



Dependent Health Professionals (DHP) Orientation Manual

INTRODUCTION

Welcome and thank you for your interest in HCA Capital Division facilities. This document has been created to assist you in understanding the key components of our hospital environments, patient safety tips, important facility specific information and general instructions. We will review the patient safety and regulatory requirements. At the back of the document you will find facility specific information, to include maps. Please review this information carefully, as it will guide you through your shift and help you to be comfortable and productive during your time here.

HCA Capital Division

MISSION STATEMENT

Above all else, we are committed to the care and improvement of human life.

Your role in our facilities is to support our mission and help us achieve our goal to provide quality patient care and excellence in every patient experience, at every interaction.

Our Values (ICARE): Integrity, Compassion, Accountability, Respect, Excellence

There are five fundamentals of consistent communication that we use at all our facilities:

A = Acknowledge
I = Introduce
D = Duration
E = Explanation
T = Thank you

AIDET is a well-known and important tactic used to reduce patient anxiety and improve patients overall satisfaction and quality of care. AIDET is a process of communication that ensures you are communicating all the essential information. It is not a one-time process, it is an expectation at each and every encounter with a customer – whether the encounter is with a patient, a family member or a visitor.

Patients' Rights and Responsibilities

Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values. Your behavior toward patients and business practices has a significant impact on the patient's experiences and response to care.

All patients/surrogates receive a copy of the ***Patients' Rights and Responsibilities*** on admission. Examples of patients' rights include:

- Considerate and respectful care
- Information about treatment
- Participate in decisions about their care
- Pastoral counseling
- Privacy and confidentiality
- Reasonable response to requests and needs

Staff Rights

The cultural values or religious beliefs of patient care providers may be considered in patient care assignments if there is a communicated and direct conflict between the employee's values and beliefs and the patient's prescribed plan of care. It is our obligation to ensure that patients receive all the care and treatments as prescribed by their physician and as desired by the patient and/or family. See *Managing Staff Rights* under the Human Resources policies for more information.

Advance Directives

An Advance Directive is a witnessed written document or oral statement by an individual regarding the provision, removal, or withdrawal of medical treatment. An Advance Directive is only applicable if the individual is suffering from a terminal condition or in a vegetative state. An Advance Directive contains five sections:

1. Appointment of an individual to speak for you if you are unable to speak for yourself
2. Identification of powers you are giving to this individual
3. Instructions regarding your health care
4. Instructions regarding your end-of-life care ("living will")
5. Appointment of an individual to make an anatomical gift of organs, tissue, or eyes

All patients over the age of 18 are asked on admission if they have an advance directive or wish to make those decisions. Only the patient can revoke an advance directive. The individual's doctor and relatives should keep copies of these advance directives.

Identifying and Honoring Cultural Diversity

Values, norms, and personal experiences contribute to our beliefs about ourselves and others. Working in healthcare necessitates working with and caring for people from every walk of life. These encounters and experiences require us to recognize that each person is unique with diverse beliefs, cultural backgrounds, experiences and needs. Diversity encompasses a wide range of differences including:

Ethnicity	Family Relations	Disability
Religion	Life Experiences	Attitudes
Language	Learning Styles	Gender
Communication	Age	Education
Sexual Preference	Politics	Gender Identity

Respecting individuals by accepting and understanding differences creates a positive environment where we can:

- Provide the most appropriate care and service to patients, families, visitors, and members of the healthcare team
- Improve methods of communication for positive interactions
- More accurately understand the points of view and customs of others
- Effectively blend cultures, traditions, and individual needs to provide the best possible care.

Culturally Competent Care

Culture is defined as a set of characteristics shared by a group of people. Culture includes the values, beliefs, and practices that are passed down from one generation to another generation. Culture affects all areas of life, including beliefs about health, nutrition, communication, birth and death.

