

Blood/Body Fluid Exposures – What Should You Do?

Robbinsdale/
Ambulance Services

Clinics

Maple Grove

Non-employed

Click on the button above of your location
to learn what to do for those populations.

Policy and procedure for managing an exposure can be found in the
Bloodborne Pathogen Exposure Management policy located in C360



Blood/Body Fluid Exposures – What Should You Do?

Robbinsdale/
Ambulance Services

Clinics

Maple Grove

Non-employed

Robbinsdale team members report to the Team Member Health Center when exposure occurs during their business hours. At all other times, report to the Robbinsdale Emergency Department (ED).

Ambulance Services team members notify your supervisor and obtain evaluation at the most convenient Emergency Department (ED).

Policy and procedure for managing an exposure can be found in the
Bloodborne Pathogen Exposure Management policy located in C360



Blood/Body Fluid Exposures – What Should You Do?

Robbinsdale/
Ambulance Services

Clinics

Maple Grove

Non-employed

Maple Grove Team Members report to the Team Member Health Center when exposure occurs during their business hours. At all other times, report to the MGH Emergency Department.

Policy and procedure for managing an exposure can be found in the **Bloodborne Pathogen Exposure Management** policy located in C360



Blood/Body Fluid Exposures – What Should You Do?

Robbinsdale/
Ambulance Services

Clinics

Maple Grove

Non-employed

Contractors or non-employed individuals working in an NMH facility who experience an exposure should report to ED or ECC.

Policy and procedure for managing an exposure can be found in the **Bloodborne Pathogen Exposure Management** policy located in C360



Blood/Body Fluid Exposures – What Should You Do?

Robbinsdale/
Ambulance Services

Clinics

Maple Grove

Non-employed

- Report all blood and body fluid exposures to your supervisor immediately.
- Ask the patient to wait as blood will need to be collected before leaving.
- Exposure packets are in the Lab or with your supervisor at each clinic with instructions.
- Call Team Member Health for assistance during the hours of 7:00am - 3:30pm.
- High-risk exposure (known HIV positive) proceed immediately to Robbinsdale or Maple Grove Hospital (closest location to your clinic).

Policy and procedure for managing an exposure can be found in the **Bloodborne Pathogen Exposure Management** policy located in C360



Patient Blood/Body Fluid Exposures – What You Should Do

For patient **exposures**, Infection Prevention should be alerted ASAP.

Patients can also experience BBP exposure.
Examples: Breast milk given to wrong infant, insulin pen of one patient used by another, use of contaminated surgical instrument.

Policy and procedure for managing an exposure can be found in the **Bloodborne Pathogen Exposure Management** policy located in C360



Environment of Care

Hospitals/healthcare facilities must provide and maintain a clean and sanitary environment. Safety practices to help achieve this include:

1. Store personal food and beverages only in a designated location in your department. Food and drink may NOT be stored on any surface where this is potential cross-contamination with blood/body fluid, specimen handling/storage, patient care equipment reprocessing or supply storage.
2. Soiled/used linen is contaminated and should be handled wearing gloves.
 - Dispose at point-of-use in designated container.
 - When moving to a collection area, hold away from your uniform.
3. Supply management: Perform hand hygiene before accessing clean supply storage areas. Do not store any patient care equipment/supplies in proximity to water sources (<3 ft of the splash zone).



NORTH
MEMORIAL HEALTH

Equipment Cleaning and Disinfecting

- Always consult manufacturer's instructions for cleaning/disinfection to prevent damage.
- Cleaning and decontaminating patient care equipment and the environment is a shared responsibility of all team members.
- Re-usable patient equipment must be decontaminated after use.
- Effective cleaning and decontaminating requires a two step process.
 1. Clean surface with an approved disinfectant wipe to remove organic material.
 2. Decontaminate (disinfect) surface by applying wipe for the recommended contact/wet time specific on the label.
- Consult your leader if questions remain about the appropriate cleaning product to use.



Equipment Cleaning and Disinfecting

Instructions for use can be found on the MGH intranet.

1. Go to "tools" on the intranet and click on "Manufacturer's Instructions for Use".
2. Type in your piece of equipment in the key word box.
3. Scroll down to the correct model number and click "View Document" over on the right.
4. Search the table of contents for "cleaning and disinfection" or whatever it is you're interested in.



NORTH
MEMORIAL HEALTH

Information Privacy 2023



We are required to protect patient privacy based on the federal Health Insurance Portability and Accountability Act (HIPAA), other regulations, and some state laws.

As a North Memorial Health (NMH) team member, you are responsible for protecting the privacy and security of patient information.

This module helps you understand your responsibilities related to information privacy.



Types of Patient Information

NMH must protect these three main classifications of information:

PCI
Payment Card Industry

PII
Personally Identifiable Information

PHI
Protected Health Information

Click on each box
to learn more.

NORTH
MEMORIAL HEALTH

Types of Patient Information

NMH must protect these three main classifications of information:

PCI
Payment Card Industry

PII
Personally Identifiable Information

PHI
Protected Health Information

This includes any credit card information we may have in our system and must be protected by data security standards (DSS).

Types of Patient Information

NMH must protect these three main classifications of information:

PCI
Payment Card Industry

PII
Personally Identifiable Information

PHI
Protected Health Information

MN Statutes require notification to individuals whose information is acquired by an unauthorized person. Personal information includes: name in combination with any one or more of the following:

1. Social Security number;
2. Driver's license or MN ID card number; or
3. Account number or credit or debit card number in combination with any required security code, access code, or password that would permit access to an individual's financial account

Types of Patient Information

NMH must protect these three main classifications of information:

PCI
Payment Card Industry

PII
Personally Identifiable Information

PHI
Protected Health Information

PHI is patient information that:

- Identifies or could reasonably be used to identify the patient
- Relates to the patient's health, health services received, or payment for those services

Disclosure of PHI

Most disclosures, that are for purposes other than treatment, payment or health care operations, require patient authorization.

- NMH privacy policies explain when disclosures may be made without authorization. Examples include:
 - Reporting child abuse/neglect to child protective services.
 - Responding to inquiries from health oversight agencies, such as the Centers for Medicare and Medicaid Services (CMS) or the MN Department of Health.
- When in doubt, do not disclose PHI outside of NMH without consulting the Privacy Department.



