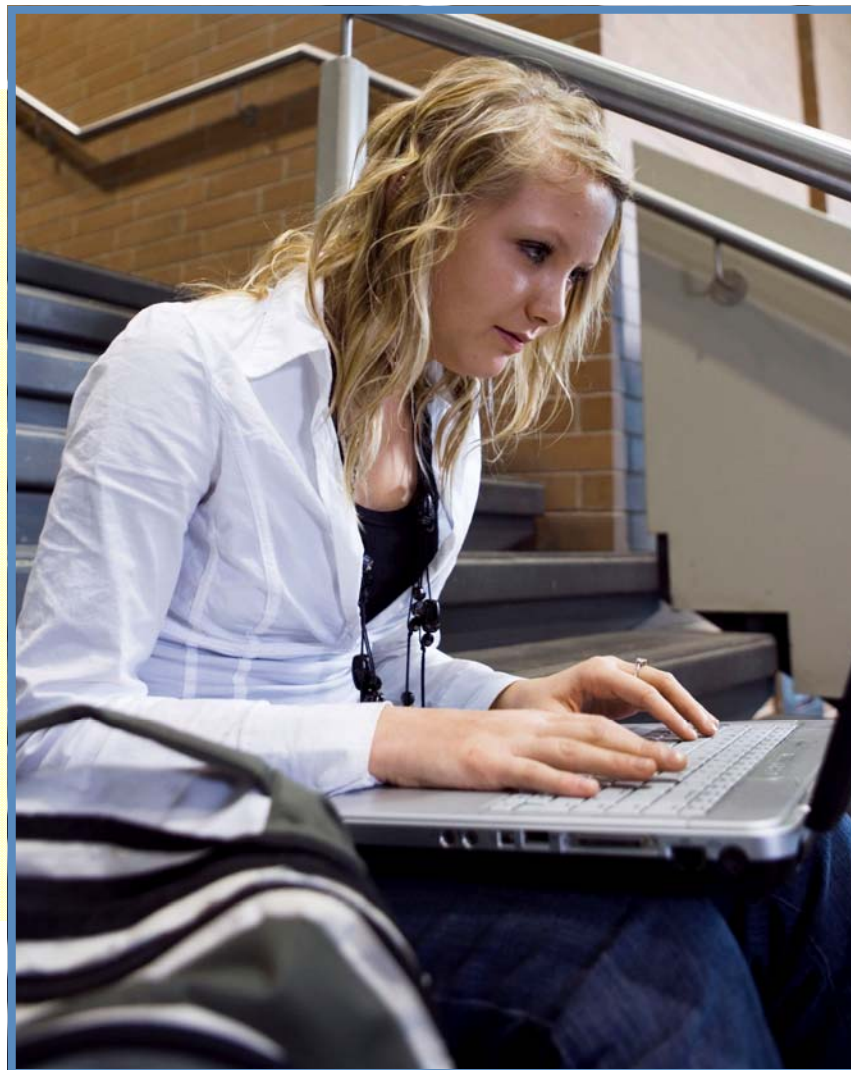




Student Nurse Orientation Manual



June 2010
Edition IV



NEONI is a program of The Center for Health Affairs,
Northeast Ohio's hospital trade association.



Student Nurse Orientation Manual

June 2010
Edition IV

Introduction

Welcome to the Student Nurse Orientation Manual. This manual was developed with the cooperation of hospital education departments and schools of nursing in Northeast Ohio to efficiently orient student nurses to the hospital clinical setting.

By standardizing the orientation process and providing a competency exam, the amount of time each student nurse spends on clinical orientation in hospitals throughout their program will be significantly reduced. And, as changes occur in the hospital setting that affect the orientation information; updates will be made on an annual basis to the manual to reflect current requirements.

After students review the Student Nurse Orientation Manual, there is a competency exam that must be completed and submitted to the appropriate school of nursing faculty member. Generally, successfully completing the competency exam validates orientation for one year. However, each school of nursing will set their own policy and procedure as to how this process occurs within their respective programs. Please check with your school for specific requirements.

Also, it is imperative that in addition to the information contained in this manual, each student familiarize themselves with policies and procedures specific to each hospital that provides a clinical experience to them. This manual is not intended to supersede or replace any additional requirements a hospital may have for students in their specific clinical setting.

We wish to acknowledge the volunteer time and use of resources provided by Fairview Hospital, EMH Regional Medical Center and Parma Community General Hospital to support the development of this manual.

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Student Nurse Orientation Manual

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Professional Ethics

The process of professionalization in nursing involves embracing and integrating the values and beliefs of the profession. These values and beliefs are grounded in the understanding that ‘persons’ and their health are the focus of nursing and that all persons have the right to quality health and nursing services. Nurses are privileged to engage in professional relationships with patients/clients in situations that are often emotionally laden and demanding of the highest level of understanding of diversity and ethical behavior.

Nurses and nursing students interact with patients who are diverse in many ways, including cultural background, gender, race, age, personality style, thinking processes, religion, values and beliefs, education, sexual orientation, social status, political views and many others. In order to uphold the value of quality care for each person, it is essential that diversity is acknowledged as well as one’s own attitudes and consequent behaviors related to diversity.

Professionalism is demonstrated by maintaining appropriate professional boundaries; assuring confidentiality and privacy; dressing appropriately; respecting the differences in each person; responding to patient/client needs using a systematic approach to assessment, care giving, and evaluation; communicating to others clearly and in a timely fashion regarding patient/client needs; and advocating for meeting these needs.

There exists a variety of documents aimed at assuring that the values addressed above are evident in patient/client care. These include but are not limited to the Patient Bill of Rights, the Code of Ethics for Nursing, and the Ohio Board of Nursing Guidelines for Student Conduct. Each document is to be read and reviewed thoughtfully and adhered to in the provision of care.

Patient Bill of Rights

American Hospital Association

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct care givers relevant, current, and understandable information concerning diagnosis, treatment and prognosis.

Except in emergencies when the patient lacks decision-making capacity and their need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.

Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents or trainees. The patient also has the right to know the immediate and long term financial implications of treatment choices, insofar as they are known.

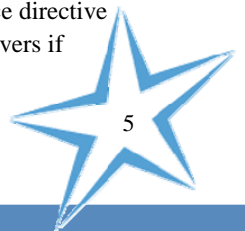
3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfer to another hospital. The hospital should notify patient of any policy that might affect patient choice within the institution.
4. The patient has the right to have an advance directive (such as living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision



made with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

5. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary except when restricted by law.
8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, services, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for risks, benefits, and alternatives to such a transfer.
9. The patient has the right to ask and to be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
12. The patient has the right to be informed of hospital policies and practices that relate to patient care treatment and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available to the institution. The patient has the right to be informed of the hospital's charges for services and available paying methods.

The collaborative nature of health care requires that patients or their families/surrogates participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.



Patients should also be aware of the hospital's obligations to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rule and regulations are designed to help the hospital meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements when necessary.

A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their life-style on their personal health.

Code of Ethics for Nursing

American Nurses Association

- The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.
- The nurse acts to safeguard the client and public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.
- The nurse assumes responsibility and accountability for individual nursing judgments and actions.
- The nurse maintains competence in nursing.
- The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.
- The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.
- The nurse participates in the profession's efforts to implement and improve standards of nursing.
- The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high-quality nursing care.
- The nurse participates in the profession's efforts to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.
- The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.



Ohio Board of Nursing Policy Related to Student Conduct

- (1) A student shall, in a complete, accurate, and timely manner, report and document nursing assessments or observations, the care provided by the student for the client, and the client's response to that care.
- (2) A student shall, in an accurate and timely manner, report to the appropriate practitioner errors in or deviations from the current valid order.
- (3) A student shall not falsify any client record or any other document prepared or utilized in the course of, or in conjunction with, nursing practice. This includes, but is not limited to, case management documents or reports or time records, reports, and other documents related to billing for nursing services.
- (4) A student shall implement measures to promote a safe environment for each client.
- (5) A student shall delineate, establish, and maintain professional boundaries with each client.
- (6) At all times when a student is providing direct nursing care to a client the student shall:
 - (a) Provide privacy during examination or treatment and in the care of personal or bodily needs; and
 - (b) Treat each client with courtesy, respect, and with full recognition of dignity and individuality.
- (7) A student shall practice within the appropriate scope of practice as set forth in division (B) of section 4723.01 and division (B)(20) of section 4723.28 of the Revised Code for a registered nurse and division (F) of section 4723.01 and division (B)(21) of section 4723.28 of the Revised Code for a practical nurse;
- (8) A student shall use universal blood and body fluid precautions established by Chapter 4723-20 of the Administrative Code;
- (9) A student shall not:
 - (a) Engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a client;
 - (b) Engage in behavior toward a client that may reasonably be interpreted as physical, verbal, mental, or emotional abuse.
- (10) A student shall not misappropriate a client's property or:
 - (a) Engage in behavior to seek or obtain personal gain at the client's expense;
 - (b) Engage in behavior that may reasonably be interpreted as behavior to seek or obtain personal gain at the client's expense;
 - (c) Engage in behavior that constitutes inappropriate involvement in the client's personal relationships; or
 - (d) Engage in behavior that may reasonably be interpreted as inappropriate involvement in the client's personal relationships.

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For the purpose of this paragraph, the client is always presumed incapable of giving free, full, or informed consent to the behaviors by the student set forth in this paragraph.

(11) A student shall not:

- (a) Engage in sexual conduct with a client;
- (b) Engage in conduct in the course of practice that may reasonably be interpreted as sexual;
- (c) Engage in any verbal behavior that is seductive or sexually demeaning to a client;
- (d) Engage in verbal behavior that may reasonably be interpreted as seductive, or sexually demeaning to a client.

For the purpose of this paragraph, the client is always presumed incapable of giving free, full, or informed consent to sexual activity with the student.

(12) A student shall not, regardless of whether the contact or verbal behavior is consensual, engage with a patient other than the spouse of the student in any of the following:

- (a) Sexual contact, as defined in section 2907.01 of the Revised Code;
- (b) Verbal behavior that is sexually demeaning to the patient or may be reasonably interpreted by the patient as sexually demeaning.

(13) A student shall not self-administer or otherwise take into the body any dangerous drug, as defined in section 4729.01 of the Revised Code, in any way not in accordance with a legal, valid prescription issued for the student.

(14) A student shall not habitually indulge in the use of controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs ability to practice.

(15) A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of habitual or excessive use of drugs, alcohol, or other chemical substances that impair the ability to practice.

(16) A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of a physical or mental disability;

(17) A student shall not assault or cause harm to a patient or deprive a patient of the means to summon assistance;

(18) A student shall not obtain or attempt to obtain money or anything of value by intentional misrepresentation or material deception in the course of practice;

(19) A student shall not have been adjudicated by a probate court of being mentally ill or mentally incompetent, unless restored to competency by the court.

(20) A student shall not aid and abet a person in that person's practice of nursing without a license, practice as a dialysis technician without a certificate issued by the board, or administration of medications as a medication aide without a certificate issued by the board.

(21) A student shall not prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion;

(22) A student shall not assist suicide as defined in section 3795.01 of the Revised Code.

(23) A student shall not submit or cause to be submitted any false, misleading or deceptive statements, information, or document to the nursing program, its faculty or preceptors, or to the board.



Fire Safety

Each clinical agency will have specific Fire Safety policies. It is important that you review the Fire policy for the institution you are assigned to.

Fire is extremely dangerous and may occur unexpectedly. You must familiarize yourself as to the location of exits, fire extinguishers, fire hoses and fire doors.

