



**County of Los Angeles  
Department of Health Services**

# **INPATIENT**

## **Annual Core Competency Study Guide (Nursing)**

**2012**

**Unlicensed  
(Patient Care Area)**



**2012 DHS INPATIENT ANNUAL CORE COMPETENCY STUDY GUIDE  
(NURSING): UNLICENSED – PATIENT CARE AREA  
PREFACE**

This packet is designed to provide the unlicensed workforce member working in a patient care area the information necessary to prepare for DHS annual core competency testing. Non-direct care unlicensed staff required to complete the competencies identified in this study guide are unlicensed workforce members who work in a patient care area. Unlicensed workforce members who do not work in a patient care area complete the competencies identified in the “Unlicensed Staff - Non-Patient Care Area” self-study guide.

The following table describes which workforce members must complete the testing requirements for nursing department unlicensed direct care and non-direct care providers.

Workforce Member	Performance Stations	
	Customer Service	Fall Prevention
<b>Direct Care Unlicensed Staff including:</b> <ul style="list-style-type: none"> <li>• Nursing Attendants</li> <li>• Rehabilitation Associates</li> <li>• Student Nurse Workers</li> <li>• Technicians*</li> <li>• Hospital Medical Assistants</li> </ul>	X	X
<b>Non-Direct Care Unlicensed Staff who work in patient care areas including:</b> <ul style="list-style-type: none"> <li>• Clerks</li> <li>• Secretaries</li> <li>• Student Workers</li> <li>• Unit Support Associates</li> </ul>	X	X

\*Surgical technicians complete the perioperative competencies.

If your position is not listed in the table or you are not sure in which category you belong, consult your immediate supervisor.

---

**INSTRUCTIONS**

1. Review the content in this packet as applicable to your requirements as indicated above.
2. Review the learning activities as described on the applicable clinical competency descriptions.
3. Clinical Nurse Specialists, Clinical Nurse Educators, Nursing Instructors, and Nurse Managers are available to answer any questions you may have regarding the content.

**2012 DHS INPATIENT ANNUAL CORE COMPETENCY STUDY GUIDE  
(NURSING): UNLICENSED – PATIENT CARE AREA  
TABLE OF CONTENTS**

Customer Service ..... 3

Fall Prevention ..... 10

## CUSTOMER SERVICE

### Objectives:

Upon completion of this section, the workforce member will be able to:

1. List three ways to provide excellent customer service.
2. State three ways to demonstrate polite telephone manners.
3. Identify the Department of Health Service's customers, both internal and external.
4. Identify correct and incorrect appearance related factors for in-patient DHS workforce members.



### I. Importance of Customer Service

Healthcare is the fastest changing industry in the world today. Hospitals continue to undergo changes in payments, and there is increased competition among healthcare providers for patients.

- A. Hospitals are shifting from provider-centered, where people made choices in the best interest of the hospital, to patient centered, where choices are in the best interest of patients.



- B. Employers buying healthcare for their workers make decisions based on a hospital's ratings and reputation.
- C. Managed care is leading healthcare delivery in the U.S., making hospitals compete with each other for managed care contracts. Customer satisfaction is one area considered by HMOs when deciding which hospitals to include in their contract.
- D. Without customers, we would not have jobs.

### II. Definitions

- A. **Customer service:** The degree of help and courtesy granted to those you interact with and serve in your facility.
- B. **Customers** are much more than patients and their families; customers are anyone you meet in your hospital.
- C. **External customers:** People who come to us from outside the hospital for a service: patients, families, vendors, students, speakers, etc.
- D. **Internal customers:** Those who work at the facility: doctors, nurses, therapists, custodians, administrative staff, etc.

### III. Telephone Manners

- A. Telephone manners are a polite response to telephone callers. Manners are important in forming first impressions and set the tone for future interactions. Often, a caller's first contact is with a receptionist, clerk, or operator, making their role very important.

Always remember to:

- Speak slowly, clearly, and directly into the mouthpiece held two-finger widths away from your mouth.
- Use your normal tone of voice when answering a call. Lower your voice volume if you tend to speak loudly.
- Do not eat, drink, or chew gum while talking on the phone.
- Try to answer on the second ring.
- Include a friendly greeting, your name, location, and an offer to help when answering the telephone. (Example: "Good Morning, Intensive Care Unit, this is Mary Brown. How may I help you?")
- Never use slang or swear words.
- Listen to what the caller has to say.
- Be patient and helpful.
- Ask permission before putting the caller on hold. (Example: "May I put you on hold while I check if Dr. Millett is available?")
- Thank the caller for holding when taking the call off hold. (Example: "Thank-you for holding Mr. Choi. The nurse will speak to you in just a minute.")
- When transferring a call, tell the caller to whom they are being transferred. (Example: "Let me give you Dr. Millett's office phone number... Please hold; I will transfer you to Dr. Millett's office.")
- When transferring a call, announce the caller to the person receiving the call. (Example: "Good Morning, this is Mary Brown from the Intensive Care Unit. I am transferring a call from Mr. Choi.")
- Address all questions and concerns before hanging up the telephone. (Example: "Mr. Choi, Is there anything else I can do for you today?")
- Let the caller hang up first. This lets the caller know you are not in a hurry to get off the phone with them.



