

Language Access Laws

Deaf and Hard of Hearing



Spoken Language



Click on each box above to learn more.



Language Access Laws

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The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications.

Complaints of Title III violations may be filed with the Department of Justice. The Department is authorized to bring a lawsuit where there is a pattern or practice of discrimination in violation of Title III, or where an act of discrimination raises an issue of general public importance. Title III may also be enforced through private lawsuits. It is not necessary to file a complaint with the Department of Justice (or any Federal agency), or to receive a "right-to-sue" letter, before going to court.

Example: Following a three-week trial in Hudson County, New Jersey, a jury awarded a deaf patient \$400,000, including \$200,000 in punitive damages, against a Jersey City rheumatologist who failed to provide a sign language interpreter at the patient's request (the communication was done through family members). The physician also may be personally liable because his malpractice carrier denied coverage as well as a defense.

Click on each box above to learn more.



Language Access Laws

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Title VI

Title VI protects people of every race, color, or national origin from discrimination in programs and activities that receive federal financial assistance from HHS

Affordable Care Act

Section 1557 of the Affordable Care Act (ACA) also prohibits discrimination on the ground of race, color, or national origin, under "any health program or activity, any part of which is receiving Federal financial assistance ... or under any program or activity that is administered by an Executive agency or any entity established under [Title I of ACA].... **Also clarifies what a qualified interpreter is, and that family and friends cannot interpret.** Also gives Limited Language Proficiency (LLP) persons expanded powers to sue.



Guidelines for Requesting Interpreters

- Please use professional medical interpreters for: admits, provider encounters, family meetings, therapies and discharge and consent form.
- Propio offers 24/7 access to language services. We recommend fully utilizing Propio as your language resource. Should Propio not produce the intended communication results, our main line x10850 remains open round the clock. It's important to remember that any in-person requests must be documented by the Interpreter Services Department and must align with the guidelines outlined in our in-person request guidelines accessible on [NorthNet](#). As such, please ensure you have a legitimate reason prepared when submitting such requests.
- Using interpreters only for as long as they will be needed makes them available to help other patients.



Language Service Resources

To contact NMIS, please call ext. 10850

- Please include as much information as possible regarding your request in the page in order to dispatch an interpreter as quickly as possible.

Information about interpreter services for a given inpatient patient can be found in two places:

- Staff-to-staff Communication on the RN Snapshot
- 'Dear Doctor'

Please check these if you're wondering whether a patient has an interpreter scheduled.

For outpatient appointments, you will see 'NMRINT' added under 'DEPT' on the appointment desk when an interpreter has been assigned. For outpatient telehealth visits, you will see a note added on appointment desk when an interpreter has been assigned.



Language Service Resources

To contact NMIS, please call ext. 10850

- Please include as much information as possible regarding your request in the call to request an interpreter as quickly as possible.

For outpatient appointments, you will see 'NMRINT' added under 'DEPT' on the appointment desk when an interpreter has been assigned. For outpatient telehealth visits, you will see a note added on appointment desk when an interpreter has been assigned.



Guidelines for Requesting Interpreters

- Use Propio for outpatient appointments. We will arrange on-site interpreters following the in-person guidelines, which encompass scenarios like MRIs, American Sign Language (ASL) needs, cardiac rehab, and nuclear medicine in-person requirements. If any questions arise, visit the [Interpreter Service Sharepoint page](#).
- Using interpreters only for as long as they will be needed makes them available to help other patients.



Language Service Resources Continued

Propio

CLI

Pocket Talker

TTY

Printed Materials

Click on a box above for more info.



Language Service Resources Continued

Propio

CLI

Pocket Talker

TTY

Printed Materials

An on-demand video interpretation system. Robbinsdale and Maple Grove Hospitals have a Propio unit on every floor, in ED and on L&D. An additional Propio can also be ordered via Epic. Off hospital campus clinics have access to Propio in their facility.



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Language Service Resources Continued

Propio

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CLI a secondary choice in case Propio is unavailable, yet our primary preference should always be to utilize Propio first. To communicate with an LEP patient over the phone, please call 1-844-209-4472, or use your Vocera by saying 'Call C-L-I.' Instructions for using CLI are available on the [Intranet Language Services / Interpreters](#).

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Language Service Resources Continued

Propio

CLI

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TTY

Printed Materials



Primarily used for people who have hearing deficits but who are not deaf. Order via Epic or, after 2330, pick it up off of the dispensing cart outside of the Dispensing door on Plaza Level.

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Language Service Resources Continued

Propio

CLI

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TTY

Printed Materials

Electronic devices for text communication that are used with a telephone to communicate with persons who are deaf or hard of hearing by typing and reading communications.

- Robbinsdale: Order by calling 1-2324 or, after 2330, pick it up off of the dispensing cart outside of the Dispensing door on Plaza Level.
- Maple Grove: Order by calling Customer Service at 1-2321.
- Off hospital campus clinics: [Contact Interpreter Services](#).



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Language Service Resources Continued

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TTY

Printed Materials

Printed materials in various languages available on North Net/Language Services and Interpreters/Language Services/Multilingual Exchange. If you would like help finding printed materials in a non-English language, please contact [NMIS](#).

Hello
Hola
Bonjour
Chao
Привет

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Guidelines for Police, Child Services, and/or SANE Exams

- North Memorial's interpreters – both in-house and contracted agency interpreters – are qualified **medical** interpreters.

If an interpreter is needed, the police, Child Services, or Sexual Assault Nurse Examiner (SANE) nurses **MUST** call someone **their agency contracts with**. If the police enter the room, our medical interpreters will need to excuse themselves from the assignment.



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Guidelines for Policy, Child Services, and/or SANE Exams

- Our phone/video interpreters also **cannot** be used by police; again, they must contact someone they contract with.
- Police must get an interpreter from agency they contract with; even if NMH also contracts with that same agency, police must contact/request themselves.
- Interpreter Services and contracted agencies CANNOT 'just help out' on an ad hoc basis. Legal liability for providing a qualified interpreter rests with the police and must remain with the police, so our department/contracted agency partners will not be willing or able to help.
- This is a community standard; even if some police officers, RNs, or other professionals have used hospital staff interpreters or agency medical interpreters in this capacity in the past, it does not change the law or the community standard.



