

# Oral Maxillofacial Surgery (OMS) Clinic

## Clinic Orientation for Non-UMMC Staff

- I. Emergency Plans** The hospital disaster plan can be found in the OMS Emergency Preparedness Manual which is found in overhead covered shelf in the back office. It is also on the Intranet. The hospital safety officer is Jim Chang and he can be reached at 8-6001 or pager # 1336. See the Joslin phone tree in the back of this manual.

### **A. Emergency Management**

#### **1. Disasters/Disaster Drill:**

- a. Report to work when scheduled (or when called in).
- b. Follow the direction of your supervisor.
- c. Note: If the hospital activates the Hospital Incident Command System (HICS), you may be assigned an additional role(s) and responsibilities.

#### **2. To report an emergency at UMMC:**

- a. For life threatening emergencies such as a Code Blue or fire, call the Stat Operator at **8-2911** and notify your manager/supervisor.
- b. For all other emergencies (security issues, utility failures, etc.) contact the SOSC at **8-5174** and notify your supervisor.

### **B. Fire/Life Safety**

#### **1. Code Red is the Disaster Code for Fire.**

#### **2. If the fire alarm sounds:**

- a. If the alarm is in the same building and same floor (or floor directly above or directly below)
  - **Clear the corridors** – move carts and equipment out of the corridor into rooms or alcoves.
  - Close all door and windows.
  - Be prepared to move if necessary or directed to do so.
- b. If the alarm is in another building, stay alert
- c. If the alarm is in the same building, but on a different floor, stay alert and be prepared to help if needed.

#### **3. If you discover a fire:**

- a. R –remove/rescue anyone in immediate area of fire.
- b. A –activate the alarm and call 8-2911.
- c. C –confine the fire (close doors and/or windows).
- d. E –extinguish fire only if safe to do so, or evacuate.

#### **4. When using a fire extinguisher, remember PASS:**

- e. P – Pull the pin.
- f. A – Aim the nozzle at the base of the fire.
- g. S – Squeeze the handle.

- h. S – Sweep from side to side at the base of the fire.

### **C. Hazardous Materials/Waste Management**

1. Material Safety Data Sheets (MSDS) are available on each chemical used in the OMS Clinic. MSDS information includes:
  - a. The name of the chemical.
  - b. The type and/or level of hazard.
  - c. How a hazardous material may be safely handled.
  - d. Short and/or long term effects.
  - e. First aid and/or emergency procedures.
3. If a hazardous material spilled in your area:
  - a. Contain and cleanup the spill if it is safe to do so, and you are appropriately trained. If you need help, call the SOSOC at 8-5174.
  - b. Report all spills to your Department Safety Officer and the Hospital Safety Officer.

### **II. Location of Emergency Equipment**

- A. The Fire extinguishers- There are two fire extinguishers located in the OMS clinic. (1) to the right of the Panorex room (2) in the back of the clinic near the staff lounge.

### **III. Safety Plan:**

- A. **Incident report:** An incident is any event or complication which is not consistent with the routine care of a particular patient; any injury to visitors; and any condition, environment or equipment which might be hazardous to the safety of patients or visitors. If an incident occurs, an incident report should be completed by the staff member involved, and sent to Risk Management. The OMS Manager should also receive a copy of the report and be updated on the incident.
- B. **On the job injury:** If you are hurt while working, you must advise your OMS supervisor and jointly complete an “Employee Injury Report.” You must also go to employee health for evaluation of the injury.
  1. **After a needlestick or splash:** Clean wound, irrigate area of exposure. For splashes to eyes or lacerations needing immediate care-go to the ER. Page 8-2337-7845 The Exposure Hotline. You will receive instructions from the clinician on call. You will need to be seen for blood screening, counseling, source patient follow-up and filing of employee’s report of injury.
- D. **Oxygen cylinders need to be:**
  1. Secured in a stand, rack, holder or stretcher whether in storage or in use. Adhesive tape is not acceptable.
  2. Returned when not in use.
  3. No more than 12 cylinders (full and empty) may be kept in an area.
- E. **Smoking:** There is no smoking by patients, visitors and employees, except in outside designated areas.