k6622684 www.fotosearch.com

## IV. Important Key Phrases:

## A. What you say is as important as how you say it!

**Don't Say:**

- No, or I can't
- I don't know
- That is not my job
- You're right, that stinks
- We are short staffed
- I'm busy right now
- It's over there

**Instead Say:**

- What I can do is...
- I will find out for you
- I will get someone to help you
- I understand your concerns
- We may be busy, but we are never too busy to help you
- I'll be with you in just a moment
- I'll take you where you need to go

## B. Helpful Patient Comfort and Communication Strategies

- Check that each patient is covered and comfortable
- Do an environmental assessment: Can the patient reach the telephone, water, food tray, TV controls, and trash?
- Tell the patient that you regularly make rounds to check comfort levels
- Tell the patient when you will be returning
- Tell the patient when you are leaving and name of nurse who will be following you
- When possible, bring relieving nurse into room and introduce the nurse to the patient

## V. Environment: Appearances Matter

When our workplace and staff appear neat and clean, we show respect for our customers and give them confidence in our ability to care for them.

## A. Workplace:

- Store equipment in its proper place
- Clean up spills and dispose of trash in a timely manner
- Keep patient care and employee work areas, hallways, and conference rooms clean, neat and clutter free



## B. Workforce members:

- Wear identification badges in a visible location above your waist
- Ensure visitors wear visitor passes. If not, refer them to security for visitor pass
- Wear appropriate, clean, neat clothing following the hospital's dress code
- Avoid wearing fragrance/scents; many people have fragrance allergies
- Use good personal hygiene
- Hair is to be clean, neat, safely secured, and not to compromise patient care
- Jewelry must be consistent with the work assignment, not injurious to the patient, nor pose a potential safety problem to the employee
- Fingernails must be clean and short, not to extend greater than ¼ inch beyond the fingertips. No artificial nails
- Wear clean shoes with enclosed heels and toe

## VI. Practice principles of CUSTOMER SERVICE

### A. Compassion



#### 1. Courteous

- Welcome customers
- Acknowledge customer's presence
- Make eye contact and smile
- Use a pleasant tone of voice
- Be polite and helpful
- Do things right the first time
- Provide customers with choices, when possible

#### 2. Concerned

- Take time to listen
- Give the customer your full attention
- Ask if you are unsure whether someone needs help
- Be willing to explain delays
- Know where to direct the customer for service
- If you cannot help, find someone who can
- Respond quickly to customers' needs

### B. Communication

- Check customers' understanding
- Clarify using questions
- Give clear instructions
- Speak clearly
- Do not use jargon/slang
- Use the customers' language, if possible

**BIBLIOGRAPHY**

- Customer Learning Group. (2006). Rancho Los Amigos National Rehabilitation Center. Service Excellence Program. <http://customlearning.com/>
- Downing, T. (2005). *Houston Business Journal*. Rx for hospitals: Customer service can improve the bottom line. Retrieved from: <http://www.bizjournals.com/houston/stories/2005/07/11/focus5.html?t=printable>.
- Dylan, M. (2007). Phone Etiquette at Work: Use Your Work Phone Effectively. Retrieved from: [http://workplaceculture.suite101.com/article.cfm/phone etiquette at work](http://workplaceculture.suite101.com/article.cfm/phone+etiquette+at+work).
- Frampton, S., Guastello, S., Bradly, C., Hale, M., Horowitz, S., Smith, S., et al. (2008). *Communicating effectively with patients and families*. Patient-Centered Care Improvement Guide (p. 85). Retrieved from <http://www.planetree.org/Patient-Centered%20Care%20Improvement%20Guide%2010.10.08.pdf>
- McInnes, K. (2003). *Journal for Nurses in Staff Development*. I CARE: An Organization-wide Customer Service Education Program, 19(4), 192-202.
- The Sharp Experience Employee Tools. Behavior Standards. Retrieved from: <http://www.sharp.com/choose-sharp/baldrige/upload/Behavior%20Standards%20snap%20shot.pdf>.