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Interpreter Services

To ensure effective communication, adherence to care recommendations, and patient satisfaction with our care, team members are required to use only qualified medical interpreters when communicating with customers of Limited English Proficiency (LEP)

Interpreter services are available at no cost to all patients and families who are non-English speaking

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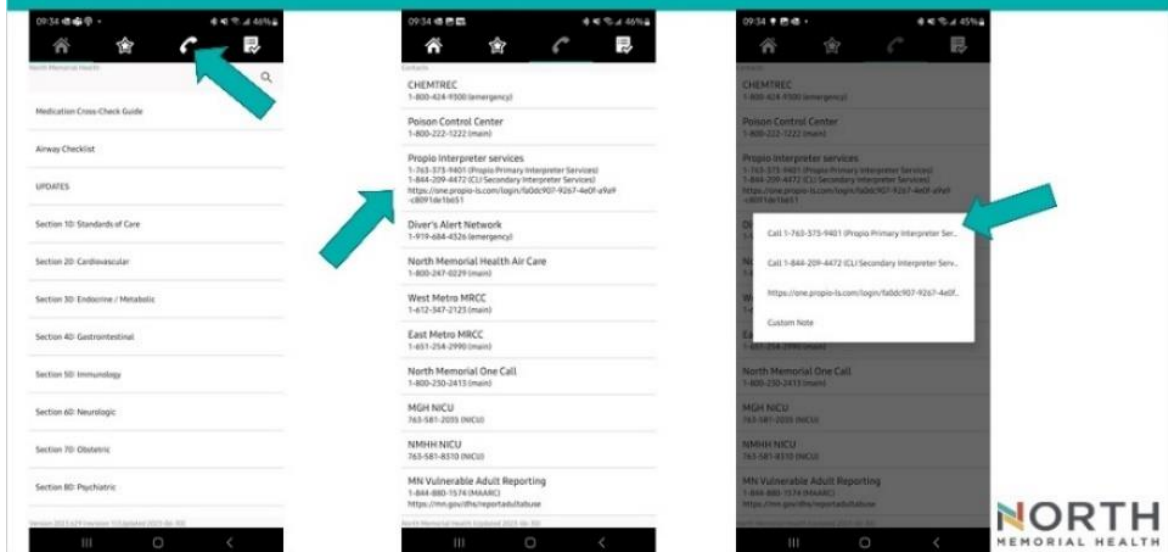
Requesting an Interpreter

North Memorial Ambulance team members are to use Propio to provide phone and video interpreter services for over 200 languages including ASL and specialty dialects

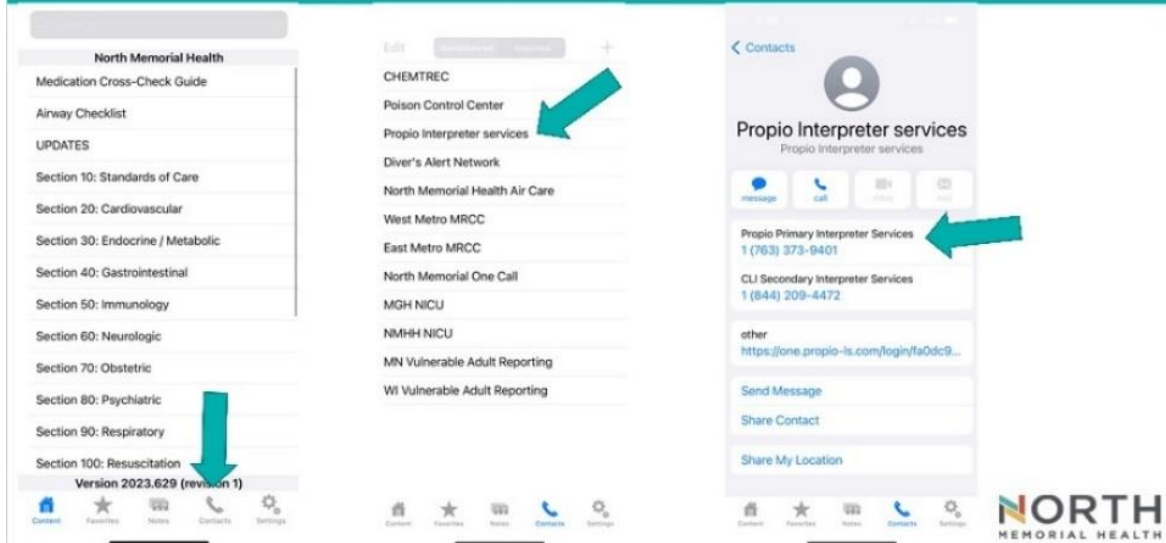
Propio is available 24/7/365. To use Propio, go to the NMAS protocol app, click on the contacts tab, select Propio Interpreter Services, then select call



Requesting an Interpreter - Android



Requesting an Interpreter - iOS



Suicide Prevention

- It is the policy at NMH to take reasonable and prudent actions to appropriately assess an individual who expresses suicidal ideation, exhibits self-harm or suicidal behaviors.
- Patients are assessed for suicide risk in the Emergency Care Center, on admission to the inpatient unit and in Patient Care Center.
- If identified to be at risk, nursing team members have a set procedure to create an environment that is safe for the patient.
- Nursing also provides ongoing assessments for patients deemed at risk for further interventions as needed.
- If a patient is deemed a suicide risk, the nurse should be consulted prior to bringing new items into the room.

Our Suicide Risk Assessment and Prevention policy and procedure found in C360 provides more information on the above information and describes our risk assessment tools.



Non-Clinical Support Ligature Risk

It is our responsibility to keep all patients safe while in our care. This includes a duty to reduce environmental factors that contribute to inpatient suicides, suicide attempts, and other self-injurious behaviors for our at-risk patients.

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Ligature Risk

- Anticipate anything that patients could use as a weapon or use to hurt themselves.
- This may include but is not limited to:
 - Assessing any areas/things that a patient can wrap or loop something around causing potential harm (i.e. choking or hanging).
 - Harmful substances.
 - Plastic bags (suffocation) that could be on the cleaning/tool/tray cart.

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EVS Cart

- Retain only the absolute necessary equipment/devices in the cleaning cart and consider all items as potentially dangerous objects. On an ongoing basis, evaluate the need to remove or secure the following items from the cleaning cart:
 - Un-needed cables/cords/tubing (i.e. oxygen tubing and telephone cords).
 - Items in team member pockets (such as scissors, extra pens or pencils, hemostats).
 - Plastic liner bags.
 - Extra equipment and cleaning solutions should be locked or in a closed cabinet.
 - Anything that the patient could potentially use as a weapon or cause harm.
- EVS Carts cannot be left unattended on E2



Dietary



- Ensure meals are served with plastic utensils for safety. Metal utensils should be substituted with plastic.
- Do not let patients or visitors through secured entrances/exits in patients care areas with you. Please help them to find a team member who can assist them.



Contractors

- Ensure tools are kept within line of sight at all times. Tools & equipment cannot be left unattended.
- Do not let patients or visitors through secured entrances/exits in patient care areas with you. Please help them to find a team member to assist them.
- Temporary construction doors should remain locked at all times within the ED & E2.
- Retain only the absolute necessary equipment/devices on any carts you utilize in the area and consider all items as potentially dangerous objects. On an ongoing basis, evaluate the need to remove or secure the following items from your cart or work area.
 - Tools (scissors and razor blades are very quick and quiet to grab)
 - Un-needed cables/cords/tubing (i.e. oxygen tubing and telephone cords)
 - Items in team member pockets (such as scissors, extra pens or pencils, hemostats)
 - Plastic liner bags
 - Extra equipment: anything that the patient could potentially use as a weapon or cause harm



If you see something, say something.

Please trust your gut instinct and let a supervisor know if something doesn't feel, look or just seem quite right. We value your input in helping to keep all patients safe.



Safe Place for Newborns

North Memorial Health premises will accept infants presented to North Memorial or Maple Grove hospital within 7 days of birth.

