

*Please read this document thoroughly. Print and keep at your workstation for future reference.*

## OUR MISSION

Our Mission:

**To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.**

## QUALITY, SAFETY, AND RISK

### Responsible Reporting

[Go to Kaiser Permanente's Unusual Occurrence Online Reporting System](#) accessible from the KP-Hawaii Intranet

## Continuous Improvement (PDSA)

Quality, Safety, and Risk work hand in hand to ensure that we give the best and safest care to our patients. We must continually check that safe systems and quality care are in place to mitigate the risk of harm to our members, patients, and staff. Through continuous improvement and our commitment to excellence, we can achieve these quality and safety goals.

One way that Kaiser Permanente improves many health care processes and outcomes is to use a performance improvement model. This model is called PDSA\*: Plan (P), Do (D), Study (S), Act (A) to ensure Continuous Improvement:

- **PLAN (P)** - What to improve and why? Generate new ideas and processes
- **DO (D)** - Implement the improvement or change. Document what does and doesn't work.
- **STUDY (S) or CHECK (C)** – Continuously measure and assess progress. Did the improvements work?
- **ACT (A)** – Refine and improve the systems and processes.

The **PDSA** model consists of two parts:

### Part 1:

- What are we trying to accomplish?
- How will we know that the change is an improvement?
- What change will we make that will result in improvement?

### Part 2:

- Use the PDSA cycle to test and implement changes in real work settings.
- The PDSA cycle guides the test of change to determine if the change is an improvement.

## Let's Apply PDSA!

**Scenario: How we can use the PDSA cycle to make an improvement in care and safety:**

**Problem:** Housekeeping staff awareness of patients in isolation requiring special disinfection procedures.

### 1. Plan (P): What to improve and why?

- First let's assemble our team and get some ideas.
- The idea is to place a strip of tape on the floor in front of the doorway to the patient's room.
- **Why?** All employees, specifically housekeeping staff, will know that the red tape identifies the room as potentially contaminated with *C. difficile*. They must ensure adherence to correct isolation, disinfection, and cleaning procedures.

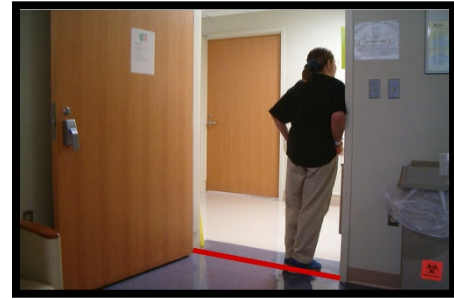
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## 2. Do (D): Implement the improvement or change.

- All patients in the hospital potentially identified with C. difficile will have the doorway to their room marked with the red tape.

## 3. Study (S): Continually measure and assess progress.

- After the implementation of the red tape process, a survey is conducted to assess how many staff knew what the red tape meant and what to do if they saw a doorway with red tape.
- The results of the survey shows that all employees were knowledgeable; they knew the red tape indicated that the patient was identified as potentially having C. difficile and that proper procedures are to be used for isolation and when cleaning the room.



## 4. Act (A): Refine and improve the systems and processes.

- In this PDSA example, the team successfully implemented a new change--the red tape.
- All employees were appropriately educated about the change, and as a result, the team met their improvement target.
- No changes were needed!

## Mitigating Risk & Responsible Reporting

Although we all try to mitigate the risk of harm to our patients, members, and staff, sometimes bad things happen. If you have a concern about safety or care quality, you are encouraged to report it.

1. If you have a concern about the safety or quality of care provided, you are encouraged to report your concern through any of the following venues:
  - Your immediate supervisor
  - The Hospital Administrator
  - The Patient Safety Officer
  - VP Care Delivery Administration
  - Unusual Occurrent Report (UOR)
  - The Joint Commission (TJC)
2. Any unusual occurrence, medical error, or close call must be reported to your supervisor **within 72 hours** of discovery. You must also file an [Unusual Occurrence Report \(UOR\)](#) using the online reporting system found on the [KP Intranet](#). It should be reported by the individual who participates, observes, or becomes aware of the event.
3. Each report will be evaluated and investigated following all appropriate policies and procedures.
4. Non-Retaliating and Good-Faith Reporting – If you filed an Unusual Occurrence Report and feel that you have been retaliated against, contact the Kaiser Permanente Compliance Hotline at 1-888-774-9100 or use the [Web Reporting System](#).