**2012 DHS Annual Core Competency  
(Nursing): - Unlicensed in Patient Care Area  
CUSTOMER SERVICE  
Clinical Competency Description**

**Competency Statement:** Identifies and demonstrates components of excellent customer service.

Critical Behaviors	Learning Activities	Method of Evaluation
<p>States three customers, internal or external, one may come in contact with in the workplace.</p> <p>States three ways to demonstrate polite telephone manners.</p> <p>Identifies three correct and three incorrect appearance related factors.</p> <p>Verbalizes three ways to provide excellent customer service.</p>	<p>Reviews “Customer Service” in the <i>Inpatient Annual Core Competency Study Guide (Nursing) 2012: Unlicensed – Patient Care Area</i>.</p> <p>Reviews facility specific policies/procedures related to Customer Service.</p>	<p>Completes the Customer Service performance checklist with 100% accuracy.</p>

**2012 DHS Annual Core Competency  
(Nursing): Unlicensed in Patient Care Area  
CUSTOMER SERVICE  
Performance Checklist**

Performance Criteria	Met	Not Met	Comments
States three (3) customers, internal or external, one may come in contact with in the workplace.			
States three (3) ways to demonstrate polite telephone manners.			
Identifies three (3) correct appearance related factors the employee displays in the picture.			
Indicates three incorrect (3) appearance related factors the employee displays in the picture.			
Verbalizes three (3) ways to provide excellent customer service.			

## FALL PREVENTION

### Objectives:

Upon completion of this section, the workforce member will be able to:

1. Identify three risk factors related to falls.
2. Recognize three strategies to prevent falls.
3. List two steps to take when a fall occurs.

#### I. Introduction

Falls are the leading cause of injuries for both children and adults. There are many factors that place a patient at risk for falls, including age related, medical, and environmental factors. It is important that healthcare providers are aware of the strategies that will prevent patients from falling.

#### II. Definition of a fall

A fall is any unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with or without assistance (National Database of Nursing Quality Indicators, 2009).

#### III. Overview of falls among older adults and children

- A. Falls are the leading cause of injury-related death for individuals 65 years of age and older. In addition, falls are the number one adverse event and most frequent cause for damage claims in patient care. In 1994, the total cost of fall-related injuries for those 65 years of age and older was \$20.2 billion dollars and by 2020 the cost is expected to be at least \$32.4 billion (Agostini, Baker & Bogardus, 2001).
- B. Falls are the leading cause of non-fatal injuries for all children ages 0 to 19. In the United States, approximately 8,000 children are treated in the emergency rooms for fall-related injuries everyday. This adds up to almost 2.8 million children each year (Centers for Disease Control and Prevention, 2010).

#### IV. What puts an adult patient at risk for falls?

- A. Age related risk factors include:
  - History of falls
  - Decreased muscle strength
  - Slow reflexes
  - Poor vision
  - Loss of hearing
  - Forgetfulness
  - Changes in sleep patterns

- B. Medical risk factors include:
- Mental impairment
  - Dizziness
  - Medications that cause drowsiness (e.g., medications for pain or sleep)
  - Arthritis
  - Osteoporosis
  - Sore feet
  - Decreased bladder control
- C. Environmental risk factors include:
- Clutter on floor
  - Poor lighting
  - Wet walking surfaces
  - Bedside table not within patient's reach
  - Chairs and other items blocking the route to the bathroom
  - Side rails left down or partially lowered
  - Presence of tubes, IV poles
  - Tripping hazards (e.g., electrical cords, toys, linen on the floor)
  - Climbing on a movable chair
  - Leaning back in chair
  - Phone cords stretched across work area
  - Overreaching/overstretching
  - Uneven ground (e.g., folded floor mats/area rugs, uneven cracks in pavement)
  - Stairs without handrails
- V. What puts a pediatric patient at risk for falls?
- A. Developmental risk factors include:
- Crawling
  - Learning to walk
  - Temper tantrums
  - Learning to use the bathroom
  - Running, climbing and jumping
- B. Situational risk factors include:
- Balance factors
  - Seizure disorders
  - Orthopedic conditions
  - Getting up too quickly
  - Frequent trips to the bathroom
  - Dizziness or lightheaded

- C. Environmental risk factors include:
- Clutter on the floor
  - Poor lighting
  - Wet walking surfaces
  - Equipment blocking the doorway or route to the bathroom
  - Side rails left down or partially lowered while child is unattended
  - Presence of tubes, IV poles
  - Tripping hazards (e.g., electrical cords, toys, linen, supplies on the floor)
  - Climbing on a movable chair
  - Leaning back in chair
  - Phone cords stretched across work area
  - Overreaching/overstretching
  - Uneven ground (e.g., folded floor mats/area rugs, uneven cracks in pavement)
  - Stairs without handrails
  - Unfamiliar environment
  - Parent sleeping in sleep chair, holding infant/child