- F. **Standard precautions should be used with all patients.** Standard or universal precautions refers to the use of personal protective equipment (PPE) whenever you come in contact with blood or body fluids. Depending on the circumstances, this can include eye protections, splash protection for the face; isolation gowns, booties and masks. Equipment can be found in the Joslin exam rooms and in the clean utility room.
1. All employees and staff must display their ID badges while on the premises.
  2. If you witness work place violence, acts of vandalism, or disruptive behavior, contact Security immediately at 8-8711.
  3. Code Pink is an emergency code that means an infant or child abduction may be occurring. You should:
    - a. Immediately watch exits and look for infants and children and suspicious person(s) or anyone carrying infant size bundles in your area; and
    - b. Contact Security, 8-8711 if you see anything suspicious.
- G. **Joint Commission National Patient Safety Goals-** The OMS clinic makes every effort to conform with the Joint Commission guidelines. Here is an outline of the specific implementation plans for these goals.
- a. Improve the accuracy of patient identification
  - b. Communication among caregivers
  - c. Improve the safety of medications
  - d. Reduce the risk of healthcare infections
  - e. Accurately and completely reconcile medications across the continuum of care
  - f. Reduce the risk of patient harm resulting from falls
  - g. Encourage patients' active involvement in their own care as a patient safety strategy

#### **IV. Credential/Competencies-**

- A. **Non UMMC staff:** All non-UMMC staff are expected to have the proper credentials and training required to perform their assigned positions within the OMS clinic.
1. Residents/Fellows and medical students: The qualifications of residents, students and fellows can be validated via the MIDAS computer program. The OMS department head and senior education coordinators have the ability to verify these individuals as needed.
  2. UPI employees: UPI rapid response employees are required to maintain competencies that meet the same standards as UMMC. Contact UPI HR department to verify completion of competencies for UPI staff..
  3. Dental providers practicing in the OMS clinic: The individual dental departments credential the providers that service the OMS clinic. Contact the individual department e.g. to verify the credentials of each provider.
- B. UMMC OMS staff:**

1. All employees must pass yearly competencies on the computerized Health Stream testing to insure their knowledge of basic UMMC policies and procedures.

UMMS Emergency Preparedness Manual-Description of the UMMC wide emergency management plan.

UMMC Policy and Procedure Manual: This is a guide to all the clinical policies and procedures approved for use at UMMC (also available on the Intranet.)

### C. Process Improvement Initiatives:

1. **Improve Overall No Show percentage of clinic:** Over the past several years, the OMS clinic has had a relatively high no show rate of 25%. Due to the nature of a walkin population, many of the patients choose to not show for their appointments, and simply “walkin” for an appointment. As a PI project, we are choosing to improve this overall percentage by making reminder calls to the patients and offering them a chance to reschedule their appointments. In addition, appointment cards are being issued to remind the patients of their upcoming scheduled appointments.

### V. JCAHO Survey:

- A. **What is it:** The Joint Commission on Accreditation of Healthcare Organizations accredits hospital and healthcare agencies based on a survey which evaluates that the facility is:
  1. Providing quality and safety in care.
  2. Is consistent in practice.
  3. Employing staff that is trained to perform jobs in a safe and responsible fashion.
- B. **The survey process:** JCAHO can survey the hospital as a standard monitoring survey, in response to an employee complaint, or in response to a patient complaint. The standard monitoring survey occurs approximately every three years and they are “unannounced.”
- C. **Continuous readiness:** The OMS clinic must maintain a state of continuous readiness-following the safety and quality guidelines established by the Joint Commission. It is the responsibility of all staff and providers to assist the Center in meeting these goals.
- D. **Helpful Hints in preparation:**
  1. Be friendly and receptive to the surveyors. This process is to *help* the hospital maintain a standard that should be a goal of all employees.
  2. Be direct in your answers: Our procedure/our policy is...
  3. Listen carefully to the question and answer in the specific context of the line of questioning.
  4. Be familiar with the Joslin medical record. Know where to find data in the chart.
  5. Know the National patient safety goals and the steps Joslin is taking to comply with them.

