SCREEN SAMPLES, NOR CAN THEY PERFORM ACCUCHECKS.**
- Blood transfusion pink copies are to be given to the charge nurse to verify completeness, then are tubed to the lab.
- Lab results can be checked in Azyxxi—double click on patient's name.

Meds:

- Most commonly used medications are in Pyxis machines, others may be tubed up from pharmacy (after the order has been scanned down—need allergies and weight on the order sheet). Per diem agency staff will be activated on a daily basis by the charge nurse, and contracted agency staff will have permanent access for the duration of their contract.
- All multidose medications (i.e. insulin) need to be dated & initialed when opened and expire in 28 days.
- CT scan oral contrast is kept in two small refrigerators in the nurse's station, and must be administered per protocol (posted). The patient's Optio-label is to be put on the bottle. If the contrast is poured into another container, the sticker must be filled out and used. PO contrast is to be documented as a medication on the nurse's note.
- All **Boarder** patients must have orders written and **SCANNED** to the pharmacy. Allergy and weight info must be on all order sheets. Stamp order sheet with "ED Boarder" red stamp prior to scanning. Medications will be available in boarder Pyxis after pharmacy processes the scanned orders. Boarder Pyxis is located at south end of the supply room. Some meds are not in Pyxis. These will be sent to ED and are to be kept in appropriate numbered bins in boarder Pyxis room. See the charge nurse for the combination to the boarder Pyxis room.
- All patient medications in the boarder area bins (not in Pyxis) are to be taken upstairs with the patient (eye drops, inhalers, etc.) upon transfer to floor.

Imaging/off-unit procedures:

All patients must have a **Hand-off Communication tool** (goldenrod) with them if they leave the department for a test or procedure in order to communicate any pertinent issues to ancillary/imaging staff. Transporters and MFTs have been instructed not to transport patients without this form completed by the primary nurse.

Documentation:

- Unapproved abbreviations are not to be used anywhere in the patient record—please note stickers on each patient chart folder.
- A medication history (pink form) is to be completed on all patients to the extent possible.

- Documentation and signatures must be legible. Please **WRITE** your name next to your signature to verify your identity.
- Pain must be reassessed within 1 hour of administration of pain medicine, and also at least every four hours.
- Failure to complete documentation will result in your having to return within two days of notification to complete the record.

Isolation Carts:

- Necessary isolation supplies will be available in the light blue or yellow carts within the department. Please adhere to CDC guidelines when dealing with potentially infectious patients.

Fires/Emergency Preparedness:

- The "RACE" mnemonic is used when dealing with fires within the hospital:
 - R- **Rescue** people in immediate danger
 - A- **Activate** the fire alarm if you note the fire
 - C- **Contain** the fire by closing all doors (including sliding doors in the ED)
 - E- **Extinguish** the fire using appropriate equipment
 - Patients in the hallway should be moved to an area which can be closed off (FastER Care waiting room, conference room, etc.)
- Emergency preparedness and disaster drills are conducted periodically to ensure our readiness to deal with mass casualty situations. If such a drill (or actual event) occurs, you will receive a job action sheet, directions regarding your assigned duties, and necessary equipment. The Emergency Preparedness manual is available on the unit as a reference.

Security/restraint usage

- Security (x4300) is available at all times to assist with aggressive/violent patients. There is also a Baltimore City police officer within the department on evening shift.
- Security staff can also safeguard patient valuables and belongings, if requested.
- The use of restraints is strongly discouraged and must be kept to an absolute minimum. Staff are expected to utilize other means in order to gain the cooperation of patients (including but not limited to re-orientation, providing alternate activities/diversion, verbal de-escalation, etc.) prior to the placement of restraint devices.
- Documentation of the behavior requiring restraint, on-going assessment of the patient (including continued need for restraint and readiness for release), a current provider order, and keeping the charge nurse informed are **MANDATORY**.

Transfers:

- Copy chart and complete the **Transfer form** -yellow copy of form & copy of medical record (including labs & imaging) go to the accepting facility. Call report to accepting facility **BEFORE** the patient is transferred.

Admissions:

- Check Azyxxi/Whiteboard for room assignment—goal is 30 min. from assigned bed to transport.
- Only **ICU/CCU** admissions need written orders prior to transport
- **IMC** patients must be **evaluated** by house staff prior to transport, but do not need orders.

- All HCU, SSU, and IMC admissions must be transported with a cardiac monitor and ACLS-certified RN.
- All ICU/CCU admissions must be transported with cardiac monitor, ACLS-certified RN, AND ICU Resident or Intern.
- Anyone can transport M/S admits, no written orders needed.
- **ALL ADMITTED CHARTS** must be scanned by the unit secretary prior to transport. Your documentation must be complete **PRIOR TO** scanning.
- If patients are still in the ED 4 hours after their admission time, they are considered **BOARDERS**, and the admission paperwork must be started. The necessary forms are in the "ADMITTED PATIENT" cabinet, and include a purple medication reconciliation form. The admission database must be initiated within 8 hours of decision to admit.
- If no orders are written within 2 hours after admission decision, call appropriate MD/PA (check with unit secretary for help).

Discharges:

- All patients get printed discharge instructions from LOGICARE program.
- Large print copy and letter from ED manager go home with the patient.
- Small print copy is signed by patient and kept with medical record.
- Single copy of **Follow-up call form** is placed in bin by discharge computer—please indicate whether the patient would like to be called (circle YES or NO).
- Patient must also receive a copy of their medication history form (pink)—either tear-off or photocopy. Please circle YES or NO on medical record copy that this has been performed (above patient signature line).
- Remind the patient that they may get a patient satisfaction survey in the mail and we want them to return it & rate us "5"s (very good care)!!
- **AMA Discharges**- must be documented on the provider's T-sheet, NOT the form through Logicare. It is the responsibility of the **PROVIDER** to get the patient to sign, though you may witness.
- **CoPay Collection:** Give patient the green form and direct them to the Customer Service Representative in Registration booth to pay copay (if applicable).
- **Discharge to Nursing Home:** call report to accepting facility, provide with a copy of the medical record (including imaging and lab results) along with the Logicare discharge instructions, copy of the medication history form, and prescriptions (if indicated).
- Complete **Blue Charge Ticket** & place on top of chart, then place **White Chart Audit Form** on top of chart to verify all documents are present & sign before placing chart in secretaries chart bin.

All parts of chart, including audit tool, must have an Optio-label. All nursing home records sent with patients and yellow ambo run forms are part of the medical record. If you need more Optio-labels, please ask one of the secretaries to print more out.

Inpatient unit phone numbers

Unit	Room #s	Ext.
3 East (HCU)	321-340	4065
3 West (SSU)	301-320	4060
4 East (IMC and M/S)	434-440 (IMC) 421-432 (M/S)	4075
ICU	1-7	4090
CCU	8-16	4085
5 East	521-540	4664
5 West	501-520	4080
2 East	221-240	4055
2 West	201-220	4050
3 O'Neil	350-374	6800

Department phone numbers

Department	Ext./phone #
Main ED	4040
FastER Care	4022
Triage	3868
ER X-ray	5385
Lab (main)	4170
ED lab accessioning	12284
CT	4983
Vascular Lab	4927
Nuclear Med	3710
Ultrasound	4437
Blood Bank	4176
Dietary	3769
Security	4300
Fax machine	4962
Respiratory	443-927-5584
ADN	410-984-9033
ED Manager	4115