Minimum Necessary

When doing your job, you may only access the minimum amount of PHI necessary for you to accomplish your work. This is known as the “Minimum Necessary Rule.”

- NMH privacy policies prohibit you from viewing any information that is not required for you to complete your job tasks.
- Disclosures of information outside of the organization should be limited to the minimum amount of PHI necessary to fulfill the request.



Don't Forget...

- Double check patient identifiers on all paperwork, such as discharge summaries and after visit summaries before handing paper to patients. This will prevent PHI from being given to the wrong patient.
- All paper containing PHI must be disposed of in confidential destruction bins (Shred-It). Keeping discarded PHI in a box near your work station is prohibited.



Secure Communication

A secured communication is one that is sent on an approved NMH communication tool and is encrypted, isolated, protected (not in a public domain), requires single user known access credentials (log-in and password), and is auditable.

1. Use approved electronic health record (EHR) systems, such as Epic, for communicating PHI.
 - Use tools within the electronic health record as appropriate to support communication (e.g. InBasket, Secure Chat).



Secure Communication Continued

2. If an email must be sent, you may send PHI to an internal NMH Outlook email address; internal email is already secure (no need to encrypt). Do not include PHI (e.g., patient name or medical record number) in the subject line of the email.

3. Assure that communications are:
- Being sent to an appropriate recipient.
 - Meet Minimum Necessary standards.
 - Are sent as a Secure Communication.



Information Blocking

There are new Information Blocking rules that prohibit us from keeping information from patients and care-givers. As a result, much information is available to patients without delay on MyChart. This includes all Epic notes, lab results, appointments, etc.



Cell Phones & Social Media

- Never take patient photos or transmit PHI over personal cell phones/devices.
- Never post North Memorial business or PHI online.



NORTH
MEMORIAL HEALTH

Cell Phones & Social Media

- ~~Never take patients photos or transmit PHI over personal cell phones/devices.~~
- ~~Never post North Memorial business or PHI online.~~



NORTH
MEMORIAL HEALTH

Access to Protected Health Information

Curiosity is **NEVER** an appropriate reason to look at patient PHI.

- You must have a business purpose for accessing any patient record.
- Only access the minimum necessary PHI needed to complete your work.



Privacy Policies

NMH privacy policies prohibit you from viewing:



Census reports/patients records from units where you are not assigned.



Records of family members, friends, co-workers, etc.



Records of patients that you hear about in the news.



Pages or portions of the Epic record that you do not need to access in order to complete your work.



Privacy Policies

- NMH uses Break the Glass functions in Epic as an added level of information security to certain health records that require additional privacy protections.
- If you get a Break the Glass notice, complete the prompts within Epic to access the record and do your job.
- If you get a Break the Glass notice, and you do not have a job related reason for viewing the record, close the record immediately.
- Privacy Department staff routinely monitor Break the Glass access.

Click anywhere to continue.

Privacy Department Audits

All team members are subject to random and focused privacy audits.

- If Privacy identifies Epic access that was not for a business purpose or was not limited to the minimum necessary, Privacy will contact the team member's manager and request follow-up.
- Privacy policy violations are subject to disciplinary action in accordance with HR policies.

NMH must report all confirmed privacy breaches to the Office for Civil Rights, which oversees HIPAA enforcement.



Business Associates

- NMH has contracts with many vendors and business partners that perform functions or activities on behalf of NMH that involve the use or disclosure of PHI.
- These partners are known as Business Associates under HIPAA.
- Prior to disclosing any PHI to a Business Associate, NMH must have a signed contract and a business associate agreement.
- All questions regarding Business Associate Agreements should be referred to the Privacy Officer, privacy@northmemorial.com, or the Chief Compliance Officer.



Patient Privacy Rights

Patients have the right to:

- Access their health records.
- Request confidential communications and restrictions on their health records.
- Request amendments to their records.
- Request a list of certain disclosures of their health records.



Release of information requests and other requests related to health records should be directed to the Health Information Management department.



Report Privacy Concerns

If you suspect that patient health information confidentiality may have been compromised, please let us know immediately so appropriate action can be taken. You may notify:

- Your manager.
- Privacy Officer.
- privacy@northmemorial.com
- Compliance Officer.
- Compliance Hotline (on the back of your ID badge).
- compliance@northmemorial.com



Privacy Considerations for Remote Workers

- Requires a private area to be used only for work purposes.
- Do not leave your computer unattended. Do not allow viewing of NMH work or allow others to use your computer while logged-in to iRAS.
- Do not forward NMH emails to your personal email.
- Do not move or save any content to your home computer.
- Do not print unless you have been granted special approval.
- Minimize PHI written on paper.
- Assure two levels of physical safeguards are in place when storing PHI. (Notebook, folder, locked cabinet, safe, closed door).
- Destroy paper PHI in an authorized, secure manner. (cross-cut shredder, Shred-It bin).



Compliance Contacts

Chief Compliance Officer

Compliance@northmemorial.com

Privacy Officer



Privacy@northmemorial.com

Data Security Officer

DataSecurity@northmemorial.com



As a North Memorial Health (NMH) team member, you are responsible for protecting patient information and business data.

In addition to following Privacy policies you must also do your part to help secure the NMH information systems.

This module helps you understand your responsibilities related to data security and protecting the NMH information systems.



Knowledge Check

This email just arrived in your inbox. What should you do?

CAUTION: This email contains information that may be sensitive, confidential, or otherwise require special handling. If you are not the intended recipient, please do not open, copy, or distribute this information. If you have any questions, please contact the sender.

Thank you for your interest in the NMH network. You would like to access your computer and potentially infected the rest of the computers on the NMH network.

[Click here to collect](#)

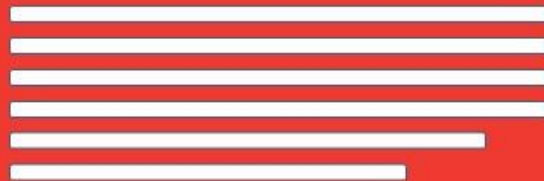


Created by Adhitya @ knowifitodo.com
from Netsec Project

Your personal files are encrypted.

Private key will be destroyed in:

23:59:60



[Pay Now \\$](#)

Knowledge Check

You just failed a mock phishing message that was never going to give you a gift card but is intended to download software to the computer and attempt to infect the whole NMH network and potentially put our Protected Health Information (PHI) and business data at risk.

Congratulations, you've been selected to win.