6. Make sure that all patient papers, charts and computers are not visible to the public.
7. Make sure all medications are locked up and properly stored.

### **VIII. Important Numbers**

<b><u>Responsibility</u></b>	<b><u>Name</u></b>	<b><u>Telephone/BEEP</u></b>
Support Operations Service Center	(SOSC)	8-5174
Safety	Deb Photiadis	8-9252/9252
Security	Jim Chang	8-6001/1336
Hazardous Materials/Waste	Anthony Rinaldi	8-0985 /5263
Emergency Management	Henry Smith	8-8515/8515
Life/Fire Safety	Sharon Kellogg	8-3467/7159
Medical Equipment	John Baldwin	8-6032/6032
Biomedical Equipment Technicians	Bob Stiefel	8-0249/5121
Clinical Equipment Distribution	Lennox Fraser	8-8944/8905
Utility Management	Robin Redd	8-1921/4737
	John Baldwin	8-6032/6032
	Carl Johnson	8-8122/1878
Project Management	Linda Whitmore	8-3497
Environmental Services	Paul Williamson	8-7454/9027
Vice President, Facilities	Leonard Taylor	8-5183/6116

Environment of care policies and procedures are on the Intranet in the hospital policy and procedure manual.

[Call Facilities, 8-5174 for questions or more information and for removal/pick up of equipment.](#)

**These are the National Patient Safety Goals with relation to the Joslin Diabetes Center**

**TJC National Patient Safety Goals 2007-2008**

**Goal 1: Improve the accuracy of patient identification**

**Core Concepts**

1. Reliably identify the individual as the person for whom the service or treatment is intended
2. Match the service or treatment to that individual

**Implementation**

1. The two patient identifiers used at the Joslin Center are Patient Name AND Date of Birth (DOB).
2. Requirement to use patient name **and** date of birth applies to all areas:
  - Direct patient care –prior to **any** procedure, medication or blood draw. Medical Assistants label all specimen collection containers **in the presence of the patient**.

Call Fe Nieves-Khouw, 8-7575 [fnieves@umm.edu](mailto:fnieves@umm.edu) for questions or more information

**Goal 2: Communication among caregivers**

**Read back of verbal or telephone orders and critical test results**

**Core Concept:** Verify the complete order or test result by having the person receiving the information record and read back the complete order or critical test result. Providers are notified within 60 minutes of the critical test value.

**Implementation**

1. The Joslin Diabetes Center does not use or accept a verbal or telephone order. Currently, critical test results are called from the lab to a medical assistant or nurse. The results are written down and read back to the lab personnel to confirm. Then the provider is paged and advised of the results. The expected turn around time for communicating critical test results to the responsible provider is 60 minutes from availability of the test result. The MA records the time she received the critical value and the time she reached the provider with the results on the critical lab value form, and places it in the patient chart.

Call Carla Middleton, 8-0909 [cmiddleton@umm.edu](mailto:cmiddleton@umm.edu) for questions or more information

**Prohibited abbreviations**

**Core Concept:** Standardize a list of abbreviations, acronyms, symbols and dose designations that are not to be used throughout the Medical Center including anywhere in the patient's medical record

**Implementation**

1. The list of prohibited (dangerous) abbreviations and alternative terms are available on the Intranet and is posted on the wall of each exam room in Joslin.
2. Do not use prohibited abbreviations in **any** medication related or patient care documentation – handwritten or typed

Call Barbara Sabatino, 8-1437 [bsabatino@umm.edu](mailto:bsabatino@umm.edu) for questions or more information

### **Goal 3: Improve the safety of medications**

#### **Core Concepts:**

1. Appropriate management of the patient's medication is critical to the patient's safety.

#### **Implementation:**

1. Pharmacy has created a list of Look Alike-Sound Alike (SALA) drugs. Look for SALA alerts on the medication label. SALA drugs are separated in the sample medication cabinets and in medication refrigerator.
2. Insulins are designated by UMMC as high risk drugs. They must be placed in separate bins in the refrigerator with appropriate markings.