VI. What are some general strategies to prevent falls in all patients?

- A. Orient patient to environment.
- B. Provide adequate lighting.
- C. Wipe up small spills immediately or place caution barrier around large wet spills.
- D. Tell patient to call for help before getting out of bed.
- E. Show patient how to use nurses' call system.
- F. Place call light and light cord within patient's reach.
- G. Provide a safe environment (e.g., eliminate spills, clutter, electrical cords, and unnecessary equipment; keep path clear to bathroom).
- H. Place patients at risk closer to nurse's station (if possible).
- I. Place personal items within patient's reach (within an arm's length).
- J. Ensure bed in lowest position with wheels locked.
- K. Ensure wheelchair/bed is locked before the patient gets in/out of wheelchair/bed.
- L. Help patients put on non-skid footwear.
- M. Help patients walk and transfer (e.g., transfer towards patient's stronger side).
- N. Teach patient how to use grab bars (e.g., hallways, restrooms).
- O. Teach patient and family how to prevent falls.

- P. Post signs and other visual cues (per facility policy) for fall prevention.
- Q. Keep hallways clear.
- VII. What are general strategies to prevent falls in children?
- A. Use cribs, high chairs, infant seats, swings, etc... appropriately.
- B. Do not leave children unattended when using equipment (e.g., strollers, walkers, high chairs, infant seats or swings).
- C. Use assistive devices (e.g., crutches, walkers) appropriately.
- D. Keep crib side rails up at all times unless an adult is at the bedside. May lower one side rail with adult at the bed side (e.g., parent, nurse).
- E. Teach patient/parent how to prevent falls in hospital setting. Teaching points include:
- Always keep crib side rails in up position
  - Do not allow the child to jump on the bed
  - Do not allow the child to climb on hospital furniture or equipment
  - Notify the nurse if the child complains of dizziness, weakness or seems less coordinated than usual
- VIII. What to do if a fall occurs?
- A. Remain calm.
- B. Do not leave the patient.
- C. If the patient appears to be injured, do not move the patient.
- D. Call for help.
- E. Communicate with the nurse about the fall.
- F. Be available to assist the nurse with transfer (Nursing Attendants only).
- G. Fill out an online incident report (Patient Safety Net).

IX. Conclusion

Falls can be severe and life threatening. It is important for healthcare providers to understand how to prevent falls and what actions to take if they occur.

## REFERENCES

- Agostini, J.V., Baker, D.I., & Bogardus, S.T. (2001). *Prevention of falls in hospitalized and institutionalized older people*. Retrieved from <http://archive.ahrq.gov/clinic/ptsafety/chap26a.htm>
- Centers for Disease Control and Prevention (2010). *Protect the ones you love: Child injuries are preventable*. Retrieved from <http://www.cdc.gov/safechild/Falls/index.html>
- National Database of Nursing Quality Indicators (NDNQI) (July 2009). *Guidelines for data collection and submission on quarterly indicators*. Retrieved from <https://www.nursingquality.org>

## BIBLIOGRAPHY

- Centers for Disease Control and Prevention (2010). *Fall among older adults: An overview*. Retrieved from <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>.
- Centers for Disease Control and Prevention (2010). *Falls: The reality*. Retrieved from <http://www.cdc.gov/safechild/Falls/index.html>
- National Center for Patient Safety (2004). *VHA NCPS Toolkit: Background*. Retrieved from [http://www4.va.gov/ncps/SafetyTopics/fallstoolkit/notebook/03\\_background.pdf](http://www4.va.gov/ncps/SafetyTopics/fallstoolkit/notebook/03_background.pdf)
- The Joint Commission. (2010). *Improving fall risk assessment*. Retrieved from [http://www.jointcommissioninternational.org/common/pdfs/qualityandsafety/preventing\\_patient\\_falls.pdf](http://www.jointcommissioninternational.org/common/pdfs/qualityandsafety/preventing_patient_falls.pdf)

**2012 DHS Annual Core Competency  
(Nursing) - Unlicensed in Patient Care Area  
FALL PREVENTION  
Clinical Competency Description**

**Competency Statement:** Identifies risk factors and strategies to prevent falls.

Critical Behaviors	Learning Activities	Method of Evaluation
Identifies three risk factors related to falls.  Recognizes three strategies to prevent falls.	Reviews “Fall Prevention” in the <i>Inpatient Annual Core Competency Study guide (Nursing) 2012: Unlicensed – Patient Care Area</i> .  Reviews facility specific policies/procedures related to fall prevention.	Completes the Fall Prevention performance checklist with 100% accuracy.



**2012 DHS Annual Core Competency  
(Nursing) - Unlicensed in Patient Care Area  
FALL PREVENTION  
Performance Checklist**

Performance Criteria	Met	Not Met	Comments
Identifies three risk factors related to falls.			
Recognizes three strategies to prevent falls.			