[Click here to collect](#)

Information Security

Click on each lock to learn more about each role.



Information Security



Click on each
more about

NMH IT team members ensure information security in the these ways:

- Performs annual audits and risk assessments to identify security risks.
- Completes risk management plans to respond to identified risks.
- Maintains appropriate IT policies, processes, technologies, and workflows to manage and secure the IT systems.
- Responds to information security incidents.

The NMH Information Security Program is managed by the Director of Information Security in the Compliance department.

Back

Information Security

Every NMH Team Members must follow NMH IT and Information Security policies to ensure the privacy and security of patient's protected health information (PHI) and the confidentiality of business data. You must know and understand the "IT – Computer, Network and Internet Usage Policy." This policy is available in C360.

Click on each lock to learn
more about each role.



Back

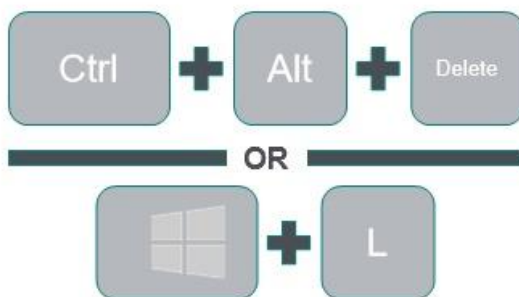
Access to NMH Computer Systems

Your job role will determine the type of access you have to the NMH computer systems.

- All team members need a password to log into the IT systems.
- You must always keep your password private. Do not post or share your password. If you suspect that your password has been used by someone else, change it immediately and contact IT Support Desk at 763-581-2580.



Securing Your Computer



- If you are using a shared computer, you must always log out when you walk away from the computer. This ensures the privacy of any patient information you were accessing. It also prevents other team members from using the computer under your user account.
- If you have a dedicated work station, you must lock or log out of your computer when you are away from your chair.

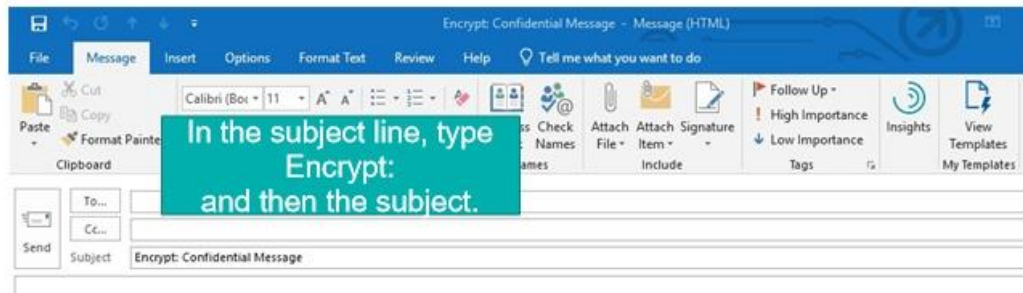


You must always secure your computer when you are away from it.



Emailing PHI

Ensure you establish minimum but necessary security. And encrypt any externally sent email containing PHI or confidential business information.



Phishing Awareness

The scenario at the very beginning of this module is an example of phishing. Phishing is an attempt to gather sensitive information, such as usernames and passwords, often for malicious reasons, by pretending to be a trustworthy entity.

The most common phishing attempts are email and text message.



Never open emails or attachments if you do not recognize the sender.



NMH Mail from External Sources

CAUTION: This email originated from outside of North Memorial. **DO NOT CLICK** links or open attachments unless you recognize the sender and know the content is safe.
0 Be sure to look at the email address itself in addition to the sender's name to ensure that it is as expected and not a phishing attempt.
0 If the email is "pretending" to be from a fellow team member it is likely not valid since it will be coming from an external source.
0 If the email was not expected or does not look legitimate to you, do not open it or click anything and delete it.
0 If you have any questions about how to handle a received email, please call the IT Service Desk at X12580 for assistance.

The above banner appears on ANY email originated outside of NMH. When this banner appears, you know it is from outside of NMH.

Only open if you know it's from a safe source and that it is not a spoofed email. Be sure to follow the instructions contained in the caution statement.



Protecting NMH from Malicious Software

- Malicious Software (a virus) is often times embedded or disguised to look innocent or non-obtrusive and is a risk to the NMH computer system.
- NMH requires that all software be installed by IT. Do not open or "click" on anything that seems suspicious or you do not know what it is. This may be an attempt by a hacker to compromise our computer systems.
- If you think something unexpected was installed on your computer, contact IT immediately so that appropriate steps can be taken.



Video Conferencing

Microsoft Teams (MS Teams) is the organizational standard for meeting collaboration. The Zoom app is available upon request, but is primarily used for telehealth needs and providers only.

- In all virtual meetings, any shared info should be minimum but necessary. No PHI should be shared unless approved for an exception from Privacy.



Always Report Concerns

- Contact the IT Service Desk when something is not working properly or you notice any suspicious behavior or system malfunctions.
- NMH promptly investigates all data security incidents and concerns made by patients, team members, and medical staff members.
- Concerns or complaint about data security should be reported to the Data Security Officer.



Compliance Contacts

Chief Compliance Officer

Compliance.@northmemorial.com

Privacy Officer

Privacy@northmemorial.com

Data Security Officer

DataSecurity@northmemorial.com



Medication Safety 2023



Pharmacy Services

- The Department of Pharmacy Services is committed to providing pharmaceutical care that focuses on ensuring appropriate, effective, and safe drug therapy for our patients.
- The Pharmacy Department supports this mission by assuring optimal use of medications focusing on safe and effective patient care.
- If you have any questions or issues related to medication management, please call Pharmacy to assist. We are here to help!



Medication Safety

- Look alike/sound alike medications require extra precautions to prevent dangerous mix-ups. North Memorial Health has implemented TALL MAN lettering to distinguish between medication on ordering, documenting, labeling, and storage.
 - An example is: clonazePAM and cloNIDine. The full list can be found here: <https://www.ismp.org/tools/confuseddrugnames.pdf>
- When a medication is removed from the original package and is not going to be administered immediately and completely, it must be labeled.
 - Examples include solution containers, syringes and basins.
 - **If a medication is not labeled, discard it.**



MEDICATION ADDED		
PATIENT	RM #	
DRUG	RATE	ML/HR
AMOUNT	BASE SOL'N.	
ADDED BY	TIME	
DATE	EXP. DATE	
THIS LABEL MUST BE AFFIXED TO ALL INFUSION FLUIDS CONTAINING ADDITIONAL MEDICATION		

NORTH
MEMORIAL HEALTH

Medication Safety: High Risk Medications

- High risk medications are those that bear a heightened risk of causing significant patient harm when used.
- To decrease risk, we use an independent double check. The second check should come to their own answer WITHOUT discussing with the first check.
- More information:
 - See the High Risk Medications policy in Compliance 360.