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## MAGNETIC RESONANCE IMAGING (MRI) SAFETY

Accreditation standards require that all employees who are working in, or visiting, a Kaiser Permanente MRI facility be aware of the potentially harmful effects of the MRI and take the necessary safety precautions.

**WHAT is an MRI?** A **Magnetic Resonance Imaging (MRI)** is a test that uses magnetic fields and pulses of radio wave energy to make pictures of organs and structures inside the body. MRI may also show problems that other imaging methods cannot see.

- MRI is an extremely powerful magnet
- 30,000 times stronger than the Earth's magnetic field!
- This magnet is always "on" and cannot be seen, heard, or felt
- This strong magnetic force can create potential hazards which can be fatal

**WHAT are the MRI safety guidelines?** Guidelines **MUST** be taken seriously and followed by **all** Kaiser Permanente staff. The staff that work in the MRI area are required to be trained and/or licensed. These guidelines help our patients, visitors, and co-workers maintain a safe environment.

### 1. The 4 Zones:

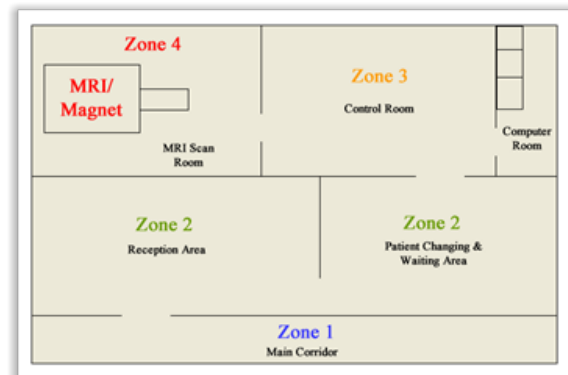
- MRI departments are separated into 4 zones
- Use caution when entering the MRI area and look for warning signs

### 2. Understanding Safety guidelines for each zone:

- **Zone 1:** Typically, outside of the MRI area; for example, a hallway. This area is how everyone enters the MRI environment. This area is freely accessible to all employees, patients, and visitors.
- **Zone 2:** This area is between the accessible Zone 1 and strictly controlled Zone 3. Zone 2 is where patients and other personnel are checked for safety before entering Zones 3 and 4. Only trained MRI staff are free to enter Zone 2. All others must be escorted by MRI staff.
- **Zone 3:** Access to Zone 3 is restricted. It is entirely under the supervision and control of MRI licensed staff.
- **Zone 4:** This zone is in the MRI Scan Room. It is clearly marked as potentially hazardous due to the very strong magnetic fields. No one is allowed to enter Zone 4 without first being cleared by MRI licensed staff. Therefore, all employees, patients, and visitors must be accompanied by, and under the direct supervision of, MRI licensed staff at all times while in this Zone.

### 3. ZONE 4 Precaution:

- The strong magnetic field can cause a "missile effect" with metal objects.
- This means that an object can be pulled into the MRI at an extremely high rate of speed and cause serious harm and damage to both the machine and to the person inside it.
- **Prior to ANYTHING being taken into the MRI Scan Room, it must first be cleared by the licensed MRI staff.**



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## UTILITIES DISRUPTION & EQUIPMENT SAFETY

### Engineering Dispatcher:

(808) 299-1065 (pager)

Please call the FacOps pager in the event of a Utilities Disruption OR unsafe equipment.

In the event of a utilities disruption, be alert to warning signs and follow departmental specific protocols. This will help to ensure safety for you, patients, and co-workers.

### Utilities disruptions can be any of the following:

- Electrical outage
- Ventilation/HVAC systems
- Telephone service
- Elevator service
- Water and Sewer service
- Piped Medical Gases

## Patient Equipment

### Patient equipment:

- Patient care equipment that requires preventive maintenance should have current inspection stickers.
- Stickers should be legible and NOT expired.
- Expired, incorrectly filled out inspection stickers, or unsafe equipment should be removed from service immediately. Place a "DO NOT USE" sign on it, notify your supervisor, and call the Engineering Dispatcher immediately.



## HAZARDOUS WASTE/SOLID WASTE HAWAII CLARIFICATION

Procuring chemicals or products outside of OneLink will require evaluation by EH&S. Please contact EH&S for review of SDS.