North Memorial will not notify the police to report any person for abandonment if the infant is in unharmed condition and:

- Presented to a hospital or clinic staff member on the North Memorial's premises and during its hours of operation, either by the mother or a person with the mother's permission to relinquish the newborn;
- Presented to an ambulance dispatched in response to a 911 telephone call from a mother or a person with the mother's permission to relinquish the newborn; and
- Presented within seven days of birth as determined within a reasonable degree of medical certainty.

Refer to "Safe Place for Newborns (Give Life a Chance)" Policy & Procedure in C360.



MN Infant Surrender

If a person requests to surrender their baby, the newborn must be 7 or less days old.

- Ensure that the newborn unharmed.
- Attempt to collect as much medical history as possible.
- The person surrendering the baby does not have to provide any information about themselves.
- Please refer to MN Statute 145.902 GIVE LIFE A CHANCE; SAFE PLACE FOR NEWBORNS DUTIES; IMMUNITY for more information.



WI Infant Surrender

If a person requests to surrender their baby, the newborn must be less than 72 hours old.

- Ensure that the newborn unharmed.
- Attempt to collect as much medical history as possible.
- The person surrendering the baby does not have to provide any information about themselves.
- Please refer to WI law 8.195 Taking a newborn child into custody.



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Bariatric Sensitivity

Obesity is a complex, multifactorial chronic **disease** that develops from an interaction of genotype and the environment. Our understanding of how and why obesity develops is incomplete, but involves the integration of social, behavioral, cultural, physiological, metabolic and genetic factors.

41.9% of adults in the U.S. age 20 or older have obesity (BMI > 30) (2017-March 2020 data).
73.6% of adults in the U.S. age 20 and over are overweight (BMI > 25) or obese (BMI > 30).

A person who chooses weight loss surgery is:

- Someone who has struggled with their weight most of their lives.
- Someone who has tried diet after diet and has been unable to get the weight off, or keep it off.
- Someone who may have been teased about their weight.
- Someone who is motivated to get healthy and live a long and happy life!

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Bariatric Sensitivity – What Can You Do?

- We must educate ourselves and each other about the stigma of obesity. Weight bias in the medical setting adversely affects patients and they are less likely to receive preventive care interventions and cancer screenings.
- We must hold ourselves accountable and hold our team members accountable to treat everyone equally.
- BE A PATIENT ADVOCATE.
- Point out inappropriate comments to others and challenge negative attitudes. Nobody deserves unkind remarks.



Bariatric Seating Options for Patients

Furniture seating options are available for patients with a weight capacity of 500lbs or more. These are covered in "bariatric gold" fabric for easy recognition for patients and their families, whenever possible. Our mission is to make every patients feel safe.

Seat Fabric Identification



- Soft gold color
- Crosshatch texture
- Moderate metallic finish

Furniture Labeling Example



Furniture Example



Advance Care Planning – A C P

- Advance Care Planning (A C P) is a process of multiple discussions in advance of a medical crisis with:
 - Patients, their families and people they trust; and/or
 - Healthcare providers
- Resulting in a set of preferences, wishes or choices which express the health care values of the person.
- Documenting discussions with patients in Epic can help with continuity of care and ensure the care aligns with the values of the patient.



ACP Documents [Click here for more information about ACP on NorthNet.](#)

Click here for more information about ACP on NorthNet.

[illegible]

ADULT RESIDENTS' DISPOSITIONS TO ACCEPT OR REFUSE AN INTENSIVE END-OF-LIFE TREATMENT

PROVIDER

Provider Orders for Life-Sustaining Treatment (POLST)

This form orders end-of-life goals. These medical orders on your behalf will be followed by your physician, nurse, and other health care providers. You, your physician, and your family will be notified of any changes to these orders. With appropriate change of orders, you can be treated and discharged and not return to this facility. Please read carefully.

ORDER

DATE

TIME

LOCATION

INITIALS

SIGNATURE

PRINT NAME

PRINT TITLE

PRINT HOSPITAL

PRINT ADDRESS

PRINT CITY

PRINT STATE

PRINT ZIP

PRINT PHONE

PRINT FAX

PRINT E-MAIL

PRINT FOLDER

PRINT ROOM

PRINT UNIT

PRINT DEPARTMENT

PRINT CLINIC

PRINT BUILDING

PRINT CAMPUS

PRINT REGION

PRINT COUNTRY

PRINT CONTINENT

PRINT OCEAN

PRINT ISLAND

PRINT MOUNTAIN

PRINT RIVER

PRINT LAKE

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PRINT MOUNTAIN

PRINT RIVER

PRINT LAKE



Viewing ACP Documents

- North Memorial recommends patients provide a copy of their own Health Care Directive so it can be easily accessed in Epic – but is their choice to do so, or not.
- If a Health Care Directive has been provided by the patients, it is accessible in Epic.
- A Provider Orders for Life-Sustaining Treatment (POLST) is a medical order and should be scanned into the patient's medical record/Epic.
- It is easy for patients to give a copy of their ACP documents:
 - Mail or Fax – (free Postage Paid Envelopes available through SmartWorks).
 - Drop it off – to primary care clinic.
 - MyChart – uploaded using the "What's in My Record" - "End of Life Planning" option.



Advanced Care Planning Documents: The POLST Form

- **Provider Orders for Life Sustaining Treatment.**
- Appropriate for people who **do not want** CPR or *may also be used for those who ALWAYS want CPR.*
- Medical orders to be followed in the community, and to quickly convey preferences for healthcare to the care team.
- Patient/surrogate's signature is not required.
 - Discussion with the health care provider must occur.
- Is a POLST form required?
 - No, completion of a POLST form is always voluntary.
- Meant for people who are very sick or frail (e.g., advanced heart disease diagnosis, advanced lung disease, cancer that has spread, etc.).
 - Patient must be well informed about health condition, how quickly your condition will worsen, know treatment options.



FAQ: POLST

Who Signs a POLST?

- Provider **MUST** sign POLST – it is a medical order.
- Patient/Trusted (recommended):
 - Health care agent - someone who has been chosen in advance to make decisions for someone else and identified in a health care directive. May include spouse, unmarried same-sex partner, life partner, domestic partner, child over the age of 18, or parent,
 - Court-appointed guardian - someone who has been identified by a court to make decisions, including health care decisions, for another person.
 - Proxy decision maker - someone who the health care team believes can make decisions based on their knowledge of patient's known wishes and values, such as a spouse, domestic partner, adult child, sibling, parent of a minor, other relative, or close friend.

There is a health care directive, is a POLST form needed?

- A health care directive supports the wishes, but a POLST is a medical order.

Where should POLST form be kept?

- Form is a one page, two sided, easy to recognize bright yellow form.
- Should be kept where it can be found/used in an emergency (front door, refrigerator, etc.); and stored/ scanned into the medical record.
- Should follow patient to the hospital.



The MN POLST Form: Resuscitation

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT

MINNESOTA

Provider Orders for Life-Sustaining Treatment (POLST)

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written. Patients should always be treated with dignity and respect.

LAST NAME
FIRST NAME
MIDDLE INITIAL

DATE OF BIRTH

PRIMARY MEDICAL CARE PROVIDER NAME
PRIMARY MEDICAL CARE PROVIDER PHONE (WITH AREA CODE)

A

CHECK ONE

CARDIOPULMONARY RESUSCITATION (CPR) *Patient has no pulse and is not breathing.*

☐ Attempt Resuscitation / CPR (Note: selecting this requires selecting "Full Treatment" in Section B).