Medication Safety

- Medication and immunization errors are some of the most common types of error in healthcare and are almost entirely preventable.
- When placing labels, be sure to avoid covering the drug name, strength, NDC, Lot, or manufacture expiration date.
- Multi-Dose Vials
 - Expire 28 days from opening or sooner if indicated based on manufacture expiration date.
 - Must be labeled with the 28-day expiration date as soon as it is opened.
- All medications are to be stored in a secured medication room or locked cabinet until use.

More information regarding handling, administration, inventory and control of medications can be found in C360 Clinic Medications Policy.

More information: Look-Alike/ Sound-Alike (LASA) Medications policy and procedure.



Medication Safety: High Risk Medications

- High risk medications have a higher risk of harm if not used correctly.
- A medication that requires an independent double check is Depo Testosterone.
- To mitigate this risk, we employ the **independent double check** whereby a second authorized medical professional WITHOUT conferring with the first, verifies the six medication administration rights.
- More information: Clinic Medication Policy.



Medication Safety: High Risk Medications

Medications that require an independent double check include:

- Intravenous anti-thrombotics
 - [eg. Heparin infusions]
- Non-oral chemotherapy
- Epidural administration by nursing
- IV and SQ insulin that are not prepared by the pharmacy for the patient and the dose
 - [eg. stock insulin vials]
- Insulin pens are excluded from double check
- Patient Controlled Analgesia [PCA] and Intravenous opioid infusions
- Intravenous epoprostenol
- Intravenous magnesium sulfate
 - 4 g and 40 g infusions



Medication security

Medication Security Key Points

- Home medication use is restricted except under specific circumstances. Medications brought in from home should be sent home if possible or inventoried into a secure medication bag and sent to the pharmacy.
- All medications sent through the tube system will be sent using a code.
- Medications need to be always secured. Only take what you need at the time- if a medication is removed from the Omnicell and not opened/ used, return the medication immediately. Unsecured storage in patient rooms is not allowed.

For more information see:

- Control of Patient's Own Medications policy
- At NMHH: Medication Selection, Procurement, Storage, and Control policy and procedure
- At MGH: Medication Security and Storage policy

More information: Medication Selection, Procurement, Storage, and Control policy and procedure

NORTH
MEMORIAL HEALTH

Medication Range Orders

- Range orders will only be allowed for the dose field (e.g., morphine 2 - 4 mg IV every 2 hours prn [as needed] pain).
- Dose ranges SHOULD be limited so that the maximum dose does not exceed four times the minimum dose (e.g., hydromorphone 0.2 mg to 0.8 mg).
- Exclusions: Infusions, insulin, contrast, intra-procedure medications, non-systemic routes of administration (e.g. ophthalmic, topical), comfort/palliative care.
- Frequency ranges (e.g., 2 - 4 hours prn, 4 - 6 hours prn) will NOT be used.



Medication Range Orders

- The prescribed medication dose and interval should be based on the assessment of the patient (i.e. pain, nausea, sedation level), their goal, anticipated reduction in symptoms, and the least potential for side effects.
- Start with the lowest dose in the range. Future doses should be based on patient response.
- Generally, response for oral and IM medications is 60 minutes and 30 minutes for IV.

More information: [Medication Range Orders policy and procedure](#) in Compliance 360



Titratable Medications

- Titratable infusions should follow the order parameters and the administration instructions.
- Components of a titratable infusion order.
 - Starting rate (initiate at)
 - Infusion rate (dose range)
 - Frequency of titration
 - Incremental unit of rate increase or decrease
 - Goal parameter

x norepinephrine bitartrate (LEVOPHED) 8,000 mcg in dextrose 5 %
Dose 0-30 mcg/min : 0-56.3 mL/hr : Intravenous : TITRATE

SPECIAL DISPOSAL

Admin Instructions:
Titrate by 1 mcg/min if MAP is 60-65 and by 2 mcg/min if MAP is less than 60. Notify provider for rate greater than 20 mcg/min

Dispense Location: Central Pharmacy
Frequency: TITRATE
Route: Intravenous
Order Dose: 0-30 mcg/min
Ordered Infusion Rate: 0-56.3 mL/hr

Order Questions/Answers:
Initiate at: 8 mcg/min
Titrate by: 1-2 mcg/min
Frequency of titration: 5 minutes
Goal parameter: MAP greater than or equal to 65 mmHg

Action: New Bag
Route: Intravenous
Dose: 0-30 mcg/min
Order Concentration: 32 mcg/mL
Associated Flowsheet Rows:



Titratable Medication

- Titrate by [example: 1-2 mcg/min]: *amount that the infusion can be **increased** or **decreased***
 - If this is a range, utilize the lowest effective increment of medication (**within ordered parameters**) that is effective to achieve the ordered goal parameter
- Frequency of titration [example: 5 minutes]: *how soon the infusion can be increased or decreased*
- Goal parameter [example: MAP greater than or equal to 65 mmHg]: *target of the infusion specific to the medication and the patient*



Time Critical Medication

- Most medication doses are to be given within **1 hour before or after the scheduled due time.**
- Medication doses that must be given as close to the due time as possible include:
 - STAT doses.
 - Doses specifically timed for procedures.
 - Doses timed with serum drug levels.
- **Time Critical Medications** must be given *within 30 minutes* before or after the due time. These include:

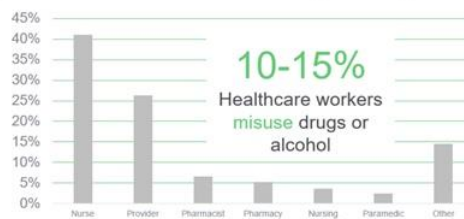
Fluoroquinolone oral antibiotics	Itraconazole
Pancrelipase	Oral tacrolimus
Nimodipine	Oral cyclosporine
Oral pyridostigmine and neostigmine	Prandial insulin aspart

More information: See Medication Administration policy
[Attachment B: Timing of Medication Administration](#)



Drug Diversion

- “Diversion” means the transfer of a controlled substance from a **lawful to an unlawful channel** of distribution or use.
- North Memorial Health monitors the movement of controlled substances throughout the facility and to provide effective controls to guard against theft and/or diversion.