Fire Safety Tips:

- Never use elevators in the event of a fire
- Close fire doors
- Never wedge smoke or fire doors open
- Never obstruct corridors

Acronyms:

Become familiar with the following:

Code Red

R - Remove all persons from danger

A - Activate the fire alarm system

C - Contain the fire by closing all doors and windows

E - Extinguish fire if able

Fire Extinguishers: Directions for Use

P - Pull the Pin

A - Aim at the base of the fire

S - Squeeze the lever

S - Sweep from side to side

Fire extinguisher - classifications:

| <u>A (Water)</u> | <u>B(CO2)</u> | <u>C</u> | <u>ABC</u> |
|------------------|---------------|------------|----------------------------------|
| Burning Paper | Burning Oils | Electrical | Incorporates all classifications |
| Cloth | Grease | Equipment | and is most commonly used. |
| Wood | Liquids | Motors | |
| Plastics | Paints | Switches | |
| | Oils | Appliances | |

A-B-C Used on any of the above – most clinical agencies have this type.



Electrical Safety

Thousands of people are injured in electrical accidents each year and many of these accidents occur in the workplace. It is important to know how to prevent electrical injuries.

One of the most important safety features of electrical equipment is the three-pronged piece of the equipment. All patient care electrical equipment must have three pronged plugs. All outlets with red covers are supplied with emergency electrical power in the case of a power failure. Be sure that all life support equipment is plugged into these outlets. After a power outage, the emergency power should come on within 10 seconds.

Tips on Electrical Safety:

- Never cut off a third prong or use cheater adapters.
- Use only hospital approved equipment.
- Never use extension cords.
- Never handle electrical equipment, cords or plugs with wet hands.
- Immediately remove defective, damaged cords, plugs, or devices.
- Do not put blankets or clothing items in the microwave oven for the purpose of warming as they will quickly ignite into flames.
- Never pull out a plug by pulling the cord; instead grasp the plug and pull firmly.
- All electrical equipment brought to the hospital must pass electrical safety criteria.

MRI Safety

Electrical Magnetic Resonance Imaging (MRI) is a safe imaging procedure. MRI safety must be observed at all times. All healthcare workers must remember the magnet is always on. Any metal objects will be attracted to the magnet which can cause a “missile” or projectile hazard to the patients and MR healthcare workers. There is specific equipment that can be taken into the MR scan room, which is labeled MR safe.

Prior to the patient having an MRI scan done, a checklist must be completed and verified by the MR technologist. Any metal objects, or ferromagnetic objects, such as surgical clips, cochlear implants, cardiac pacemakers, ICDs, insulin pumps, implanted neurostimulators, and Swan-Ganz thermodilution catheters will prohibit the patient from having the procedure.

Should a medical emergency arise with the patient while being scanned, all efforts must be made to safely remove the patient from the scanning room. Entry to the room is monitored carefully due to potential dangers with the magnet and equipment.

You will only enter the room upon approval of the technologist, otherwise, students will observe from the holding area.



Radiation Safety

You can reduce your risk of radiation exposure by three factors: time, distance, and shielding.

Any decrease in the amount of *time* spent helping with a procedure will decrease your exposure.

By increasing the *distance* from the source of radiation, you decrease your exposure. Six feet of distance is an acceptable distance during a portable X-ray exam.

Shielding means:

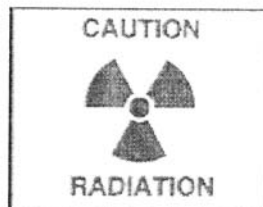
- Standing behind a lead barrier
- Wearing a lead apron
- Wearing lead gloves when holding a patient; or
- Wearing a thyroid collar when standing at the head or foot of fluoroscopy table.

The Nuclear Medicine Division, in all hospitals, is a restricted Radiation Area.

The Nuclear Medicine Department routinely receives radioactive materials; most of them are used for diagnostic purposes, some for therapy. The sign you see at the door of the Nuclear Medicine Department, “**Radioactive Materials,**” is intended to identify this area as a Radiation Area, which means it is a **Restricted Area**.

Students are NOT permitted to enter this restricted area or any area where radioactive materials are stored.

A “Caution Radioactive Materials” label is attached to all shipments of radioactive materials. If such shipments are found outside the restricted area, contact the Radiology Department, the Radiation Safety Officer in the facility, or the Nuclear Medicine Department immediately.



Hazardous Substances

What You Need To Know

Right to Know: You have the right and need to know about the chemicals that you work with, what hazards they pose, and how to protect yourself from them.

Why do you need to know: Chemicals can present physical as well as health hazards.

Physical Hazards:

Dangers from flammable and combustible liquids.

Dangers from compressed gases and explosives.

Dangers from water-reactive materials.

Health Hazards:

Chemicals can enter your body via inhalation, swallowing, skin contact, or through the eyes, and cause both short and long-term health hazards.

Short-Term Hazards:

Acute symptoms appear shortly after exposure to a high concentration. Symptoms include rashes, burns, dizziness, and nausea.

Long-Term Hazards:

Chronic health hazards are caused by repeated exposure to low concentrations of chemicals. Symptoms may not appear for years and include: central nervous system, lung, or kidney damage, sterility, and cancer.

How to learn about hazards in order to protect yourself:

Labels:

Always check labels prior to using a chemical. Look for the name of the chemical, safe handling practices, appropriate personal protective equipment (PPE), and emergency response. All containers must be labeled. Do NOT use materials from unlabeled containers.

Material Safety Data Sheets (MSDS):

These sheets provide chemical names, company information, hazardous ingredients, physical characteristics, fire and explosion data, health hazard data, reactivity data, special precautions, PPE needed, safe handling, and emergency response. Check with your clinical agency as to where the data sheets are kept.

Safe Use Practices:

Only use chemicals as directed. Always use appropriate PPE. Follow any special safe handling instructions. Never eat, drink, smoke, or apply cosmetics where the chemicals are present.



What to do in case of an emergency:

- Know what chemicals you are working with at all times.
- Report leaks, spills, suspicious odors to your supervisor immediately.
- Remove potential sources of ignition.
- Evacuate the area and stay away until given the “all clear”.
- Refer to the MSDS for specific spill and leak information.
- For more information, contact the Poison Control Center at 888.231.4455 (Northeast Ohio) or 800.222.1222 (National).