☐ Do Not Attempt Resuscitation / DNR (Allow Natural Death).

When not in cardiopulmonary arrest, follow orders in B.



The MN POLST Form: Medical Treatments

Full Treatment: means that all medical treatments and care will be used to try to revive you. This may include the use of CPR, a breathing machine, and transfer to the hospital or intensive care unit (ICU).

Selective Treatment: means that medical treatments & care will be used to make sure you do not get sicker or will be used to treat a new problem that occurs. This may include the use of medications, antibiotics for pneumonia, and heart monitors. More intensive care that may be needed to save your life, such as a breathing machine, will not be used.

Comfort-Focused Treatment: means that medical treatments and care will be used to relieve your pain and suffering. You will not be taken to the hospital for life-saving care but may be taken to the hospital if comfort cannot be provided in the current location.

B <small>CHECK ONE DO NOT RECORD RECORD</small>	MEDICAL TREATMENTS <i>Patient has pulse and/or is breathing.</i>
	<input type="checkbox"/> Full Treatment. Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments. TREATMENT PLAN: Full treatment including life support measures in the intensive care unit.
	<input type="checkbox"/> Selective Treatment. Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments. TREATMENT PLAN: Provide basic medical treatments aimed at treating new or reversible illness.
	<input type="checkbox"/> Comfort-Focused Treatment (Allow Natural Death). Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. TREATMENT PLAN: Maximize comfort through symptom management.



The MN POLST Form: Medical Treatments/Preferences

<small>HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT</small>	
E <small>CHECK ONE FROM EACH SECTION</small>	ADDITIONAL PATIENT PREFERENCES (OPTIONAL)
	ARTIFICIALLY ADMINISTERED NUTRITION <i>Offer food by mouth if feasible.</i> <input type="checkbox"/> Long-term artificial nutrition by tube. <input type="checkbox"/> Defined trial period of artificial nutrition by tube. <input type="checkbox"/> No artificial nutrition by tube.
	ANTIBIOTICS <input type="checkbox"/> Use IV/IM antibiotic treatment. <input type="checkbox"/> Oral antibiotics only (no IV/IM). <input type="checkbox"/> No antibiotics. Use other methods to relieve symptoms when possible.
	ADDITIONAL PATIENT PREFERENCES (e.g. dialysis, duration of intubation). <hr/> <hr/>
	<hr/>



The MN POLST Form: Documentation/Signature

Reminder: A POLST is not VALID if it has not been signed properly. All required sections must be completed by the provider.

C CHECK ALL THAT APPLY	DOCUMENTATION OF DISCUSSION		
	<input type="checkbox"/> Patient (Patient has capacity)	<input type="checkbox"/> Court-Appointed Guardian	<input type="checkbox"/> Other Surrogate
	<input type="checkbox"/> Parent of Minor	<input type="checkbox"/> Health Care Agent	<input type="checkbox"/> Health Care Directive
	SIGNATURE OF PATIENT OR SURROGATE		
	SIGNATURE (STRONGLY RECOMMENDED)		NAME (PRINT)
	RELATIONSHIP IF YOU ARE THE PATIENT, WRITE "SELF"		PHONE (WITH AREA CODE)
	Signature acknowledges that these orders reflect the patient's treatment wishes. Absence of signature does not negate the above orders.		
→ D	SIGNATURE OF PHYSICIAN / APRN / PA		
	My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.		
	NAME (PRINT) (REQUIRED)	LICENSE TYPE (REQUIRED)	PHONE (WITH AREA CODE)
	SIGNATURE (REQUIRED)	DATE (REQUIRED)	
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FALSIFIED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.			
Minnesota Provider Orders for Life-Sustaining Treatment (POLST). www.mnpolst.org PAGE 1 OF 2			



The MN POLST Form: Documentation/Verification

HEALTH CARE PROVIDER WHO PREPARED DOCUMENT	
PREPARER NAME (REQUIRED)	PREPARER TITLE (REQUIRED)
PREPARER PHONE (WITH AREA CODE) (REQUIRED)	DATE PREPARED (REQUIRED)



Palliative Care

- Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.
- Palliative care is not hospice care: it does not replace the patient's primary treatment; palliative care works together with the primary treatment being received. It focuses on the pain, symptoms and stress of serious illness most often as an adjunct to curative care modalities. It is not time limited, allowing individuals who are 'upstream' of a 6-month or less terminal prognosis to receive services aligned with palliative care principles. Additionally, individuals who qualify for hospice service, and who are not emotionally ready to elect hospice care could benefit from these services. (Center to Advance Palliative Care. 2019.)



Palliative Care Continued

- Hospice care focuses on the pain, symptoms, and stress of serious illness during the terminal phase. The terminal phase is defined by Medicare as an individual with a life expectancy of 6-months or less if the disease runs its natural course. This care is provided by an interdisciplinary team who provides care encompassing the individual patient and their family's holistic needs. (National Hospice and Palliative Care Organization. 2019.)
- North Memorial Health offers Palliative Care when patients are in Robbinsdale Hospital and when there is a diagnosis of cancer through the NMH Cancer Center.
- North Memorial Health Hospice is a program that patients can enroll in for end of life care in the community setting with a terminal illness with a life expectancy of 6-months or less. This could include patients living in private residences, assisted living, and skilled nursing facilities.



End of Life Care

Hospice provides Death and Bereavement Care that demonstrates our commitment to patients/family members. Key steps include providing emotional and spiritual support as family and friends prepare for a death. This includes spiritual support provided by chaplains and the additional support of a bereavement specialist for those whose loved one is enrolled in hospice in the community. Nursing/medical support and a multi-disciplinary team are available for support during this time.



Full details are in *Death and Bereavement Care, Adult, Non-infant Policy and Procedure* located in C360.



Talking about End of Life Care

- Team members should provide loved ones with a copy of the **Grief and Loss Support Booklet** that is now available to all patient facing staff. This resource provides information on:
 1. physical and emotional aspects of the dying process
 2. funerals, memorial services, or cremation
 3. working through the grief process
 4. helping children cope with loss of loved one
- Team members may understand the dying process and what is normal and what is not, but family/friends may not.



Talking about End of Life Care

- Take time to walk family through what to expect with each phase of dying.
- Talk about why we are giving certain medications or doing certain cares.
Example: We will give morphine to help with their breathing and pain. It seems like a higher dose which is needed in someone who is at this stage because their body can't process or metabolize the medication as it normally would.
- Talk about the goals of symptom management and goal of end of life care is to relieve suffering of a dying patient, not hasten death.



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Organ, Eye and Tissue Donation

Did you know? One person can save and heal up to 75 lives through organ, eye, and tissue donation!

- Robbinsdale Hospital and Maple Grove Hospital are committed to being advocates for donation to benefit those waiting for a transplant. Our hospitals have an organ, eye, and tissue donation policy that explains the hospital care team's role in the donation process. This policy can be found in C360 under Critical Care: Organ/Eye/Tissue Donation.
- In 2002, a MN law clarified that if a person designates that they are a donor via will, Advance Directive, driver's license, or MN identification, the designation serves as intent to donate after death and cannot be overridden.
Click anywhere to continue.
- Every patient and patient's family is given the same opportunity and all are treated with the same discretion and sensitivity. All patient deaths from ages 36 weeks in gestation or older must be referred to the donor referral line for an organ, eye, and tissue donation assessment.