- It is everyone's responsibility to recognize and report suspected diversion.
- Diversion has **caused patient harm** including infecting them with **hepatitis**.

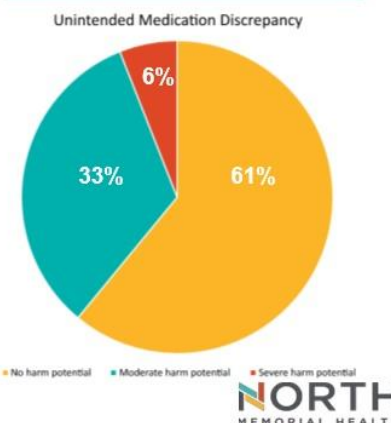


Medication history and reconciliation

- Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician's admission, transfer, and/or discharge orders.
- The patient's medication list must be reviewed and corrected for every patient encounter.
- The list needs to be reconciled when the patient is transferred to another level of care within or outside the organization.
- The complete and reconciled list of medications is provided to the customer and explained on discharge.
- Medication Reconciliation is everyone's responsibility. If pharmacy hasn't completed it prior to bed placement it is the expectation that the admitting RN complete it.

More information See
Medication Reconciliation policy
in Compliance 360

More than half of patients have > 1 unintended medication discrepancy at hospital admission



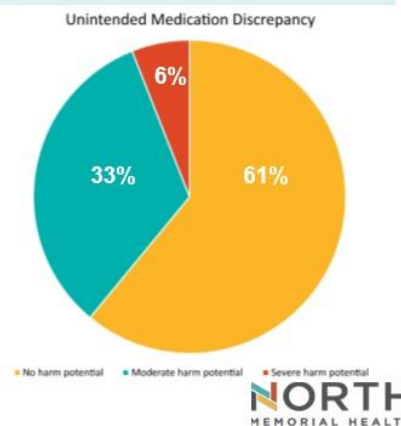
Medication history and reconciliation

Medication history and reconciliation should occur during each point of care including all transitions in care (admit, transfers, discharge, etc.) and all clinic visits.

- **Step 1:** get the most accurate medication list possible, including drug name, dose, frequency, route, last dose taken, OTC medications, and herbal supplements.
- **Step 2:** providers then determine what will continue or change.
- **Step 3:** the reconciled list is given to the customer and explained in detail during discharge and at the end of visits.
 - **Who:** An accurate list is everyone's responsibility.
 - **Why:** Medication discrepancies can lead to harm.

For more information, refer to the [NMHH Medication Reconciliation Role Responsibilities Procedure](#) in Compliance 360.

More than half of patients have > 1 unintended medication discrepancy at hospital admission



Antibiotic Stewardship

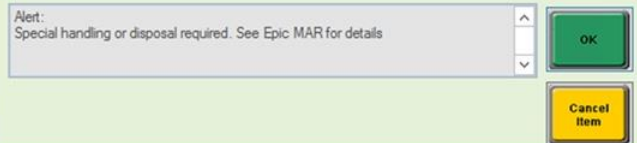
- Centers for Disease Control (CDC) 2013 report, "Antibiotic Resistance Threats in the United States," estimates at least 2 million illnesses and 23,000 deaths annually are caused by antibiotic resistance.
- Just using antibiotics can create resistance and need to only be used for infections.
- However, up to 50% of the time antibiotics are not optimally prescribed (either not needed, incorrect dosing or duration).
- Antibiotic Stewardship** is the effort to measure and improve how antibiotics are used, improve patient outcomes, and decrease resistance to antibiotics.
- North Memorial has an ongoing antibiotic stewardship program that is a partnership between Infectious Disease, Pharmacists, and Providers.



Hazardous Drugs & Disposal

- As shown in the Waste Stream Management grid, many medications require special disposal. In many instances, these medication also require special handling.
- To further inform team members of hazardous drug handling and disposal requirements, there is an alert in Omnicell and detailed information in the MAR (Medication Administration Record).

Omnicell



MAR

HANDLING PRECAUTIONS

SPECIAL DISPOSAL

Admin Instructions: (Edited 10/15/23 at 16:18)

Show Changes

give 4 hours after the START of Fludarabine.

Product Instructions:

Hazardous. Use double chemotherapy gloves and a protective gown during handling and administration. Consider eye and face protection if risk of splash or spill.

Chemotherapy. Dispose of any empty bags, syringes, and IVPB in a yellow chemotherapy waste container. If bag or syringe is not empty, dispose in black pharmaceutical waste container.

Patient Care Team Member 2023



Patient Identification

How many patient identifiers are required for administering medications, collecting blood samples, and other specimens for clinical testing (not including Blood Bank samples), and providing treatments or procedures or services?

1

2

3 or more

Services include transporting patients within North Memorial Health Hospital and transferring patients to other healthcare facilities.



Patient Identification

- Use two patient identifiers, name and date of birth (DOB), when:
 - Administering medications.
 - Collecting blood samples and other specimens for clinical testing (three unique identifiers are required for any Blood Bank samples--name, DOB and MR#).
 - Providing treatments or procedures and services.
- Patient identification includes active involvement of the patient, if able, and/or family. If possible, always ask the patient to state their name and DOB.
- The patient identification (ID) bracelet must be on the patient at all times; it cannot be taped to the bed.
- The patient's room number or physical location is NEVER used as an identifier.
- If the patient's identity is unknown refer to the Patient Identification policy.



Specimen Labeling for Lab Testing

- All patients must be positively identified, and the samples labeled with 2 unique identifiers – one of them being the patient's full name. **Patient's room number is NOT a valid identifier.**
- The correct labeling of laboratory specimens is critical to patient's care and safety. Any lab sample received will not be processed until all labeling requirements are met.
- Print specimen labels only when you are ready to collect the sample from the patient.
- If any part of the patient identification is missing and/or "cut off" from the label, you must hand write it or print a new label that is accurate. Call IT for any label printer problems.
- Collect all blood samples according to established "Order of Draw" and mix well immediately after collection. Refer to Laboratory section under Clinical Services tab on the Intranet for more information.