What to do if you come into contact with a hazardous chemical:

- If a chemical gets into your eyes, flush with running water for 15 minutes.
- If a chemical is swallowed, seek immediate medical attention.
- If a chemical comes into contact with your skin, wash thoroughly with soap and water.
- If hazardous vapors or fumes are inhaled, move immediately to fresh air.
- Report incidents to supervisor.



Ohio Emergency Codes

| Situation | Emergency Code | What it Means | What You Are to Do |
|-------------------------------------|-----------------------------------|---|--|
| Fire | CODE RED & LOCATION | A fire or smoke alarm has been set off | R- <u>Remove</u> all persons from danger A- <u>Activate</u> the fire alarm system C- <u>Contain</u> the fire by closing all doors and windows E- <u>Extinguish</u> fire if able |
| Abducted Infant/ Child | CODE ADAM | Suspicion of missing infant/child | Staff will report to designated exits to observe visitors leaving. Report suspicious activity to security |
| Bomb Threat | CODE BLACK & LOCATION | There is a danger that a bomb may be set to explode in the hospital | Report suspicious packages to security. Do not touch. If you receive a phone call, keep caller on line |
| Severe Weather Tornado Warning | CODE GRAY | Tornado has been sighted in the area | Move patients away from windows Direct visitors to interior corridors |
| Hazardous Material Spill/Release | CODE ORANGE | There has been a hazardous material spill or release | Wait for instructions |
| Medical Emergency - Adult | CODE BLUE & LOCATION | Cardiac and/or respiratory arrest | Respond as per unit/agency protocol |
| Medical Emergency - Pediatric | CODE PINK & LOCATION | Cardiac and/or respiratory arrest | Respond as per unit/agency protocol |
| Disaster | CODE YELLOW | External disaster and many victims are expected in the Emergency Department | Respond according to agency protocol External – number of victims Internal – location |
| Violent/Combative Patient | CODE VIOLET & LOCATION | Staff needs immediate assistance from security | Remain calm. Direct spectators away from area |
| Weapon/Hostage Situation | CODE SILVER & LOCATION | Person with weapon or hostage situation | Respond according to agency protocol |
| Missing Adult Patient | CODE BROWN | Suspicion of missing adult | Wait for direction |

Always check with the clinical agency you are practicing at, as there may be additional codes.

Cultural Diversity

Trend toward Diversity

Americans have traditionally thought of their society as a “melting pot” in which everyone embraced the same cultural values. Our world is far more mobile. A more accurate description of American culture is that of a tossed salad, where various ingredients remain distinct as they are mixed together.

What Makes Us Diverse?

Diversity is much more than skin color, gender, and background. Many of the factors that create diversity may not be immediately visible: personality style, thinking style, processing style, religion, values, education and knowledge, political views, sexual orientation, social status, and many others.

Some Factors that Create Diversity

Race as Factor in Diversity

Skin color is the result of the level of pigmentation in our skin; it’s a biological event. It does not determine how we think, feel, or believe.

Even with the large increase in minority cultures, many Americans are still reluctant to learn and teach their children about diversity.

In order to work together, we must concentrate on our strengths and respect each other as individuals and as members of a unique and different culture. We do not have to be clones to be equal.

Age as a Factor of Diversity

America is getting older. Age creates a diversity issue in the workplace due to different perspectives, work styles, and beliefs. Many older employees are used to working in hierarchical organizations. Today’s younger employees want to be part of self-directed teams, not a hierarchical bureaucracy.

To adapt to these different work styles, organizations need to develop a leadership style that provides some structure while allowing for the personal growth of the employees.

Gender as a Factor in Diversity

In today’s business world, men and women work side by side in careers of all kinds. One of the biggest differences between men and women is how we communicate. Women and men process information differently. We listen, talk, and build relationships differently. To communicate better and coexist more easily, men and women need to acknowledge their differences and appreciate where each excels.

Women and men should try to adopt some of the communications styles of the opposite gender to help try and understand and improve communication.

Disabilities as a Factor in Diversity

There are 43 million people with disabilities in the United States. Although the disabled have as many good ideas and abilities as non-disabled, many able-bodied people are unable to look beyond the disabilities. To change existing attitudes towards those with disabilities, we need to improve communication among all involved.



If you work with someone who is disabled, learn to talk about it. Always “ask” if they need help. Do not assume they need it.

Barriers to Diversity

Why do we have so many problems dealing with diversity? Diversity itself isn't the problem. Our differences have always been there; they're what make us unique. The problems lie in our attitude toward diversity. People who have negative attitudes towards other people's differences often engage in negative behaviors, including:

- Prejudice
- Stereotyping
- Discrimination

To keep these negative behaviors from becoming barriers to organizational diversity, we must learn to recognize and avoid them.

Prejudice is a preconceived feeling or bias. It's a pre-judgment without ever really getting to know a person. Prejudice against people comes from a belief in the superiority of one's own race, culture, class, or other group.

Stereotyping occurs when we apply our prejudice to all members of a group. If you were raised to hold a certain belief about all members of a particular ethnic group, you may still hold this stereotype no matter what your day-to-day experience tells you.

Stereotypes often lead to assumptions that are insupportable and offensive. Stereotypes lead to discrimination.

Discrimination is treating people differently, unequally, and usually negatively because they are members of a particular group. We develop prejudices, turn them into stereotypes, and allow them to grow into discrimination. Discrimination takes many forms- racism, sexism, ageism, religious bigotry, the list goes on and on.

Consequences for the Organization

Unfortunately, prejudice, stereotyping, and discrimination are still facts of life in our society and workplace. Barriers to diversity happen every day in the form of racist or sexist jokes, rude remarks, or the refusal to hire or promote. If you have friends or coworkers who are discriminatory and you accept that part of them without protest, you are actually aiding discrimination. You have a responsibility to speak out against intolerance.

American businesses pay a price for their inability to deal successfully without diversity:

- Racial discrimination claims cost the American economy \$215 billion a year.
- Sexual harassment lawsuits cost U.S. business hundreds of millions of dollars every year.



