



PULSE

June 29, 2017
VOL. 28 NO. 6

NEWS OF INTEREST TO RPMH EMPLOYEES

EMPLOYEE OF THE MONTH



Congratulations to Angella Soles, RN, our June Employee of the Month! Angella is an RN in the Labor and Delivery Center and has been with RPMH since June 2008. A patient nominated Angella saying she "took such great care of me when I was a patient". They went on to say that "I was in a great deal of pain and she held my hand and prayed for quick healing. She is a great nurse." A graduate of George Ball High School in Galveston, Texas she furthered her education at TSTC West Texas and Vernon Junior Regional College and received her RN license in 2008. Angella and her husband, Chris have 5 children: Shane, Shelbi, Alyssa, Kailey and Madison. Congratulations to Angella, our June Employee of the Month!

SPECIAL DAYS



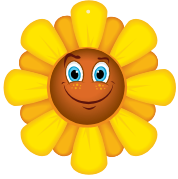
June 27 – Dr. Walthall's Reception 2 PM in ER Classroom
July 4 – Independence Day!



The Sweetwater/Nolan County Chamber of Commerce will host "Sparks in the Park" at dark on July 4 near the Nolan County Coliseum.

Can you name the Core Values of RPMH? They are Excellence, Accountability, Stewardship, Compassion and Others First.

SPECIAL MENTIONS



Amanda Gonzales
Angella Soles
Beth Harbour
Diane Calcote
Dr. Eaker
Dr. Enard

Kalie Simpson
Lisa Baldivia
Linda Vera
Misty Whoolery-Pratt
Ranai Foster

NEW EMPLOYEES



WELCOME!!!

Welcome New RPMH Employees:

OB/GYN Office – Sandra Rendon & Juan Franco, MD
Emergency Department – Laura Martin, RN
Environmental Services – Oscar Vera & Tanner Hazelwood
Labor & Delivery – Amy Schrader, RN, Jade Crawford, RN & Karen Harkness, RN
RHC Summer Intern – Danielle Ukabi

PATIENT OPINION POLL



“This hospital is great! Everyone took wonderful care of me from the ER to the medical floor.”

“Linda Vera and Lisa Baldivia were very kind and helpful checking me in. I am new to the area and the hospital and I appreciated their help.”

“Thanks to all that offered her kindness and care while my mother-in-law was in the hospital. I know she received the best care possible from the greatest team of people I have ever known.”

Dr. Leila Rubio



We are pleased to announce the graduation of Dr. Rubio from the Texas Tech University Health Sciences Center, School of Medicine.

PROFESSOR ED



EDUCATION



[Online Education](#): [health.edu](#), [growing up with us.com](#)
(newsletter staff login: 435617), [txhealthsteps.com](#),
[netce.com](#)

[Healthcare Provider BLS](#): July 18th at 1 p.m., Cardiac Wellness
Classroom

**Remember to check bulletin boards and RPMH calendar for
upcoming education!**

Jewel Parker, R.N.
Staff Educator
Ext. 306

Mark your calendar for these upcoming events!

July 4 – Gift Shop Closed for Independence Day Holiday
August 24 – Jewelry Sale
September 14 – Book Sale

VOLUNTEERS



NEWS



RPMH Board, Administration & Staff

Thank you so much for the retirement gift. Thanks also for the retirement reception. I am so blessed to be honored like this as I retire from a job I've loved for so many years.
Love you all, Dody

INCIDENTAL DISCLOSURES OF PROTECTED HEALTH INFORMATION

HENRIETTA



THE HIPAA HIPPO

An incidental disclosure of protected health information occurs when in the regular course of treatment, payment or healthcare operations, a patient's protected health information that is being discussed is accidentally overheard by someone not involved in the patient's treatment, payment or healthcare operations. This is not a HIPAA violation if you take reasonable precautions to prevent such disclosure and the discussion is for a legitimate reason – not for curiosity's sake or gossip.

For example, reasonable precautions to prevent an incidental disclosure could include:

- Discussion at a nurses' station should be as quiet as possible, avoiding yelling down the hallway or having the discussion where other patients or family/visitors are standing.
- Avoid discussion of one patient in front of other patients or their family or visitors or where other persons can overhear, such as in a waiting room.
- Speak quietly when discussing protected health information in person or over the phone with other staff, the physician or a family member.
- Avoid discussing a patient in a public area such as the cafeteria or the hallway. We are a small hospital in a small town and everyone knows everyone – so you may not have to mention a name for the person overhearing to know – or presume to know -- who you are discussing.
- Discussion of highly confidential information (mental health issues, HIV test results, substance abuse, communicable disease, child or elderly abuse, sexual assault, domestic violence, etc.) should be held in a private area or room.
- Students may discuss a patient's condition or treatment during training but should do so quietly and avoid discussion in a public area where patients, visitors or families are present and could overhear.