Specimen Labeling for Lab Testing Continued



- The Robbinsdale lab has an automation line and instruments that read the barcodes from the specimens that you send, to identify both the patient and the testing that is requested. Samples that are missing the collection step, or labels that are not on straight are rejected by the line and cause delays.
- The Maple Grove lab has instruments with barcode readers.

NORTH
MEMORIAL HEALTH

Specimen Labeling for Lab Testing Continued

- Apply the label STRAIGHT with the tube cap on your left.
- Place the patient barcoded label over the original tube label (not over the clear opening – we need to see in there!).
- Required: write your initials (Maple Grove) or E# (Robbinsdale) and the date and time of collection on the **upper or lower right corner of the barcoded label**, with ink (Yes, we know it is a small space!).
- **Do NOT write anything next to the barcode.**
- No black pen, Sharpie marker, or pencil. You can use a red pen; this does not interfere with the instrument barcode readers.



Order of Draw for Common Laboratory Tests

- 1  **Blue** - Sodium Citrate anticoagulant – tube **MUST** be filled to minimum fill line. (e.g., PT/INR, PTT, Heparin, D-dimer, Fibrinogen)
- 2  **Red** - No anticoagulant in tube (e.g., drug levels, miscellaneous tests)
- 3  **Yellow** - No anticoagulant in tube (e.g., Hepatitis, HIV, SARS - this sample type produces serum vs. plasma)
- 4  **Green (Plasma Separator Tube)** - Lithium Heparin anticoagulant (most chemistry testing – e.g., BMP, Lipids, Troponin, Liver enzymes, Kidney function testing)
- 5  **Purple**- EDTA anticoagulant (e.g., CBC, CBC w/diff, Hgb, Platelet, Sed rate)
- 6  **Pink**- EDTA anticoagulant – NMHH ONLY - mostly Blood Bank testing - which requires a 3rd unique Patient Identifier***

ALWAYS USE 2 UNIQUE PATIENT IDENTIFIERS. LABEL ALL TUBES AT THE PATIENT BEDSIDE
Place specimen labels directly over original label, reading from left to right with cap of tube on left. Date, time and your initials.

Refer to test generated label for all tube type requirements, examples listed are not all-inclusive.

*** Tubes shown in order of draw starting from top
***If blood cultures are ordered, they become the 1st to draw
Call the Laboratory if you have questions



Point of Care Laboratory Testing



- Patient identification is the first and most important step in performing bedside testing on our patients.
- All Point of Care testing requires the HAR (encounter) number for patient ID. The team member performing the testing must accept the responsibility toward assuring the accuracy of every single result.
- Following the individual testing procedures in C360 and adhering to all of the test requirements are mandatory.



Point of Care Laboratory Testing

North Memorial Clinical Laboratory supports Point of Care testing in the hospital:

- Whole blood glucose testing
- EPOC blood gas and chemistry reporting in the ED, NICU, ICU and OR
- Activated clotting time (ACT) in OR, Cath Lab, 4South and A4
- Urinalysis and hCG in the ED
- AmniSure ROM (rupture of fetal membranes) in Labor and Delivery
- Whole blood creatinine testing in Imaging

Maple Grove Hospital Laboratory supports Point of Care testing:

- Whole blood glucose testing
- EPOC blood gas and chemistry testing in the NICU
- Whole blood creatinine testing in imaging
- AmniSure ROM (rupture of fetal membranes) in Labor and Delivery

There is required initial and annual competency for all waived testing (WBG, urinalysis Clinitek, and hCG), and an additional 6 month AND annual competency for "moderate complexity" testing (EPOC, Hemochron and AmniSure).



Patient Hand Off

Patient hand offs have been identified as a vital opportunity to pass on information from team member/provider to team member/provider in order to keep a patient safe.



EMS Time Out Report

M I S T	Mechanism or Medical Complaint	Name, Age, Sex Mechanism: Speed, Mass, Height, Restraints, Number and Type of Collisions, Helmet Use and Damage, Weapon Type Medical: Onset, Duration, History
	Injuries or Illness Identified	Head to Toe Pain, Deformity, Injury Patterns STEMI—12-Lead / Stroke — Cincinnati
	Signs and Symptoms	Symptoms and Vitals Initial, Current, Lowest Confirmed BP HR, BP, SPO ₂ , RR, ETCO ₂ , BG GCS: Eyes _____ Verbal _____ Motor _____
	Treatments	Tubes, Lines (Location and Size), Fluids, Medications and Response, Dressings, Splints Defibrillation / Pacing

MIST report can be utilized with any patient care handoffs, communication with OMD, or first responder partners.

NORTH
MEMORIAL HEALTH

Step 1: Attention Getter



Identify Team Leader and assure you have their attention

NORTH
MEMORIAL HEALTH

Patient Hand Off

NMH procedure for patient hand-off is as follows:

- Use **SBAR** (Situation, Background, Assessment and Recommendation) framework to pass on critical information about the patient and their care.
- Read-back to verify important information.
- SBAR is to be used in the patient's medical record notes as well as in verbal communications between health care professionals.



Step 2: Mechanism or Medical Complaint

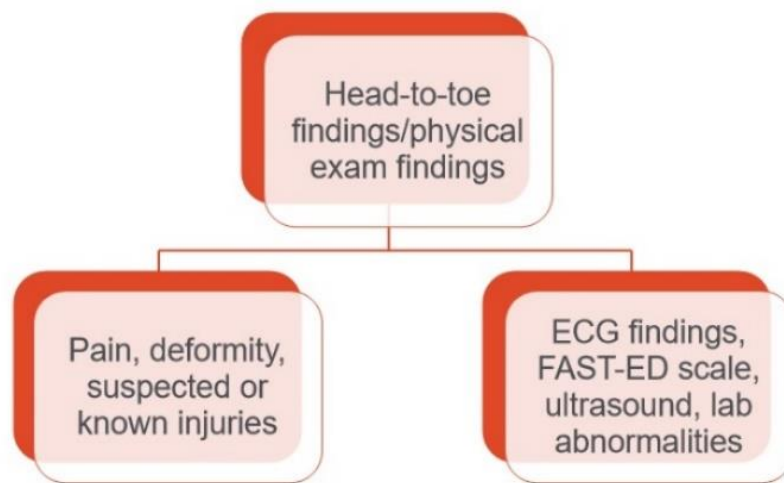
Introduce patient: name, age, gender, pertinent info,
i.e deaf, blind, ESL, etc.