Besides the expense of a settlement, a discrimination claim can cost organizations a tremendous amount of money in court cost, attorney fees, loss of productivity, and most importantly, an organizations reputation.

Guideline for Managing Diverse Relationships

- Be aware of the change that is taking place around you, and welcome that change. You create your own future by creating your own change.
- Recognize and respect others and their individuality. No one has the right to impose their ideas, ideals, and values on others.
- Think before you speak, and be sensitive to others. If you accidentally offend someone, apologize immediately.
- Talk about your differences and ask questions about how people want to be treated.
- Listen more. Listening encourages people to be less defensive and talk through concerns and solve problems.
- Recognize your own biases and prejudices. You don't have to like or agree with everyone, but you do have to treat each person with respect and equality. What you think is your business. what you do concerns others.
- Eliminate stereotypes and generalizations. Avoid using words that suggest that all or most members of a particular group are the same.
- Expose yourself to other cultures and be open to learning something new.

Detecting and Reporting Abuse

ALL HEALTH CARE INSTITUTIONS ACCEPT THE RESPONSIBILITY TO INTERVENE IN SITUATIONS WHICH THREATEN THE GENERAL WELFARE OF OLDER ADULTS AND CHILDREN.

Hospital staff is responsible for reporting known or suspected abuse, neglect, or exploitation of patients or family members.

Reporting:

When possible, abuse/neglect/exploitation should be reported with the support of the entire healthcare team. Each discipline is required by law to report and must do so when he/she suspects there is a reason to report, whether or not there is team agreement.

Where to find information on reporting procedures:

The Hospital policy offers detailed information on definitions of abuse and the requirement of the law in managing the following:

- Adult/Elder Protection/Abuse
- Child Protection
- Domestic Violence
- Workplace Violence



Consultation on a particular situation may be obtained from the Social Work Department.

Requirement of the Law in Addressing Abuse and Neglect

Child Abuse and Neglect

“Child” is defined as anyone under the age of 18 or under the age of 21 if they have mental retardation.

Required to report to: Local County Children’s Services

Elderly Abuse, Neglect, and Exploitation

An elder is defined as anyone 60 years of age or older.

Required to report to: Local Adult Protective Services

Abuse and Neglect of the Mentally Retarded

A person with mental retardation is defined as anyone who qualifies for the services of the Department of Mental Retardation and Development Disability. Report instances involving anyone 18 years of age or older.

Required to report to: Local Department of Mental Retardation and Development Disability

Domestic Violence

Serious injuries (i.e. burns, gunshot wounds, stabbings) attributed to domestic violence are reported to police.

Any suspicion of domestic violence is noted in the medical record. The reason for the suspicion is to be included as part of the notification.

An abuse assessment and a safety assessment are made and documented in the record. A safe plan is discussed with the patient and documented.

Workplace Violence

Review clinical agencies policy and procedure manual.

Physical Indicators of Physical Abuse

Unexplained bruises and welts

- On the face, throat, upper arms, buttocks, thighs, or lower back.
- In usual patterns or shapes which suggest the use of an instrument (belt buckle, electric cord, and cigarette burns) on an infant.
- In various stages of healing.



- Regularly appear after absence, weekend, or vacation.

Behavioral Indicators of Physical Abuse

- Behavioral extremes (withdrawal, aggression, regression, depression).
- Inappropriate or excessive fear of parent, guardian, or partner.
- Antisocial behavior such as substance abuse, truancy, running away.
- Reluctance to return home.
- Verbalization that other children should be punished in a harsh manner.
- Unbelievable or inconsistent explanation for injuries.
- Lies very still while surveying surroundings (for infants).
- Unusual shyness, wariness of physical contact.

Examples of Verbal Abuse

- Referring to an individual in a condescending manner (i.e. dumb, retarded, fat, etc.).
- Making fun of an individual's behavior.
- Making fun of an individual's limitations.



Restraints

Facts About Restraints

Physical restraints are any devices applied to a person's body or to their immediate environment to limit voluntary movements.

Chemical restraints are any antipsychotic, anti-anxiety, or hypnotic agents prescribed for discipline or convenience and not to treat medical symptoms.

Restraints actually increase the chances of harming patients and residents because falls are more likely as people try to untie restraints. Struggling to get free of restraints has actually resulted in strangulation. Also, because restraints make patients weaker, they are actually more prone to falls after being restrained.

Rarely has anyone been successfully sued for non-restraint. In general, courts find restraint undesirable, as it impinges on a person's quality of life.

Studies show that caring for restrained patients actually takes more time than caring for unrestrained patients.

Restraints trigger strong negative emotions. When restrained, patients often exhibit disorganized behavior and agitation, and feel punished, confused, angry, socially isolated, humiliated, frightened, uncomfortable, and demoralized. If restraints/seclusion is required follow the clinical agencies policy.

Because restraints keep patients immobile, they are at greater risk of developing pressure ulcers, contractures, pneumonia, nosocomial infections, elimination problems, increased cardiac load, muscle weakness, circulatory impairment, and confusion, all of which can actually lengthen hospitalization and warrant more complex care.

Understanding Behavior Symptoms to Implement Restraint-Free Care

Any response to a patient's or resident's behavior must always be guided by a respect for his dignity, freedom of choice, reasonable risk-taking, and optimal outcomes; in other words, by the fundamental provisions of high-quality care. Just as certain behaviors, e.g., agitation and resistance to treatment, can prompt restraint use, there are ways to respond to such behaviors without resorting to restraints.

The decision to provide individualized care to avoid restraint must be collaborative, involving the nursing staff as well as the physician and family, supported by administration. Taking time to understand that confused or agitated behavior manifested in attempts to remove endotracheal tubes, IV lines, or catheters, for example, might have a reasonable explanation, can spare the patient the humiliation of restraints. The patient might be delirious which can result from an acute medical problem, dehydration, pain, drug toxicity, fear, or over stimulation.

Perhaps there has been a change in the patient's health status or an unmet need that cannot be communicated.

Perhaps meeting patient's needs for fluids, elimination, position changes, and pain relief might eliminate the "unsafe" behavior. In other words, making sense of the behavior might solve the problem.