As the population of the United States becomes more diverse, you will have the opportunity to care for patients and work with others who have cultural beliefs that are different from your own. You do not need to learn all of the beliefs and practices from every cultural group. Instead, treat everyone with respect. Never act shocked or joke about cultural norms. When dealing with a non-English speaking patient or family, use the Language Service. All patient care areas in our facilities have the access code for the Language Line. By accepting and respecting the beliefs of others, you show respect and can help the patient attain healthcare goals.

Code of Conduct

By being familiar with the HCA Mission and Value statement and the Stakeholder commitments, each of us can contribute to maintaining our "Tradition of Caring".

- We have always endeavored to deliver health care compassionately and to maintain our strong ideals.
- Our Mission and Values Statement is the cornerstone of our organization. It recognizes our commitment to deliver high quality, cost-effective healthcare in the communities we serve. It provides the value statements that we consider essential and timeless. The words selected from our Mission and Values Statement exemplify the type of conduct that all of us strive for.

Reporting Concerns

There will be no retribution for asking questions, raising concerns about the Code of Conduct or for reporting possible improper conduct when done in good faith. Any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague will be subject to having his/her privileges of working in the facility being revoked. To obtain guidance on an ethics or compliance issue or to report a potential violation, you may choose from several options:

- Consult your on-site supervisor, faculty member, Human Resources or preceptor.
- Consult our facility Ethics & Compliance Officer or another member of management.
- Call the Ethics Line at 1-800-455-1996.

ENVIRONMENT OF CARE

Safety is Everyone's Responsibility

We are all responsible for providing and maintaining a safe environment for our patients, visitors, and each other. Numerous organizations and agencies require compliance with standards and regulations for the healthcare industry. Everyone must be *continually ready* for inspections and visits. Additionally, maintaining compliance and following established policies and procedures is "the right thing to do."

Please report any and all unsafe conditions or hazards to your on-site supervisor, Administration, Human Resources or Safety Director at the facility. Also report *Close Calls* (unplanned incident that does not cause harm but under different circumstances could have). Concerns may also be reported in Meditech or on our HCA Intranet site. Safety or quality of care concerns may also be reported to The Joint Commission (TJC) or Occupational Safety and Health Administration (OSHA).

For additional information, or to review safety policies and procedures, please contact your on-site supervisor or resource person.

Emergency Codes

Each facility has established emergency codes. A list of applicable codes for this facility is located at the back of this manual.

Fire Life Safety

R. A. C. E. TO SAFETY!

Rescue anyone in immediate danger

Alarm – pull the alarm,

Contain the fire by closing all doors and windows

Extinguish and evacuate if needed

P. A. S. S. → Fire Extinguisher Operation

Pull the pin

Aim at the base of the fire

Squeeze handles together

Sweep from side to side

Tips to Remember:

- The **Charge Nurse** or other designated nursing personnel turns off oxygen in the event of a fire.
 - The oxygen needs of the patients need to be assessed first.
- When you see fire or smell smoke, report it - no matter how minor it appears!
- Know the location of the fire alarm box, extinguishers, and exits on the units where you are assigned.
- Depending on the size of the extinguisher, most only last about 30 seconds once you *PASS*.
- Hallways must be clear and unobstructed at all times. The only equipment that can be in hallways are crash carts and items that are currently in use. Items that have not been used for 15 minutes are considered storage.
- Do not block or prop open fire doors
- Never store anything closer than 18" to sprinkler heads.

Evacuation

If evacuation is needed, visitors are to leave the hospital immediately via the stairways. During evacuation, department managers or designees will assume responsibility for stopping treatment and directing the evacuation process.

Evacuation Techniques

Ambulatory	Form chain by holding hands with staff person leading
Semi-Ambulatory	Chair carry, two people cross arms to form seat
Non-Ambulatory	Sheet or blanket transfer
Small Children	Several to a crib
Infants	Two to a bassinet, infant with mother

Evacuations may be horizontal, i.e. moving patients and visitors to another unit on the same floor; or vertical – moving patients and visitors to an upper or lower floor.