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Key Points


- Donor family care comes from OPO (Organ Procurement Organization) and support continues indefinitely or for as long as the family wishes.
- If patient meets the trigger for donation, they are referred to 1-800-24-SHARE within one hour.

Click anywhere to view triggers for donation.



Call LifeSource at: 1-800-247-4273

To preserve potential for donation, all patients meeting triggers must be referred within **ONE HOUR**:

1.  Ventilator dependent patients with a neurological injury or non-survivable illness AND:

Loss of two or more brain stem reflexes

or

Prior to ANY end-of-life conversation

or

Anticipated withdraw of life-sustaining support

2.  Family mentions donation

or

3.  Cardiac death

Click anywhere to continue.



Key Points

- ONLY the Donor Coordinator can determine donor suitability and discuss donation options with the potential donor families.
- Donation agencies will ask specific questions about the patient and determine what donation opportunities exist.
- Specially trained personnel, always from the donation agency, will discuss donation with the patient's family.
- Organ, tissue and eye recovery is performed by the donation agencies as soon as possible after the time of death.
- Contact LifeSource at 1-800-247-4273 (1-800-24-SHARE). You can serve as an advocate for the patient/family by making the call within one hour.



Respectful Workplace 2023

Respectful Workplace, Unlawful Discrimination, Harassment and Retaliation

2023

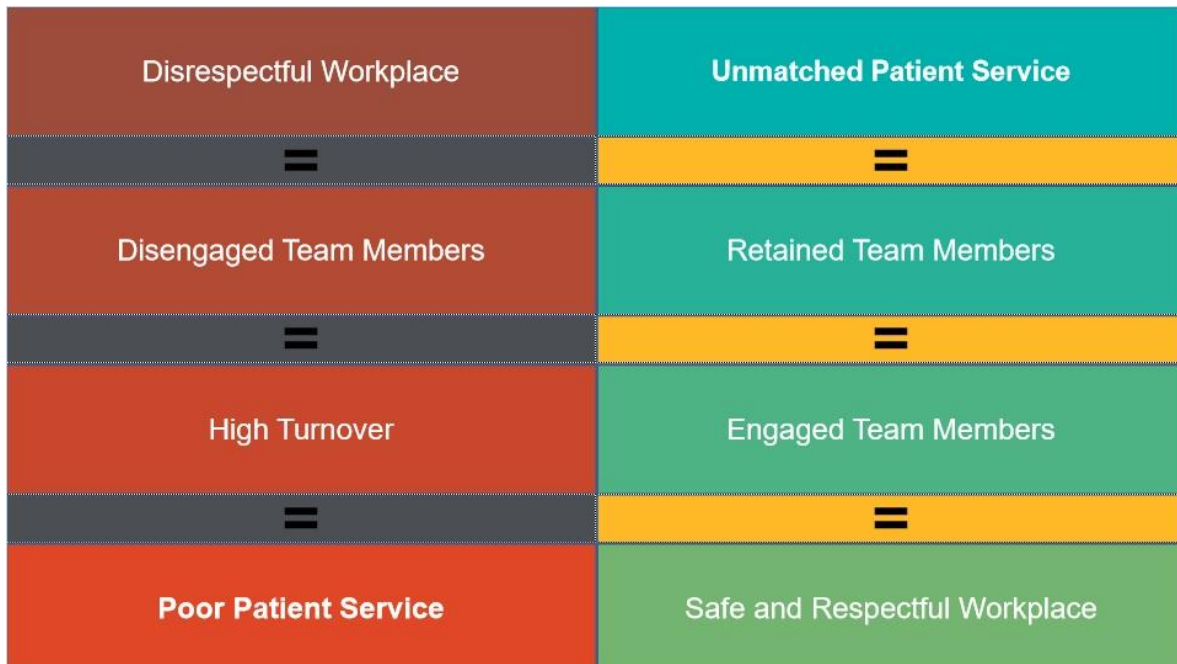


North Memorial Health promotes a **respectful work environment** where people treat each other with **respect, courtesy** and **professionalism** and where the **individual's dimensions of difference are valued.**

The negative impacts of a disrespectful workplace are outlined on the next slide.

The positive impacts of a respectful workplace are also outlined on the next slide.





Inappropriate Patient Behavior

North Memorial Health will not tolerate, reinforce or encourage inappropriate behavior directed toward any team member by patients because of the team member's race, color, creed, religion, national origin, gender, gender identity, disability, genetic information, age, sexual/affectional orientation, marital/familial status, status with regard to public assistance, veteran/military status, or any other legally protected status.

Getting Your Leader Involved

You should immediately report inappropriate patient behavior to your leader, the Administrative Manager, Unit Manager or Clinic Manager. The manager will meet with the team member and, if appropriate, the patient/family, to de-escalate the situation and redirect the behavior.

- The treating provider should be consulted regarding any questions involving the patient's behavior/appropriateness that may be related to medical or behavioral diagnoses.
- The manager may request additional assistance from the Patient Representative, Risk Management, Chaplain or other resources to resolve the conflict.

[Click here to view Leaders response to inappropriate patient behavior.](#)



Getting Your Leader Involved

You should immediately report inappropriate patient behavior to your leader, the

After getting the manager involved, the team member may choose to voluntarily withdraw from caring for the patient. If the affected team member chooses to continue providing care to the patient, the Administrative Manager or Unit/Clinic Manager will communicate to the patient/family and affected care team members that there will be no change in team assignments.

Care assignments will not be changed without the consent of the team member.



Safe & Therapeutic Environment

The care team will develop a plan of care moving forward.

If applicable, the team will utilize a Unique Treatment Plan (UTP) to ensure a safe and therapeutic environment for all involved parties.

We want you to feel safe and comfortable at work.

We will take action by investigating any complaint if you do not feel it is a respectful workplace.



Protected Classes

Discrimination is prohibited by State, Federal, and Local Laws

- Team members can not be treated differently because of a protected class status.

Protected classes include:

Federal Protected Classes

- Race
- Color
- Gender/Gender identity
- Religion
- Creed
- Sex
- Sexual Orientation
- National Origin
- Veteran/Military Status
- Disability
- Age
- Genetic Information

State Protected Classes

- Marital/Familial Status
- Status with Regard to Public Assistance
- Sexual/Affectional Orientation
- Membership on a Local Civil Rights Commission

EEO Statement & Affirmative Action Overview

NMH is an Equal Employment Opportunity Employer, and is committed to equal employment opportunity. That means that all individuals are welcome to work at NMH. In addition, NMH prohibits discrimination against any team member based on a protected class basis.

NMH is committed to providing a working environment in which all individuals are treated with dignity and respect. Every individual has the right to work in a professional atmosphere that promotes equal employment opportunity and prohibits unlawful discriminatory practices, including illegal harassment based on any protected class status. Therefore, NMH requires that all work-related conduct and behavior be free of bias, prejudice and harassment based on any protected class status.