Here are other common examples:

- A patient who climbs over the bed rails might be trying to get to the bathroom or reach an inaccessible item.



- A patient who picks at an intrusive device might find it uncomfortable and might simply be trying to eliminate the source of irritation.
- A patient who thrashes against a restraint might be trying to relieve an itch.
- Knowledge of the patient as a person, their history, and the current context will help make sense of their behavior.

Alternatives to Restraints

Occasionally, emergency situations arise that justify restraint use—for very brief periods and under careful observations, that is.

Examples are to protect staff from an intoxicated or abusive patient and to keep a suicidal patient safe. In such cases, however, restraints must be applied thoughtfully and removed frequently to allow for mobility, feeding, using the bedpan or urinal, and re-evaluation of the need for mobility.

Of course, alternative intervention should be implemented as soon as possible to meet the patients underlying needs. Other options that may be used include supervision, environmental modifications, companionship, reality orientation, diversion, physical therapy, and activities programs.

Too often, overwork, fear of liability, lack of time, and lack of availability or appropriate equipment lead nursing staff to use restraints without considering all the ramifications.

If we are to progress toward restraint-free care, individualized care plans are a necessity. This approach will help us focus on the needs of each patient or resident and will involve constant monitoring of health status and appropriate updates of care plans.

If restraints are necessary you must document all the alternative methods attempted prior to placing the patient in restraints.

Critical factors essential for moving away from restraint use include:

- Continual reassessment
- Administrative support
- Cooperation from physicians and the entire healthcare team
- Family involvement
- Education of all staff

The most effective strategies for achieving restraint-free care are:

- Nursing interventions that reflect individualized care, for example, providing assistance to the bathroom based on the patient's needs.
- Careful assessing and reassessing to meet specific needs at each stage of illness.
- Education to eliminate myths surrounding use of restraints.
- Individualized care plans.



Creative interventions to help tailor care to each patient's needs can go a long way to providing the superior quality of care our patients deserve.

Medication Reconciliation -

What it Means and Why it is Important

Medication reconciliation is the process of comparing the medications that the patient has been taking to their medication orders. The purpose of this process is to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions. A reconciliation process should occur at every change in care for the patient; i.e., emergency department to unit, unit to unit, transfers to other settings, discharges, and whenever new orders are written. It also includes changes in physicians or other practitioners. When a patient leaves the organization's care, a complete and reconciled list of the patient's medications is provided directly to the patient, and the patient's family as needed, and the list is explained to the patient and/or family.

The Joint Commission's Medication Reconciliation National Patient Safety Goal requires that health care organizations accurately and completely reconcile medications and other treatments across the continuum of care. A lack of communication among staff at transition points is often the main cause of medication reconciliation oversights. With an effective medication reconciliation process, previous medication orders are compared against new orders and health care providers reconcile any differences in a standardized and consistent manner. Hospitals may have different approaches to reconciliation so it is important to identify their procedure.



Infection Control

Introduction

All health care facilities have their own unique policies and procedures for infection control. However, all clinical facilities have an OSHA Exposure Control Plan that is compliant with the Bloodborne Pathogen Standard.

Hand Washing:

The single most important infection control measure is hand washing. Hand washing prevents the transmission of infections. The correct way to wash hands is as follows:

- Turn on the faucet.
- Wet hands and lather well with approved soap.
- Wash using vigorous rotary motion and friction for at least 15 seconds.
- Be sure to wash all part of your hands, including palms, between fingers, backs of hands and around your wrists and thumbs.
- Rinse under running water, letting water run toward your fingertips.
- Dry your hands thoroughly with paper towels.
- Use the paper towel to turn off faucet.

When should I wash my hands?

- After contact with environmental surfaces
- Before and after patient contact or patient care task
- Before handling food or administering medications
- After removing gloves
- After using the restroom

Alcohol-Based Hand Sanitizers: An alcohol-based hand sanitizer may be used when hands are not visibly soiled. Dispense the recommended portion of hand sanitizer and rub vigorously to all hand surfaces. Continue to rub for 15 seconds until hands are dry. Do not remove residual with paper towel. **Remember if a patient has C. Diff or if you are performing any procedure with possible stool contamination, you must use soap and water.**

Standard Precautions: Standard Precautions are used in the hospital to reduce the risk of spreading disease-causing germs from one person to another. These precautions are “standard” because they are used for all patients, regardless of whether or not they have a diagnosis of infectious disease. Standard precautions protect the healthcare workers from diseases that live in blood and can be transmitted from one person to another via blood, body fluids, mucus membranes, or non-intact skin. These diseases include Hepatitis B, Hepatitis C, and HIV. Standard precautions require the use of protective equipment called personal protective equipment (PPE) to prevent contact with infectious blood and body fluids. These precautions are required by OSHA for the protection of healthcare workers from bloodborne diseases.

Types of Personal Protective Equipment:

Gloves: Latex, vinyl, synthetic gloves are to be worn to provide a barrier and to prevent contamination of hands when touching blood, body fluids, secretions, excretions, mucous membrane and non-intact skin. Remember wearing of gloves does not replace the need for hand washing. Gloves must be changed between patient contacts and hands must be washed after gloves are removed.

Gowns, Face, and Eye Protection: The mucous membranes of the eyes, nose and mouth must be covered during procedures that are likely to generate splashes or sprays of blood or body fluids. Gowns should be worn when there is a likelihood of clothing or skin being splashed or soiled with blood and body fluids.

In addition to the above items, there are a variety of safety devices. They include:

- A. The Bloodborne Pathogen Standard requires that safety devices, including but not limited to, needle safety devices and sharps containers are used when performing tasks with a potential for needle stick injury and performing tasks in a way to prevent injury to exposure.
- B. A label called a “biohazard label” is a warning sign that the contents of a container may include blood, body fluids, or other potentially infectious fluids. All specimens when collected are transported in a container displaying a biohazard label.