Electrical Safety

Tips to Remember:

- Do not use extension cords without internal circuit breakers; use only UL approved power strips.
- Make sure equipment is properly grounded.
- Whenever power cords are frayed or electrical receptacles are broken, take the equipment out of service, and put an identifying Biomedical tag on device stating "Do Not Use" with a brief description of the problem. The equipment is to be sent promptly to Biomed.
- Check medical equipment for current Preventive Maintenance (PM) inspection stickers prior to each use.

Lockout/Tag-out

When work is being performed on any equipment, all energy sources must be disabled or controlled by approved locking mechanisms and identifying tags in order to prevent injury from the re-energizing or sudden release of energy. **Never** over-ride a lockout device or re-energize a tagged-out piece of equipment!

Safe Medical Device Act

If a piece of medical equipment fails to operate properly:

- Take failed equipment out of service
- Tag "do not use" and indicate problem on tag
- Complete Biomed work order and send or take to Biomed Department.

If equipment causes harm to a patient:

- Take care of the patient first
- Notify the Unit Director or Clinical Coordinator immediately
- Notify the patient's MD
- Collect equipment, accessories, and packaging
- Notify Risk Management.

Radiation Safety

Our facilities are committed to keeping radiation exposures **As Low As Reasonably Achievable (ALARA)**. The Radiation Symbol is usually maroon and yellow. It warns people that radioactive materials are in the container or room which it is posted.

Three elements associated with radiation exposure are:

Time: The less time you spend around radiation the less you will receive.

Distance: The farther you are from the source of radiation the less your exposure.

Shielding: Place shielding between you and the source of radiation, such as a lead apron.

Magnetic Resonance Imaging (MRI) Safety

There is a very strong magnetic field associated with the **Magnetic Resonance Imaging (MRI)** scanner at all times. **Never** go into the MRI scanning room or place anything in the room without prior approval from the MRI personnel. Even when responding to an emergency in the MRI scanning area, employees must wait for approval from MRI personnel.

Body Mechanics and Posture

One of the keys to having a healthy back is in maintaining the curves of the spine in a balanced position. Most back injuries result from:

- Poor posture
- Faulty body mechanics
- Stressful life and work habits
- General decline of physical fitness and flexibility

Lifting Tips:

- If moving a patient, explain what you'll be doing and ask if (s)he is able to help you
- Maintain a solid, wide-base of support by keeping feet at least shoulder width apart
- Bend at hips, knees, and ankles
- Place hands/arms securely around person/object to be lifted; keeping load close to your own body
- Test the load before you lift
- Avoid “rounding out” the low back curve
- Use your legs to lift; avoid twisting the spine
- Prior to performing a lift or transfer, ensure wheels on chairs are locked

Preventive measures in caring for your back:

- Care for your body - eat nutritious foods; get plenty of rest; avoid jerking and twisting motions; and exercise safely and regularly.
- Use lifting equipment or assists – smooth-mover boards, Hoyer lift, Geri-chair, gait belt or another employee (Gait Belts are available in all patient care areas).
- Check your posture routinely - head, shoulders, hips, and knees should be aligned.
- Use the same principles whether lifting something light or heavy.
- Avoid bending and twisting at the same time.
- Change positions frequently.

What to Do If You Are Injured On the Job

Prevention

Accidents are caused by unsafe acts or unsafe conditions. Before you start a job, make sure you:

- Receive proper training on any equipment or job you are to perform.
- Ask questions of your supervisor.
- Use safe operating procedures at all times.
- Immediately report any unsafe conditions to your supervisor.

If you are injured on the job:

- Report the injury to your on-site supervisor as well as your employer
- Seek appropriate medical treatment

Bloodborne Pathogens

Standard

OSHA (Occupational Safety and Health Administration) has developed a set of guidelines to help protect workers from bloodborne diseases. You are covered by the Standard if there is a reasonable chance that you could be exposed to blood or body fluids during your normal job duties. Bloodborne diseases include HIV and AIDS, Hepatitis B, Hepatitis C, other forms of hepatitis, Syphilis, and several others.