What is Illegal/Unlawful Harassment

Harassment is a form of discrimination.

- Harassment is unwelcome behavior and is a form of discrimination.
- Harassment becomes illegal when enduring the offensive conduct becomes a condition of continued employment or the conduct is sufficiently severe or pervasive to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.



What is Unlawful Harassment?

North Memorial Health follows all federal, state, and local laws that prohibit discrimination and harassment based on a protected class status. This includes words or actions that are offensive to another based on any protected class under applicable federal, state or local laws. Harassment based on a protected class status will not be tolerated.



What is Unlawful Harassment?

Sexual harassment can include unwelcome sexual advances, requests for sexual favors, sexually motivated physical conduct or other verbal or physical conduct or communication of a sexual nature when:

- Submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of employment;
- Submission to or rejection of that conduct or communication is used as a factor in decisions affecting that individual's employment; or
- That conduct or communication has the purpose or effect of substantially interfering with an individual's employment.



Sexual Harassment – 2 Legal Definitions

Quid Pro Quo

[Click here for more info](#)

Hostile Working
Environment

[Click here for more info](#)



Take Action!

**If you see or experience inappropriate behavior,
report it!**

**You can report it to any leader, Human Resources
or the Compliance Hotline.**



Behavior That Is Inconsistent with Company Policy and Potentially Unlawful

- Lewd jokes
- Sexual innuendo
- Making sexual comments about appearance, clothing, body parts
- Sexually suggestive sounds
- Displays of pictures, calendars, cartoons, or other materials with sexually explicit or graphic content
- Ogling, leering, whistling
- Inappropriate touching



Inappropriate behavior can include any combination of men, women, non-binary, transgender, intersex, or asexual individuals.

Additional Examples of Inappropriate Behavior

- **Repeated unwelcome attention about someone's protected class** (race, color, gender, religion, sex, sexual orientation, age, national origin, disability, etc.) that a reasonable person would believe has created a hostile or intimidating working environment.
- Mimicking an accent.
- Racist slang, phrases, nicknames.
- Making negative comments about a team member's religious beliefs.
- Displaying racist drawings, posters, bumper stickers or signs.
- Making offensive reference to an individual's mental or physical disability.
- Repeatedly using the incorrect pronoun.

Reporting Harassing Behavior

REPORT IT!

If a team member believes they have been subject to behavior that violates or may violate the policy, they must report the behavior so the employer can conduct an investigation and stop the behavior if it is occurring.



- Human Resources
 - Your Leader
 - Your Leader's Leader
 - Any Leader
- Compliance Hotline: found on the back of your ID badge



North's Responsibilities

If North receives a report of inappropriate behavior or North is aware or becomes aware of potentially inappropriate behavior, North will review the issue, respond in a timely manner, and enforce the Respectful Workplace Policy.



Retaliation

The Company prohibits all forms of **retaliation** against team members including good faith reports of inappropriate conduct or participation in a company investigation.



Respiratory Protection 2023



Respiratory Protection Program

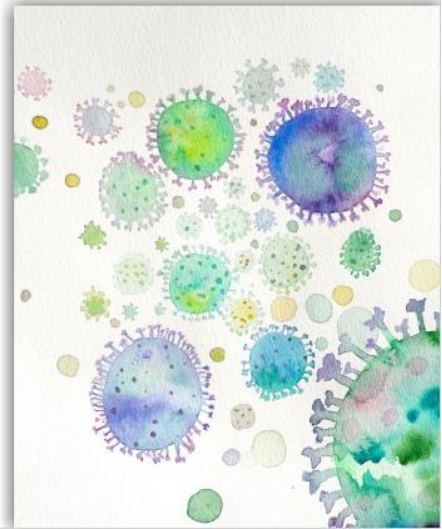
- A respiratory protection program has been developed that establishes the safe use of respirators within our system. It is available for your review in C360.

[“Infection Prevention: Respiratory Protection Program.”](#)



Why Use a Respirator

Respirators in healthcare are used to filter out tiny infectious particles and prevent them from coming in contact with your respiratory system and transmitting disease.



Types of Respirators in Healthcare

Filtering Facepiece (N95)



Powered Air Purifying Respirator (PAPR)



The type you use will depend on:

- Your clinical setting.
- Your unique medical issues based on the medical clearance you have completed.
- Your ability to obtain adequate seal during a fit test.

Communicable disease screening questions or a lab result within the EMR may prompt you to begin precautions using a respirator. Refer to the [Infection Prevention: Isolation Precautions Master Grid](#) for precautions specific to the pathogen.

How do I know when to use a respirator?

When precautions are indicated, the patient's EMR will be flagged on the storyboard to alert you.

COVID-19: Positive

Isolation: Full Barrier

VA

Asiago, Vincent

Male, 18 y.o., 8/14/2005

MRN: 5701985

HAR: 98544126

Needs Interpreter: Spanish

Bed: POOL BED CLINDOC

Code: FULL (no ACP docs)

None

Primary Cvg: Self Pay

Search

Infection: Tuberculosis

Isolation: Airborne

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Door signs

There are also door signs that direct you to the appropriate PPE needed to protect yourself while entering the room.

AIRBORNE

TEAM MEMBERS	PATIENT	VISITOR
 <p>Wear N95 or PAPR before entry</p>	 <p>Negative airflow room Keep door closed Procedure mask for transport</p>	 <p>Essential contacts only <i>Recommended</i> Procedure mask</p>

Practice **STANDARD PRECAUTIONS** for ALL Patient Care:

- Hand Hygiene
- Cover your cough
- Additional PPE based on exposure risk
- Clean/disinfect equipment when removed from room

FULL BARRIER

LEVEL I	PATIENT	VISITOR
 <p>TEAM MEMBERS <i>Required</i> Fluid-resistant gown Gloves Respirator with eye protection</p>	 <p>Mask for transport Negative airflow room when available</p>	 <p>DO NOT ENTER Check in with front desk</p>

Always remember standard precautions:

- Hand Hygiene
- Cover your cough
- Additional PPE based on exposure risk
- Clean/disinfect equipment when removed from room

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Fit Testing

- Tight fitting respirators (Filtering facepiece, etc.) rely on a seal between your face and the respirator to be effective.
- Fit testing is a procedure that ensures the seal is adequate for you, as all faces are unique. It can either be a qualitative test or a quantitative test.
- Fit testing does not take the place of seal checks, which are safety checks that you should do anytime you don a tight fitting respirator.
- Fit testing is done annually, when there are any significant changes in your facial structures and any time you are using a new model of respirator.



Medical Limitations

An initial medical clearance is performed before you start wearing a respirator, and periodically after to ensure you are safe when wearing the respirator. However, if you have any of the following occur **since your last fit test**, consult Team Member Health:

- Weight gain or loss of over 20 pounds.
- Facial structural changes (significant dental work, facial surgery or fractures).
- Any intolerance to the respirator including skin rashes, difficulty breathing, any symptoms you note worsen or only occur with respirator use.

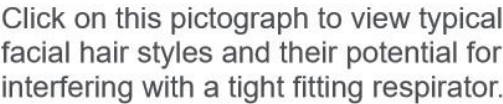
For clinic team members, supervisors perform fit testing, update your supervisor of any of the changes listed above.