Trauma: Speed, height of fall, restraints, helmets/
airbags +/-, damage to vehicle, extrication

Medical: Chief complaint, OPQRST, relevant history



Step 3: Identified Injuries or Illness



NORTH
MEMORIAL HEALTH

Step 4: Signs/Symptoms (Significant PMH/ Medications)



NORTH
MEMORIAL HEALTH

Step 5: Treatment & Then Transfer Care

Describe treatments done

Lines, needles,
tubes, size and
location

Fluids and
medications
administered

Dressings,
tourniquets,
splints

Defibrillation,
pacing, etc.



Last step is to ask if there are any
questions



Pain Management

- We take a holistic approach to pain management and focus especially on making sure our patients are comfortable during their hospitalization.
- In addition to medications and non-pharmacologic treatments (such as aromatherapy and heat/cold compresses), comfort enhancing techniques include a quiet environment conducive to healing, a warm smile and conversation, and attention to details (for example, making sure the call light is within reach, watching for non-verbal signs of discomfort).
- We believe everyone has a role in helping our patients.



Improve Recognition & Response to Changes in a Patient's Condition

All patients will receive the best level of pain control that can safely be provided in order to prevent unrelieved pain. See Policy and Procedure: Pain Management. Pain management includes regular pain assessments that include level of pain, location, intervention, reassessment and appropriate patient/family intervention/education.



NORTH
MEMORIAL HEALTH

Pain Management Best Practices

- Providing patients/family with verbal and written information about pain management, including pharmacologic and non-pharmacologic interventions.
- Teaching patients/families to use a pain rating scale that is age, condition, and language appropriate for reporting pain intensity and that the goal of pain management is prevention. (Example pain scales: Numeric, Verbal, N-Pass, FLACC, Faces, Behavior.)
- Developing an individualized pain management plan which includes the patient's goal for pain management, patient preferences for treatment, age, type of pain, risk for cognitive impairment, history of chemical dependency, chronic pain and cultural beliefs and practices.
- Perform hourly rounding where pain, elimination, environment, and positioning (PEEP) are managed and reassessed.
- Using the CareBoards for communicating comfort goal, plans and interventions to team members and patient/family.

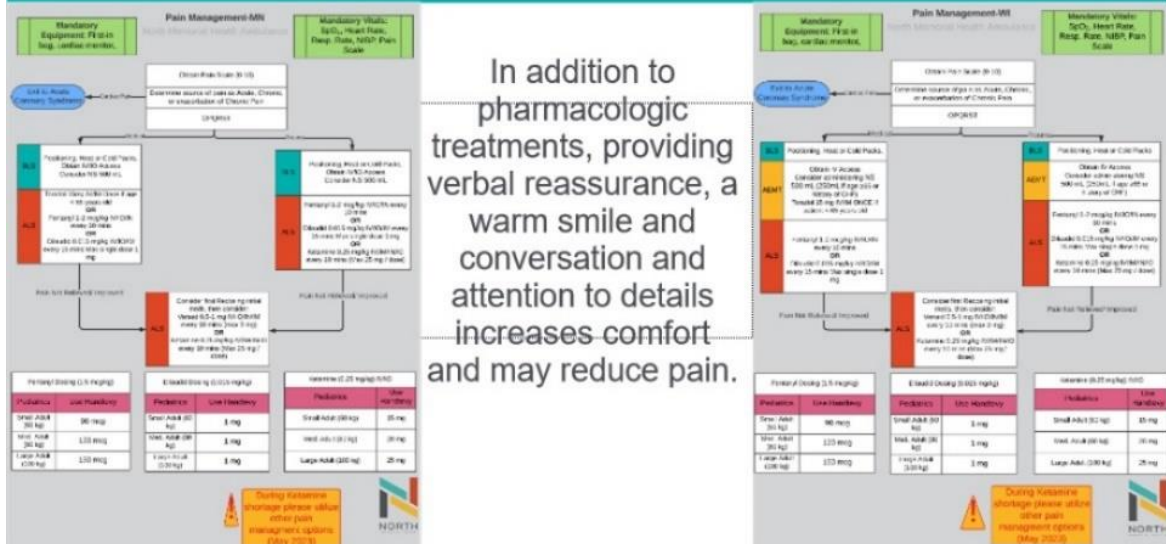
NORTH
MEMORIAL HEALTH

Pain Assessment

- An **INITIAL** assessment is required prior to pain intervention. Best practice shows to do this within 30 minutes.
- A pain **REASSESSMENT** must be completed within 60 minutes following an intervention. Best practice is 30 minutes after an IV medication intervention, 60 minutes after a PO/IM pain medication intervention or 15-60 minutes after a non-pharmacological intervention.



Adult Pain Management Guideline



Adult Pain Management Guideline

- All patients will receive the best level of pain control that can safely be provided in order to prevent unrelieved pain. Documentation of pain management includes severity of pain, location, intervention, reassessment and appropriate patient/family intervention/education.
- Talk to your regional leadership or contact ASQuality@northmemorial.com with any questions or clarification needed.
- The EMS RB monitors how compliant EMS agencies are at documenting pain assessments in trauma patients.

Pain Management Page 2
North Memorial Health - Ambulance

Key Considerations for:		
HPI / MCH	Differential Diagnoses	Be Prepared to:
OPQRST exam Use of NSAIDs History of Liver / Kidney Disease History of bleeding disorders	Consider the HPI / Cause of Pain Consider the content of pain Consider the patient's experience with pain medications Review for any occult processes	Stay ahead of pain Monitor side effects: Nausea Respiratory depression Sedation
Transport Emergent / Consider Air / ALS Intercept if any of these: <ul style="list-style-type: none"> • Patient condition deteriorates • Patient develops symptoms secondary to EMS pain management • Cause of pain threatens life, limb, or organ(s) • EMS unable to control pain due to an underlying process (e.g., immediate surgical need) 		
Treatment Plans / Rationale <ul style="list-style-type: none"> • Fentanyl reduces the patient's pain for pain management in the air or on scene setting. It is used to treat and has few side effects. • Opioids should be considered for longer transports or as an adjunct to fentanyl when longer acting pain control is indicated. • Opioids should be avoided in patients with respiratory depression and require higher doses. • Ketamine is an excellent option for traumatic pain, but needs most effectively as an adjunct. • Toradol is absolutely contraindicated in the presence of trauma, in patients older than 65, and in patients with renal insufficiency or liver disease. 		
Devil's Report When giving bedside report, use the entirety of pain management given as well as the most recent dose, including the time the most recent dose was given by EMS staff.		