- Use **Standard Precautions** – treat all patients as if they may be infected with a bloodborne pathogen. Standard precautions are to be used any time the employee feels there is risk for a blood or body fluid exposure. Standard Precautions apply to blood, all body fluids (except sweat), mucous membranes and non-intact skin.
- Use **personal protective equipment (PPE)** whenever there is a chance of exposure. PPE may include gloves, gown, goggles, and/or mask.
- Place sharps in sharps containers. Sharps containers are securely closed when they are $\frac{3}{4}$ full.
- Do not recap, bend, break, or shear needles or other sharps. If recapping is necessary use a one-handed technique or recapping device.
- Practice effective hand hygiene.
- Treat all used linen as though it is contaminated.
- Biohazard labels warn that the contents of the container may be blood or other potentially infectious material.
- The Hepatitis B vaccine may be offered at the facility to workers who are covered by the Standard.
- Use safety devices (engineering controls) that have been provided (i.e., needleless IV system, bag valve masks, safety IV catheters).
- Perform procedures in such a manner as to minimize splashing.
- Do not eat, drink, apply cosmetics, or handle contact lenses in an area where there is a chance of exposure to blood and body fluid (e.g., medication carts, housekeeping carts, counters in nurses' station, etc).

Exposure Control Plan

The Exposure Control Plan is located in the Infection Control Policies & Procedures. Call the Infection Control Practitioners at the facility where you're located if you have any questions about the contents of the Plan or about your responsibilities.

If an exposure occurs

- Wash the area immediately with soap and running water.
- Notify your on-site supervisor.
- The on-site supervisor will enter the exposure into the Risk Notification System.
- The source patient's blood will be drawn for HIV, Hepatitis B and C (EXPOPAT).
- Report to Employee Health or Occupational Health to have your blood drawn. If after hours, report to the ED only if rapid HIV is reported as positive. Otherwise, report to Employee Health/Occupational Health to complete Exposure Protocols the next business day.
- If the source patient is HIV+ or the source is unknown, you may be sent to the ED for further testing and counseling. Post exposure medication may be offered to you. The risks and benefits of treatment will be explained.

Infection Control

Infection Control Chain

For an infection to occur, the following must be present:

- A disease causing agent (virus, bacteria, fungi)
- A reservoir (people, equipment, water)
- A means of exiting the reservoir (droplets, excretions, secretions)
- Means of transmission (ingestion, animal, object, air, health care worker)
- Portal of entry (broken skin, respiratory tract, mucous membranes)
- Susceptible host (immunosuppression, surgery, burn, diabetes, COPD, etc).

Hand Hygiene

Hand hygiene is generally considered the ***most important single practice*** for preventing infections in healthcare settings. Alcohol hand gel is located in all patient care areas. The CDC (Centers for Disease Control and Prevention) guidelines recommend use of alcohol products rather than traditional hand washing as long as hands are not visibly soiled. (Exception: Routine hand-washing is recommended when caring for patients with C Diff – alcohol hand gel is not effective in removing spores).

Using Alcohol Hand Rubs:

- Apply alcohol-based hand rub
- Rub vigorously, covering all parts of the hands until dry (let alcohol rub dry thoroughly before putting on gloves)

Routine Hand-washing:

- Wet hands under warm running water
- Keeping hand lower than elbows, apply soap
- Wash vigorously for at least 20 seconds
- Rinse under running water
- Use paper towel to dry hands
- Use clean towel to turn off faucet.

****Artificial nails are not permitted in patient care areas, food service, environmental services, pharmacy, radiology, or transportation.***

Hand hygiene is to be completed upon entering any patient's room and when leaving. Also sanitize hands after tasks such as blood draws, dressing changes, contact with the patient's skin, body fluids or excretions. Hand hygiene is also performed after contact with inanimate objects such as the patient's bedside table, bed rails, IV poles, computer keyboard, and telephones. These are common reservoirs for bacteria growth.

Gel in, gel out.....Every patient, every time!