Call Barbara Sabatino, 8-1437 [bsabatino@umm.edu](mailto:bsabatino@umm.edu) or Ann Regier, 8-6257 [aregier@umm.edu](mailto:aregier@umm.edu) for questions or more information

### **Goal 7: Reduce the risk of healthcare infections**

**Core Concept:** Hand hygiene reduces transmission of infectious agents by staff to patients thereby decreasing the incidence of healthcare associated infection.

#### **Implementation:**

1. Wash your hands before and after patient contact;
2. Wash your hands before and after wearing gloves;
3. Wash with soap and water if your hands are visibly soiled or after bathroom use; and
4. Wash with hand sanitizer before and after patient contact.

Call Joan Hebden, 8-5757 [jhebden@umm.edu](mailto:jhebden@umm.edu) for questions or more information

### **Goal 8: Accurately and completely reconcile medications across the continuum of care**

#### **Core Concepts:**

1. Patients are most at risk during transitions in care. The development, reconciliation and communication of an accurate medication list is essential to reduce transition related adverse drug events
2. A medication is defined as any preparation designated by the FDA as a drug. This includes prescription, herbal, vitamin, over the counter drugs, vaccines, diagnostic or contrast agents, radioactive agents, respiratory therapy treatments, parenteral nutrition, blood derivatives used or administered to diagnose, treat, or prevent disease or other abnormal conditions.

#### **Implementation**

1. To the best of your ability, get a complete and accurate medication list. In the Joslin Center the list is documented on the medication list in the front of the patient's chart.
2. The prescriber or other competent, authorized staff will review the home medication list prior to prescribing any new medication to rule out interactions, contraindications or allergies.
3. Communicate the reconciled (home meds and newly prescribed meds) medications to the next provider of care. This applies when the patient has a known appointment with the

- next provider of care. The reconciled list must reach the next provider of care by the time of the patient's scheduled appointment.
4. Give the patient a complete (home and new meds) list of medications upon discharge from an inpatient visit. The patient should be given a new or updated list every time the medication list is changed or modifications in dose or frequency are made.

Call Kristin Seidl, 8-7064 [kseidl@umm.edu](mailto:kseidl@umm.edu) or Fe Nieves-Khouw, 8-7575 [fnieves@umm.edu](mailto:fnieves@umm.edu) for questions or more information

**Goal 9:** Reduce the risk of patient harm resulting from falls

**Core Concept:** Based on the services you provide and the patient population you serve, evaluate the patient's risks for falls and take action to reduce this risk as well as decrease the risk of harm if a patient falls.

**Implementation**

1. Assess the patient's risk for falls and record on the Ambulatory Initial Patient Assessment form. Individualize fall prevention interventions to the specific need and risks of the patient.
2. Patients who are at risk for falls should be given education on fall risk prevention. Patient/Family education handouts are available on the Intranet.
3. The UMMC Fall Prevention Team discusses incidents/injuries as reported to Risk Management and plans actions to reduce these risks and injuries

Call Fe Nieves-Khouw, 8-7575 [fnieves@umm.edu](mailto:fnieves@umm.edu) or Carla Middleton, 8-0909 [cmiddleton@umm.edu](mailto:cmiddleton@umm.edu) for questions or more information

**Goal 13:** Encourage patients' active involvement in their own care as a patient safety strategy

**Core Concept:** Communicate with patients/families about all aspects of their care. Patients and families can be important sources of information about potential adverse events or hazardous conditions.

**Implementation:**

1. The Patient Safety Hotline (410-328-SAFE or [8SAFE@umm.edu](mailto:8SAFE@umm.edu)) is available to staff, patients, and families as a means to report concerns about safety. Each bed should have a poster informing patients/families of this resource.
2. Staff should encourage patients/families to discuss concerns with them and/or to call the hotline if concerns are not resolved to the patient's or family's satisfaction.
3. Patient goals should be measurable and realistic. Break down global goals (i.e. 'to get well') into daily steps such as "I will test my blood glucose before breakfast and supper each day." Patient goals can be recorded on the Discharge Instruction Summary by all providers.

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