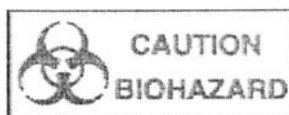
Transmission-Based Precautions Categories:

These categories include Contact, Droplet, and Airborne Precautions. Some patients have specific disease or conditions that require precautions in addition to standard precautions.

Contact Precautions: Contact Precautions are used when a patient has an infection that can be spread by direct or indirect contact. The infective material may be a substance other than blood such as pus, wound drainage, diarrhea, skin lesions (like shingles), and parasites (such as lice or scabies). Examples are C. diff, MRSA, and Vancomycin Resistant Enterococcus (VRE).

The measure required for contact precautions include:

- Thorough hand washing for 15 seconds.
- Gloves for any contact with patient or touching anything in the room.
- Gown if it is likely that clothing will be in contact with any patient or any surfaces in the patient care environment.
- Mask and eye protection if splashing or splattering of any contaminated substance is likely.
- Patient should stay in room except for medically necessary procedures or therapies.
- Patient care items such as blood pressure cuff, stethoscopes or thermometer should be “dedicated” (used only for that patient and disinfected or discarded after the patient is discharged).



Droplet Precautions: Droplet Precautions are used when a patient has a potential infection that may be spread by large droplets, such as those produced when coughing. The infective material can be spread because this large droplet spray may spread as far as three feet. Examples of diseases spread by droplets include influenza and bacterial meningitis.

The measures required for droplet precautions include:

- Hand washing for 15 seconds.
- A regular/surgical mask should be used for any potential exposure within three feet of the patient.
- Gloves and gowns are required when delivering patient care in droplet precautions.
- Patient should stay in their room except for medically necessary procedures. Must wear a mask when out of the room.
- Patient care items such as blood pressure cuff, etc. should be dedicated to that patient.
- Patient should be taught to cover their nose and mouth with a tissue when coughing or sneezing and to discard tissues into a bag.

Airborne Precautions: Airborne precautions are used when a patient has a disease that spreads on air currents. An example of a disease spread by airborne would be tuberculosis. The measures required for airborne precautions include:

- Patient door must be kept closed.
- Room must be private, “negative pressure room” which is a specially engineered room that pulls air from the hallway and exhausts it to the outside.
- A N-95 “particulate respirator” mask is to be worn for anyone who enters the room; visitors must be instructed in the use of the mask.
- Hand washing
- Linens, food trays, and housekeeping are handled in the same way as for other patients.
- The patient should stay in his or her room except for essential reasons; patient should wear a special mask when out of the room.
- Patient care items such as blood pressure cuffs, etc. should be dedicated and disinfected or discarded after the patient is discharged.
- Patient should be taught to cover their nose and mouth with a tissue when coughing or sneezing and to discard tissues in a bag.



Bloodborne Pathogens:

OSHA stands for the Occupational Safety and Health Administration and is a branch of the Federal Government's Department of Labor. The purpose of OSHA is to make sure that everyone in the United States has a safe work environment. OSHA develops standards that are enacted into laws and they can survey the organization without prior notice. Employees are required to follow OSHA standards.

Bloodborne pathogens are viruses, bacteria, and other micro-organisms that are carried in a person's blood and other body fluids. These pathogens cause diseases. Examples: HIV and Hepatitis B and C.

The OSHA standards for reducing risks of bloodborne pathogens include:

- Disposal of used or contaminated sharps in sharp containers.
- Use of standard precautions for all patients and all tasks that involve a reasonable likelihood for exposure to blood or body fluids.
- Use of personal protective equipment.
- Hand washing must be done after the removal of PPE, following contact with blood or other potentially infectious material, and/or prior to or following patient care.
- Containers used for transfer or disposal of anything contaminated with blood or infectious materials should display the biohazard label and be closable and leak proof.
- Avoid splashing, spraying, spattering, or creating droplets of blood or other fluids.
- Don't bend, recap, or break needles or sharps.
- Change sharps containers when contents reach fill line.
- Blood and other potentially infectious body waste that drip or flake when compressed is discarded in red bags or containers marked with the biohazard label.
- Spills of blood or body substances must be contained and cleaned up immediately using PPE and a hospital approved disinfectant.
- Do not eat or drink or apply makeup in patient care areas.

It will be the responsibility of your instructor/supervisor to orient you to the location of all personal protective equipment/supplies as well as procedures required for your safety.

It will be the responsibility of your instructor/supervisor to orient you to the location of the Hospital Infection Control Policies and Exposure Control Plan. Review the policies and procedures related to patient care.



OSHA Exposure Control Plans

Key Elements

| Bloodborne Pathogens |
|--|
| Standard/Universal Precautions are observed in the care of every patient |
| Personal Protective Equipment (PPE): Gowns, gloves, masks, eyewear, and other protective apparel are available and must be worn whenever there is reasonable anticipation of exposure to blood or other potentially infectious materials. <ul style="list-style-type: none">• Clothing penetrated by blood or other potentially infectious materials must be removed immediately.• All used PPE must be disposed of properly in the patient's room |
| Hand Washing: Must be done immediately or as soon as feasible at the following times: <ul style="list-style-type: none">• After the removal of PPE• Following contact with blood or other potentially infectious material• Prior to and following patient care. An alcohol-based waterless hand washing agent can be used if hand washing facilities are not immediately available. Hands are to be washed with soap and water as soon as feasible, even if waterless hand washing agent is used. |
| Needle Puncture Prevention: Contaminated sharps shall not be bent, recapped, or removed by hand. <ul style="list-style-type: none">• If no other alternative is possible, a needle can be recapped using a one-handed technique or a recapping device.• Sharps must be discarded uncapped in a labeled, puncture-resistant container that is close to the area of use. Sharps containers must never be overfilled. |
| Specimens: Mouth pipetting or suctioning of blood or other body fluids is prohibited. <ul style="list-style-type: none">• All containers used to collect or transport specimens must be leak proof. |
| Infectious Waste: Blood and other potentially infectious body substances in amounts sufficient to cause infection are discarded in red bags or containers labeled "Infectious Waste." |
| Hepatitis B Vaccine: Is available and strongly encouraged to everyone who has occupational exposure to blood or other potentially infectious material. |
| Post-Exposure Evaluation and Follow-Up: Post-Exposure Evaluation and Follow-Up varies from one facility to another. All employees with occupational exposure to blood or body fluids via needlestick, sharps injury, splash to mouth, nose or eyes, or to non-intact skin should be evaluated and counseled by the Employee Health Nurse. |
| General Policies: Eating, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a likelihood of occupational exposure to blood or other potentially infectious materials. All contaminated items will be disinfected with a hospital-approved disinfectant before use on another patient. |