Other Limitations

Facial hair that is present under a tight fitting respirator's seal makes the respirator ineffective.

Click on this pictograph to view typical facial hair styles and their potential for interfering with a tight fitting respirator.




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Improper Use Can Limit Effectiveness

Use of a respirator inappropriately can put you at increased risk of infection. Key practices that help protect you are:

- Only use the model that you have been successfully fit tested for (other than PAPR).
- Inspect the respirator for defects before wearing.
- Ensure you know how to don, doff or operate the respirator.
- Perform a seal check every time you don your respirator.
- Ensure your face is free of facial hair for any tight-fitting respirator.
- Perform hand hygiene prior to donning the respirator and following its removal.

The logo for North Memorial Health, featuring the word "NORTH" in a large, bold, sans-serif font with a stylized "N" in blue and orange, and "MEMORIAL HEALTH" in a smaller, all-caps, sans-serif font below it.

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Emergency Situations

In the event the respirator malfunctions, remove yourself from the room/hazardous area as soon as possible and report the defect via Safety First.



Safety First
Reporting

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N95



- A filtering facepiece respirator (commonly known as a N95 in healthcare) is a tight fitting device that functions by collecting tiny infectious particles (generally <1 to $>100\ \mu\text{m}$) and preventing inhalation. N95 refers to the level of filtration (N=not resistant to oil and 95=filters at least 95% of airborne particles).
- There are numerous manufacturers and models, so it is vital you only utilize ones that you have successfully fit tested.

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Inspection Prior to Use of Filtering Facepiece Respirator

Component	Check for
Head Straps	Loss of elasticity, torn, cut
Facepiece	Cracked, torn, distorted, dirty
Inhalation/Exhalation Diaphragms (only on some models)	Missing, torn, improperly sealed



Donning and Seal Check

- Team members will be instructed on donning at the time of fit testing, and varies slightly by model.
- All models require the user to perform a seal check after you put it on, to ensure that you have been successful in obtaining a good seal.
- A seal check is done by covering your mask with a clean hand, and exhaling sharply to create pressure. If a leak is detected, readjust or discard respirator if unable to obtain after repeated attempts.



Donning and Doffing a Respirator

Donning	Doffing
<ul style="list-style-type: none">• Perform hand hygiene.• Open new N95, don and perform seal check. (Seal check should be performed each time a new N95 is donned).	<ul style="list-style-type: none">• In room, removed soiled gloves and gowns. Perform hand hygiene.• Step outside of room, don clean gloves. Prepare to remove eye protection:• Don't touch outer shield, remove by strap(s).• Inspect for damage, gross soiling.• If reusable eye protection used, disinfect with sanit-wipes.• If disposable eye protection used, discard in trash• Take off gloves, do hand hygiene.• Remove N95 by straps without touching the inside of the N95.• Discard N95 in trash.• Perform hand hygiene.



Conventional vs Crisis PPE Use

- NMH is currently practicing CONVENTIONAL PPE use, which means N95s are intended to be used one time before being discarded.
- During global pandemic situations (i.e. COVID-19) that influence supply chain, the facility may adopt crisis strategies for optimizing supply of N95 respirators under the guidance of the Centers for Disease Control and Prevention (CDC).
- Do NOT practice re-use of N95s unless further directed by your leader. This is not in effect at this time.



Powered Air Purifying Respirator (PAPR)

A PAPR uses a blower to pass contaminated air through a HEPA filter, which removes the contaminant and supplies purified air to a facepiece.

The PAPR hood is not designed to fit tightly so does not require a fit test prior to use. However, you will still need a medical clearance to ensure you have no medical contraindications to its use.

PAPRs are utilized when facial hair precludes the use of a tight-fitting respirator. It is also used for those that are not medically cleared to wear other respirator models, as the physiologic burden of this respirator type is less for most people. It is also used for some team members that have infrequent need for respiratory protection due to their role.



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Inspection Prior to Use of PAPR

Note below the grid: It is vital you understand how to do an airflow check and how to disinfect the PAPR in order to ensure it's safe use. Please pay close attention to this in the slides to come.

Component	Check for
Hood	Cracks, damage, soiled, defects
Tubing	Cracks , damage, defects
Blower unit	Charged and blowing sufficiently to float tester

Full instructions for use can be found in [Versaflo PAPR Instruction Guide](#) in C360.

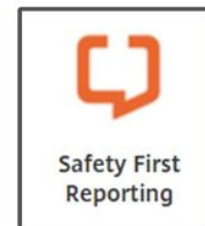
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Team Member Right to Know & Safety 2023

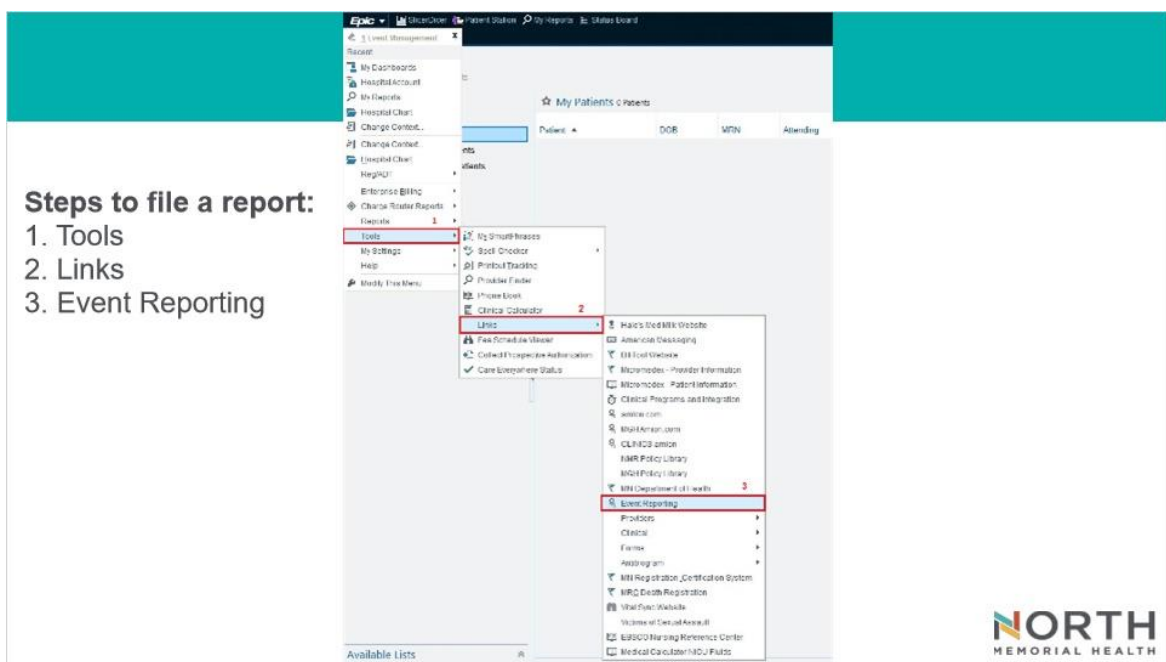
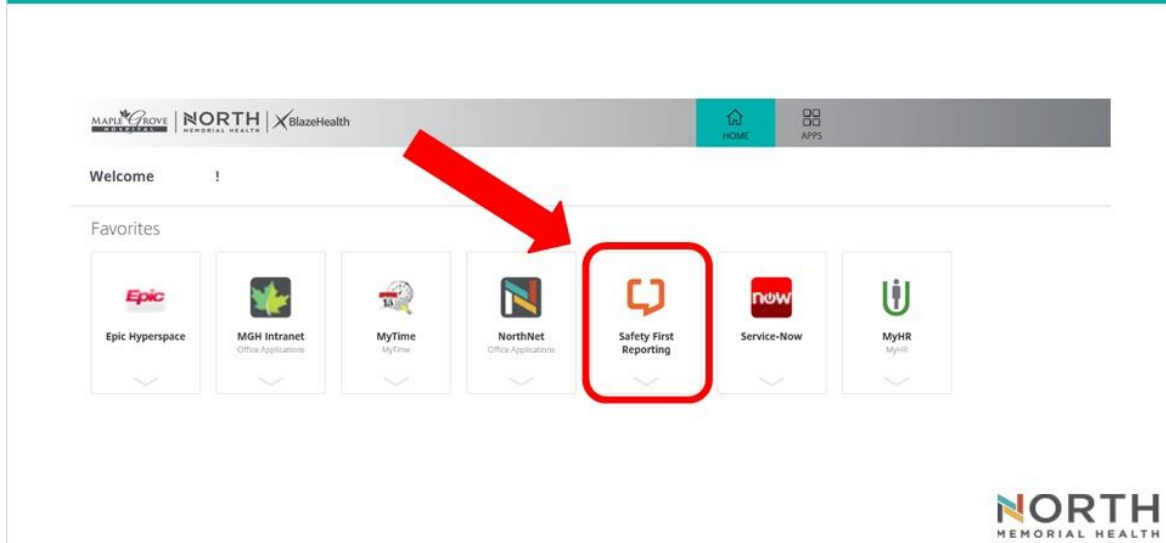