Consider how you would want your protected health information or your family member's protected health information discussed in the hospital and take the same care with other patients' information.

WORKPLACE VIOLENCE



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What Next? Workplace Violence and Reporting

Workplace violence in the United States has become increasingly recognized as a problem in the workforce. To truly understand what is classified as workplace violence the definition might be helpful. Workplace violence definition states workplace violence is any threat or physical violence, harassment, intimidation, or threatening disruptive behavior that occurs while at work or on duty. It may come in many forms from many directions such as patients, patients' families or coworkers.

In the United States during the year of 2015 there were 2 million reports of workplace violence reported per the OSHA gathered statistics. With anonymous surveys that have been used especially throughout healthcare an additional 71% identified themselves as having been the victims of workplace violence but deny reporting. Why do we not report? Answers submitted by the surveyed nurses ranged from too busy, too much paperwork, fear of being perceived as a troublemaker and last but not least fear of retaliation.

Why should we report? Reporting not only allows for statistical information to be collected but also identification of behaviors, identification of possible triggering actions or words, and probably most important allows for identification of individuals who have in the past been involved with violence. By identification of these behaviors and those individuals that carry them out we potentially lessen the chances of injury or escalation of the behaviors. Just recently a form for reporting workplace violence has been developed even in our own facility. This form is designed be less cumbersome than a regular incident report and is for the majority a check off sheet with a space for you if you feel the need to insert pertinent facts or narrative. With that being said what should you report? You should report any incident of verbal, physical or psychological abuse that you incur whether by patients, patients family or coworkers. Even if there is not intervention or harm incurred report the incident the form is easy.

When should we report? Immediately if at all possible, the facts are fresh in your mind and you may be able when thinking through the process see things that you could have possible done different.

How do we stop the violence? Having facilities like our own that is zero tolerance with strong policy and procedures. Identify individuals, who have a past of committing violence against others and recognizing the triggers that have caused the violence and removing the triggers.

**WORKPLACE
VOILENCE**



**WORKPLACE
VOILENCE**



Being aware of behaviors that may indicate an escalation leading up to the violence and implementing de-escalation techniques. Have a strong relationship with those entity's (security, police) that will respond to help you when things get out of hand and not being afraid to ask for help from them. Identify areas where it would be difficulty to escape or have an escape route should a situation become out of control. ABOVE ALL---REPORT ALL INCIDENTS!!!

Examining the current sets of statistics that exist, where does workplace violence occur? OSHA statistics from 2015 show that the areas in healthcare where violence occurs on a regular basis are as follows: Emergency rooms, ICU, Obstetrics, Psych units, Admission units and with EMS interactions. As you can easily see it may happen anywhere. The reasons identified for the occurrence in these areas include inappropriate use of emergency rooms as a holding area for acute mentally ill, the frequency of patients and family members carrying weapons into the hospital arena, the availability of drugs in the hospital, lack of control of visitors or others entering the facility and the lack of training by staff in de-escalation techniques. Our hospital at present is actively preparing training to be provided to all staff members in de-escalation and evasive techniques. Once the preparation is complete you will begin to see more information about these trainings.

In conclusion workplace violence is an escalating problem and continues to intensify in the healthcare arena. It is our job to protect not only ourselves and coworkers from the violence but also the patient. Be aware of your surroundings at all times. Listen for the change in voice or body stance of individuals you are interacting with and know when to give yourselves room and path to escape. If you are not involved be ready to alert the person involved when they are missing the signs. Above all stay safe you are no good to anyone else if you are injured, and report it may be the difference of someone else being safe during future interactions with this individual.



There are less than 20,000 practitioners in the world who are wound care certified (WCC). In order to continue to provide optimal care for patients with skin and wound care needs Rolling Plains Memorial Hospital (RPMH) saw the need for a clinician to become WCC. Melanie Berg, PTA, WCC attended an intense four day skin and wound management course to prepare for the WCC board certification examination offered by the National Alliance of Wound Care and Ostomy (NAWCO). Upon passing the exam Melanie has become a wound specialist and an expert in current standards of care. She has advanced clinical knowledge to help improve patient outcomes regarding wound care while providing cost effective treatments.

Melanie has been working as a Physical Therapist Assistant with RPMH since 2014. She received a BA in General Studies of Physical Education from Kansas Wesleyan University and an Associates of Applied Science for Physical Therapy from Laramie County Community College. "I became interested in wound care after taking a position at RPMH largely in part due to the already knowledgeable staff. Wounds are more common than you think and some wounds, or what people may refer to as cuts or sores, don't heal in a timely manner. We are here to provide the best care we can to help speed the healing process along. There are many different aspects that can affect healing and I look forward to being able to use my resources and knowledge to benefit our patients."