Do Not Use Abbreviation List

| Abbreviation | Intended Meaning | Misinterpretation | Correct Way to Write |
|--|------------------------------------|--|--|
| U or u | Unit | Easily mistaken as a zero, a four, or cc | Write “units” |
| IU or iu | International Unit | Mistaken as IV (intravenous) or 10 (ten) | Write “international units” |
| Q.D. or q.d. or QD or qod | Latin for once daily | Easily mistaken as QID or QOD | Write “daily” |
| Q.O.D. or q.o.d. or QOD or qod | Latin for every other day | Easily mistaken as QD or QID | Write “every other day” |
| Trailing zero (X.O mg) | | Decimal point can easily be missed | Never write a zero by itself after a decimal point (X mg) |
| Lack of a leading zero (.X mg) | | Decimal point can easily be missed | Always use a zero before a decimal point (0.X mg) |
| MS | Morphine Sulfate | Confused for Magnesium Sulfate | Write “morphine sulfate” or “magnesium sulfate” |
| MS04 | Morphine Sulfate | Confused for Magnesium Sulfate | Write “morphine sulfate” or “magnesium sulfate” |
| MgS04 | Magnesium Sulfate | Confused for Morphine Sulfate | Write “morphine sulfate” or “magnesium sulfate” |
| A.S. or AS or a.s. or as A.D. or AD or a.d. or ad A.U. or AU or a.u. or au | Left Ear Right Ear Both Ears | Mistaken for wrong ear | Write “left ear” Write “right ear” Write “both ears” |
| T.I.W. or TIW or t.i.w. or tiw | Three times a week | Mistaken for three times a day or twice weekly | Write “3 times weekly” or “three times weekly” |
| ug μ | Microgram | Mistaken for mg (milligrams) | Write “mcg” |

These abbreviations have been determined by the Institute for Safe Medication Practices and the Joint Commission for the Accreditation of Healthcare Organizations to be unsafe and may not be used in any clinical documentation



2010 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them.

Identify patients correctly

Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.

Make sure that the correct patient gets the correct blood type when they get a blood transfusion.

Improve staff communication

Quickly get important test results to the right staff person.

Use medicines safely

Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.

Take extra care with patients who take medicines to thin their blood.

Prevent infection

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization.

Use proven guidelines to prevent infections that are difficult to treat.

Use proven guidelines to prevent infection of the blood from central lines.

Use safe practices to treat the part of the body where surgery was done.

Check patient medicines

Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines.

Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home.

Give a list of the patient's medicines to the patient and their family before they go home. Explain the list.

Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.

Identify patient safety risks

Find out which patients are most likely to try to kill themselves.



This is an easy-to-read document. It has been created for the public. The exact language of the Goals can be found at www.jointcommission.org.



HIPAA

The **Health Insurance Portability and Accountability Act (HIPAA)** of 1996 is a law that requires all health care facilities to provide to patients the Notice of Privacy Practices. This notice explains the patient's rights and when and to whom an agency will be giving any Protected Health Information (PHI).

This act covers three main areas. They are:

- **Insurance Portability:** Ensures that individuals moving from one health plan to another will have continuity of coverage and will not be denied coverage.
- **Fraud Enforcement:** Increases the federal governments fraud enforcement authority.
- **Administrative Simplification:** Ensures system-wide, technical and policy changes, in healthcare organizations in order to protect patient's privacy and the confidentiality of identifiable protected health information (PHI).

Protected Health Information is any information related to any healthcare provided to a person. It is any health information created and received through electronic records, paper records, and spoken communication that could identify a specific person. One of the most obvious pieces of PHI is a patient's medical record.

Identifiable Protected Health Information (PHI) includes the following:

- Name
- Address
- Employer
- Birth Date
- Telephone Number
- Fax Number
- Email Address
- Occupation
- Social Security Number
- Account Number
- Certificate Number
- Voice Prints
- Finger Prints
- Photos
- Other Personal Information
- Relatives Names



This Notice of Privacy Practices will also:

- Let patients know what the facility is doing to protect their PHI.
- Inform patients about their privacy rights.
- Explain to patients how they can exercise their rights.
- Provide the name or title and phone number of a contact person if the patient wants more information or wishes to file a complaint.

As a student you should:

- Not share any PHI with anyone who does not have a need to know it.
- Only seek the information you need to complete your patient care assignment.
- Not discuss any patient information in hallways, cafeteria, and other public areas.
- Dispose of any PHI material you have in a designated manner.
- Use PHI materials in a secure area.

On February 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 1996 (ARRA). Within ARRA, is the **Health Information Technology for Economic and Clinical Health (HITECH) Act**. HITECH mandates that every 'covered entity,' such as a hospital, is required to notify a patient when there has been a breach of their protected health information (PHI).

Examples of breaches of PHI include:

- Patient information received by someone in error because of an incorrect or misdialed fax number
- A conversation which includes patient information is overheard
- An employee or other person inappropriately and negligently discloses patient protected health information without authorization.



NOTES





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THE CENTER FOR
Health Affairs

NEONI is a regional program of The Center for Health Affairs (CHA), Northeast Ohio's hospital trade association. CHA represents 40 hospitals and serves those organizations and others through a variety of advocacy and business management services. CHA also works to inform the public about issues that affect the delivery of healthcare. Formed by a visionary group of hospital leaders 90 years ago, CHA continues to operate on the principle that by working together hospitals can ensure the availability and accessibility of healthcare services. For more on CHA, go to www.chanet.org.