The Hawaii Market currently does not have waste containers for batteries. All patient care equipment that utilizes batteries are managed by the Clinical Technology Department. If you have a question about a battery in your department, contact EH&S.

The State of Hawaii does not require the recycling of all alkaline batteries (AA, AAA, C, D, etc.). Proper disposal of alkaline batteries is in the regular trash.

Dispose of empty IV tubing and bags that are not used for chemotherapy in the regular trash.

## INFECTION CONTROL

**Infection Control Department (available to answer your questions any time)**

(808) 432-8872 or page Infection Control through the Operator 432-0000.

**Accessing the BBP Exposure Control Plan:**

[KP Hawaii Intranet Website](#) → Hawaii Region Policies and Procedures → Search "Bloodborne" → **Policy 2006-061 Bloodborne Pathogen Exposure Control Plan**

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## Proper Hand Washing

Protecting yourself and patients from infection can be as easy as washing your hands. Hand washing is one of the best ways to prevent Healthcare Associated Infections or "HAI".

### Examples are:

- Central Line associated Blood Stream Infections (CLABSI)
- Surgical Site Infections (SSI)
- Methicillin-resistant Staphylococcus Aureus Infections (MRSA)

### Protect yourself and patients from infection by:

- Washing your hands for a minimum of 15 seconds.
- Using hand sanitizer on hands that are not visibly soiled.
- Washing your hands when they are visibly soiled, and in the following situations:
  - Before and after eating
  - After caring for each patient
  - After carrying out “clean” and “dirty” procedures on the same patient (or changing gloves)

## Work Restrictions

If you have an illness that can be spread to others in the workplace, stay at home until you are well again! Refer to **Policy 6420-02-D “Work Restrictions for Personnel with Communicable Diseases”** on the [KP Hawaii Intranet Website](#) for information about specific symptoms and instructions for possible infections (e.g., fever, skin rash/lesion, eye discharge, diarrhea).

## Tuberculosis

TB bacteria is spread through the air from one person to another. Anyone who is around someone with active TB for a prolonged period and in a fairly closed space has a higher risk of breathing in the TB bacteria. It is not spread by casual contact – it takes hours to even days to share.

The following TB Risk Factors increase your risk of being exposed to TB:

- Traveled (or lived in) a country with an elevated TB rate for 4 weeks or longer
- Had contact with someone with infectious, active TB disease
- Have a health problem that affects the immune system

If you have any of the above risk factors, have been coughing for 3 weeks or more, **and** develop at least one of the following significant symptoms, please refer to **Policy 6420-02-D “Work Restrictions for Personnel w/ Communicable Diseases”** on the [KP Hawaii Intranet Website](#) and contact Employee Health or your provider for evaluation:

- Coughing up blood
- Fever
- Unexplained fatigue, night sweats, weight loss, or weakness

If you are exposed to TB while at work, notify your supervisor immediately and post-exposure screening will be conducted.

**What does a positive TB skin test mean?** A positive skin test means that you are infected with the TB germ. However, being infected is not the same as having the disease. TB infection is called Latent TB, which has no symptoms and is not contagious. Preventive treatment for Latent TB is highly recommended to reduce the risk of Active TB.

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With proper treatment, both Latent and Active TB can be cured.

**Kaiser Permanente has the following protective measures in place to prevent the spread of TB:**

- **Negative airflow rooms:** Isolation rooms with negative airflow are used in the hospital and in the Pulmonary and Infectious Disease Clinics.
- **N-95 respirator masks:** These masks are required for all staff who work with TB patients. Dispose of these masks in the regular trash.
  - If fit tested, notify Employee Health if you have any changes in your health that may affect your ability to wear the respirator without adverse effects to your health (e.g. lung or heart problem).

## Universal Precautions / COVID-19

Wear surgical caps, hoods, and/or shoe covers if gross contamination is expected. Additionally, use engineering and work practice controls to limit exposure.