UNIVERSAL PAIN ASSESSMENT TOOL

0 1 2 3 4 5 6 7 8 9 10

NO PAIN
MILD PAIN
MODERATE PAIN
SEVERE PAIN
VERY SEVERE PAIN
WORST PAIN POSSIBLE

Visual analog scale with faces and corresponding pain levels.

Revised: May 2023

Pain Management

Fentanyl

Binds to the opioid receptors in the CNS. Thus, reducing the intensity of pain from the sensory nerve endings.

Inhibits ascending pain pathways

Best for:

- Rapid pain control
- Acute traumatic pain
- Increases pain threshold

Not as good for:

- Long-acting pain control
- Chronic pain

1-2 mcg/kg IV/IO/IN/IM every 10 min

Pain Management

Hydromorphone-Dilaudid

Binds to the opioid receptors in the CNS. Thus, reducing the intensity of pain from the sensory nerve endings.

Best for:

- Longer periods of care/transport
- Longer onset of action, longer duration
- Adjunct to fentanyl when longer-acting pain control is indicated

Not as good for:

- Rapid pain control

NOT TO BE USED FOR:

- Hypotensive patients

0.015 mg/kg IV/IO/IM every 15 min

NORTH
MEMORIAL HEALTH

Pain Management

Ketamine

Interacts with NMDA, opioid, monoaminergic, muscarinic receptors and voltage sensitive calcium channels. Producing a potent anesthetic effect.

Ketamine does not interact with GABA receptors.

Works well in conjunctions with other analgesics.

Best for:

- Acute traumatic pain
- As an adjunct to opiates if opiate analgesics are ineffective

Not as good for:

- Long duration pain control

0.25 mg/kg IV/IM/IN/IO every 10 min, max 25 mg each time

NORTH
MEMORIAL HEALTH

Pain Management

Ketorolac

Non-selective NSAID

Inhibits key pathways in prostaglandin synthesis which mediates inflammation and pain at the site of injury.

Has antipyretic, analgesic & anti-inflammatory properties

Best for:

- Suspected renal colic, atraumatic pain, sprains and strains

Not as good for:

- Rapid pain control for acute traumatic pain

NOT TO BE USED FOR:

- Contraindicated in the presence of trauma
- In patients older than 65
- Patients who take Coumadin or Lovenox
- Pregnant patients or patients with renal failure

15 mg IV/IM ONCE in patients < 65 due to decreased kidney function

NORTH
MEMORIAL HEALTH

Benzodiazepine

Midazolam

Binds to specific benzodiazepine receptors in the GABA neuron.

Short acting hypnotic-sedative with anxiolytic, muscle relaxant, anticonvulsant, hypnotic, & amnesic properties.

Best for:

- As an adjunct to other analgesic medications
- Alcohol withdrawal
- Seizures

NOT TO BE USED FOR:

- Use as a single analgesic agent

0.5-1 mg IV/IO/IN/IM every 10 min, max cumulative dose of 3 mg

NORTH
MEMORIAL HEALTH

Pediatric Pain Management Guideline



If having trouble logging into HandTevy, uninstall then reinstall the app using your North email address and NMA2016 as both the login and password. If you are still getting an error after doing that, email ASTech@Northmemorial.com



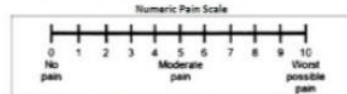
Pain Scales



PAIN ASSESSMENT SCALES			
Pain Assessment Scales		File Number	SPN Pain Assessment Scales
BLAKE Pain Scale			
	0	1	2
Criteria:			
Face:	No face expression in smile	Minor grimace or frown	Frequent or constant grimacing, clenched jaw
Leg:	Normal position or relaxed	Minor flexing, stretching, thrashing, restlessness	Thrashing or legs drawn up
Activity:	Normal, active, relaxed	Agitated, struggling and restless	Restless, not settling
Cry:	None present or slight	Minor, occasional, intermittent complaints	Crying usually, intense or noisy, frequent complaints
Comprehibility:	Content, relaxed	Agitated, restless, thrashing, struggling or thrashing	Unsettled or inconsolable

Non-Verbal Pain Scale (NIPS)				
Criteria	0	1	2	3
Face	No apparent expression of stress	Distorted, tense, moving, frowning, wrinkled forehead	Frowning, wrinkled, moving, frowning, wrinkled forehead	
Activity (movement)	Lying quietly, relaxed	Self-movement through mild discomfort	Restless, excessive activity and/or withdrawn activity	
Crying	No crying, complaining of pain or state of body			Appl. self
Physiology (lab signs)	Stable vitals signs	(Other of the following 3/4 or more times than normally) HR increase more than 20bpm RR increase more than 20bpm	(Other of the following 3/4 or more times than normally) HR increase more than 20bpm RR increase more than 20bpm	
Respiration	Steady RR 12bpm, Comfortable with condition	RR more than 20 above baseline or 20b decrease in SpO ₂ after respiratory work	RR more than 20 above baseline or 20b decrease in SpO ₂ after respiratory work	

Interpretation: Score indicates level pain: 0=No pain, 1=Mild pain, 2=Moderate pain, 3=Severe pain

Page 1 of 2
 2025 Release under E.O. 14176

Autism Medication Agitation Severity Scale	
4	Combative Overtly combative or violent, immediate danger to staff
3	Very Agitated Panic on or imminent panic or catatonia or is aggressive
2	Agitated Frequent non purposeful movement or non violent disorientation
1	Excited Affects or irritates staff but no movement but no aggression
0	Alert and Calm
5	Unruly Stays awake 10+ minutes, Eyes open to stimuli
4	Light Sedation Awake less than 10 seconds with eyes contact to verbal
3	Moderate Sedation Eye movement, except eye contact, to verbal commands
2	Deep Sedation No response to voice, any movement to physical stimulation
1	Unconscious Response to voice or physical stimulation

© 1998 Blackwell Assessment Services. 0950-0804/98 \$10.00