Safety First Reporting

- Safety First Reporting is the electronic system we use to internally track team member, patient and visitor safety events, near misses, or "Good Catches" including significant events.
- When an event, near miss, or good catch occurs that may not be consistent with the appropriate care of a patient or the routine operation of a North Memorial Health department or care site, complete a Safety First Report.
- Safety First Reports are peer protected and are handled in a confidential manner and are not to be disclosed to anyone except to the extent necessary to carry out quality improvement review and risk management functions.



How to Access Program via Portal



1. Enter your Team Member Number, e.g., E00000, M000000, etc.

2. Enter your portal Password

3. Click "Login"

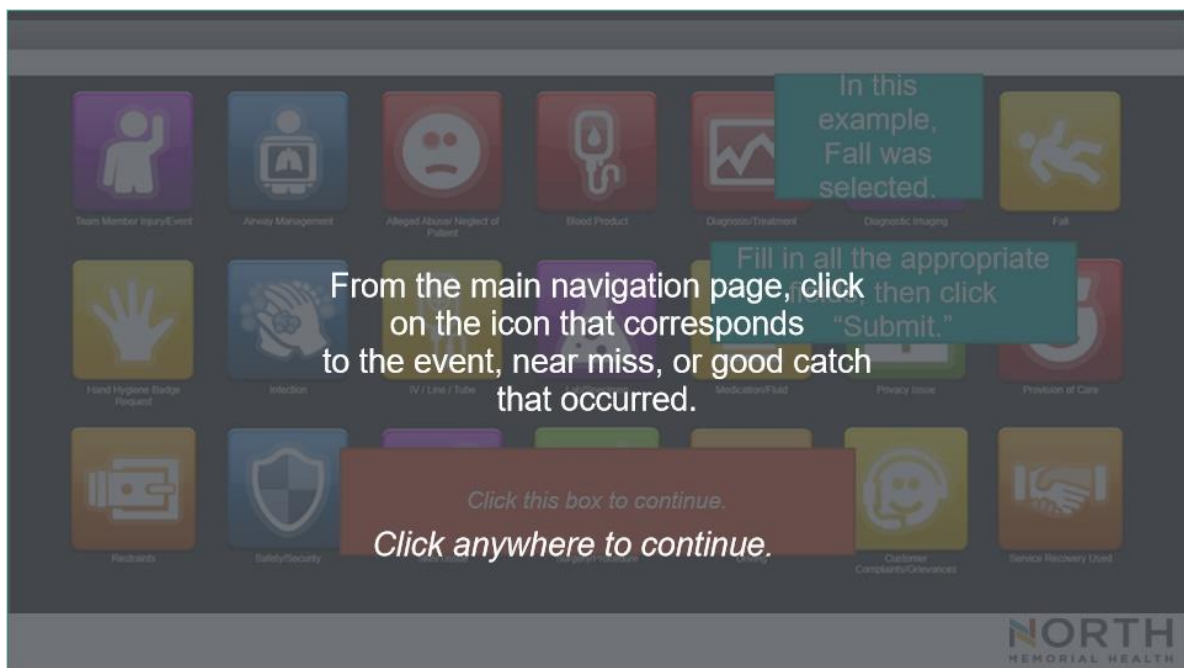
North Memorial Health Care

User Name:

Password:

Login

Powered by JRLDatix



Safety First Reports Review

All events are reviewed and followed up on by appropriate leadership.

- Review done by multidisciplinary team
- Goal to identify root cause and contributing factors
- Implement appropriate actions to prevent reoccurrence
- Adverse Health Event Review
 - Conducted when death or serious injury occurs as a result of an adverse health event (e.g. medication error, fall with injury, wrong surgical procedure, hospital acquired pressure injury, hospital acquired condition).



Disclosing the Occurrence of an Adverse Event

The patient has the right to a prompt and truthful conversation. The following steps should take place to assist that process after their immediate needs have been addressed:

1. Complete the Safety First Reporting.

2. Connect with your unit supervisor or administrative manager to develop a plan for communication.

3. Connect with risk management as needed.



Recognize, Respond to, and Disclose Adverse Events

When an adverse event or Good Catch (“near miss”) occurs, healthcare workers must respond quickly and effectively to prevent or reduce harm. Adverse events and Good Catches must be reported promptly in *Safety First*. Disclosing the facts of an event to the patient according to North Memorial policies and procedures and discussing a plan of care should occur as soon as appropriate.

A review of the event is conducted to identify the underlying reasons and to implement appropriate actions for preventing a reoccurrence. Adverse events and close calls are learning opportunities to reduce system issues and to improve work performance.



Key Work Expectations or Competencies

- Recognize the occurrence of an adverse event or good catch.
- Lessen harm and address immediate risks for patients and others affected by adverse events and good catches.
- Disclose the occurrence of an adverse event in accordance with policies.

Example of appropriate recognition, response, and disclosure when a patient falls in the hospital:

- A patient care assessment is conducted immediately, the patient’s physician is informed, and appropriate care is provided.
- The fall prevention plan is updated, and new interventions are identified and put into place.
- The facts surrounding the fall and the care provided are documented in the electronic health record and the fall is discussed with the patient and family.
- A Safety First Report submitted and reviewed by the manager/supervisor of the area, so that system related factors associated with the fall can be identified and addressed.