**For example:**

- Be aware of hand washing sinks and cleaners available
- Use safe sharps devices
- Wash hands after removing gloves
- Don't eat in work areas
- To Review these guidelines, search for "universal precautions" on the KP Policy Library – Hawaii Policies and Procedures intranet: <https://kphawaii.policytech.com/dotnet/noauth/login.aspx>

## COVID-19

- Stay home if you are sick
- Cover your cough
- Wear a mask and eye protection if community levels are high
- Ensure proper social distancing
- Avoid large group gatherings
- N95 required for certain aerosol generating procedures
- Additional up to date information available on the COVID-19 SharePoint site <https://sp-cloud.kp.org/sites/HICCOVID-19> (if the link doesn't work, copy and paste this link into your browser)

## Multi-Drug Resistant Organisms (MDRO)

Multi-Drug Resistant Organisms or "MDRO" are organisms that cause infections. These organisms, or bacteria, become resistant to antibiotics that were once effective. Patients carry these bacteria in their nose or on their skin and have no signs or symptoms of infection. This is called colonization. Patients may have an active infection with these bacteria when they are admitted to the hospital.

Multi-Drug Resistant Organisms are spread by direct touch. They are not usually spread through the air. Your hands can spread infection from one patient to another if you do not use proper hand hygiene. Touching your own nose, mouth, or eyes and then touching the patient without washing your hands properly can also spread infection. Contaminated equipment such as thermometers, BP cuffs, stethoscopes, and pulse oximeters can carry germs from one patient to another if not cleaned.

Examples of MDRO include:

- Methicillin-Resistant Staphylococcus Aureus (MRSA)
- Vancomycin-Resistant Enterococcus (VRE)
- Extended Spectrum Beta Lactam (ESBL) bacteria

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\*\*These MDRO require more powerful antibiotics to treat infections.

In more severe cases, patients may be placed in an isolation room\*\*

Did you know that MRSA cases can begin as a skin infection, boil, or spider bite? We can prevent these infections by excellent hand hygiene, use of a barrier (gloves, gown, and goggles), antibiotic stewardship, a clean hospital environment, and clean equipment.

## WORKPLACE INJURY

**For comprehensive workplace incident reporting instructions:**

Refer to the [Hawaii Workplace Incident Reporting webpage](https://sp-cloud.kp.org/sites/hi_wir)  
([https://sp-cloud.kp.org/sites/hi\\_wir](https://sp-cloud.kp.org/sites/hi_wir))

## EMPLOYEE RESPONSIBILITIES

1. NOTIFY your supervisor/manager and/or person in charge **IMMEDIATELY**. If after hours at the hospital, please notify the house supervisor. *(Note: Failure to report incidents in a timely manner will result in coaching/counseling and may also cause delay of state mandated benefits, as applicable.)*
2. Get medical care if the injury requires care beyond on-site first aid.
  - a. In the case of a **life-threatening** injury, go to the emergency department.
  - b. For non-life-threatening injuries, get medical care from Occupational Health Services (OHS) - Monday through Friday. Please call 432-2200 to schedule an appointment.
  - c. For Blood/Body Fluid Exposure (BBFE)-related incidents, treatment is mandatory.
3. Participate in the incident analysis with your supervisor/manager, safety champion, and others as needed. For BBFE-related incidents, provide details to your supervisor/manager to complete the BBFE Addendum within 24 hours of the SFR submittal.
4. Review the Workers' Compensation and other applicable content on [HRconnect](#).

## SUPERVISOR/MANAGER RESPONSIBILITIES

1. Ensure that the injured employee gets appropriate treatment following the incident.
2. If the injury requires care beyond on-site first aid, instruct the injured employee to do one of the following:
  - a) In the case of a life-threatening injury, accompany the injured employee or designate another employee to go with the injured employee to the emergency department.
  - b) Advise the employee to make an appointment for follow-up care with Occupational Health Services (OHS) by calling 432-2200.
  - c) For Blood/Body Fluid Exposure (BBFE)-related incidents, treatment is mandatory.
3. Submit the [Supervisor's First Report \(SFR\) of Injury/Illness/Incident](#) **as soon as possible but no later than 24 hours after being made aware of the incident**. *(Note: If the employee has delayed reporting an incident, the Supervisor/Manager is to counsel the employee individually to report injuries/illnesses immediately.)*
4. For Blood/Body Fluid Exposure (BBFE), per OSHA requirements, complete the [BBFE addendum](#) within 24 hours of the SFR submittal. Refer to the [Work Related Incident Reporting webpage](#) for additional instructions.

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5. Conduct a high-quality incident analysis with the employee, safety champion, and others as needed **within 4 calendar days** of the reported incident. Document the causes, solutions, and actions using the Comprehensive Incident Reporting and Analysis System (CIRAS) tool.
6. Review the Workers' Compensation, Leave of Absence, and other applicable content on [HRconnect](#).