Isolation Precautions

Transmission-based precautions are used to prevent or minimize the spread of contagious diseases. The type of transmission is based upon the way the organism is spread. Types of isolation include Airborne, Droplet, and Contact. Signage is placed on the door to the patient's room. *Pocket Guides for Isolation Precautions are available on patient care units.*

- MRSA/VRE (methicillin resistant staphylococcus aureus / vancomycin resistant enterococcus) only require contact isolation, even if in sputum. We are most likely to transmit these organisms to other patients on our hands and clothes, so wear gowns and gloves.
- Patients with MRSA/VRE are to be placed on contact isolation on re-admission.
- If a patient is admitted who has recently received the Smallpox vaccine, patient should be placed on contact precautions and Infection Control should be notified.

HCA - MRSA Initiative

MRSA is a potentially deadly strain of a common bacterium that frequently inhabits the skin or nostrils of healthy people.

- A – Active surveillance (nasal screens)
- B – Barrier precautions (gown, gloves; masks if patient coughing)
- C – Compulsive hand hygiene
- D – Disinfection of equipment and surfaces

HCA - Clostridium Difficile Initiative

Clostridium difficile (C-Diff) is an anaerobic spore-forming, gram-positive bacillus normally found in the digestive tract. It is the most common cause of antibiotic-associated diarrhea.

- A – Appropriate antibiotic selection
- B – Barrier precautions
- C – Compulsive hand hygiene (soap and water)
- D – Disinfection of environment
- E – Executive ownership

Tuberculosis (TB)

Early identification of patients with known or suspected TB is necessary in order to protect others. Patients with known or suspected TB are to be placed in an **airborne isolation room** (negative pressure room.) Staff members entering the room are required to wear an N-95 respirator.

Equipment Management Awareness

Help keep patients safe by:

1. Constantly checking due dates on medical equipment inspection stickers
2. Reminding vendors to check in all equipment with the Bio-Med department
3. Contacting Bio-Med if any medical equipment is transferred or exchanged

The Joint Commission requires that ALL medical equipment, regardless of ownership, must be brought to the Bio-Med department for inspection and logged into our equipment inventory.

Hazardous Materials and Waste

If you use chemicals, always follow recommended procedures and protocols. Read all warning labels and **Safety Data Sheets (SDS)** prior to using a drug or chemical. An SDS must be readily available for each hazardous chemical you use. The SDS provides detailed information on each hazardous chemical, including its potential hazardous effects, its physical and chemical characteristics, and recommendations for appropriate protective measures. If you use and may be exposed to hazardous chemicals when working, you must be provided information and training (**right to know**) prior to initial assignment to work with a hazardous chemical and whenever the hazard changes.

Your on-site supervisor or resource person can tell you where SDS sheets are available, or you may contact ChemTrec at 1-800-424-9300.

Hazardous Material Spills

Hazardous chemical spills require special clean up. Small spills (less than a gallon) may be cleaned by department personnel without harmful effects. If a large spill occurs, contact your on-site supervisor. Notify everyone in the area that a spill has occurred and confine or contain the spill if possible. Immediately consult the SDS and Environmental Services. *Know the location of your spill kits.*

In the event of a chemical exposure, contact your on-site supervisor and follow appropriate 'employee injury' procedures. Basic first aid steps should be considered when anyone has been injured by hazardous materials.

Regulated Medical Waste

The following materials are considered Regulated Medical Waste (RMW):

- Items contaminated by blood or body fluids
- Items contaminated by pathogenic organisms
- Sharps

Examples include but are not limited to:

- Syringes with needles
- Items that have free flowing or caked blood
- Waste from an Isolation room
- Sharps and sharps containers
- Used and unused red bags or other items marked with the biohazard symbol

The following are **not** considered RMW:

- Diapers
- Feminine hygiene items
- Facial tissues
- Items with a small amount of blood or dried blood (band aids, blood glucose strips)
- Empty containers that contained body fluids (example foley bags)
- Vent circuits, Respiratory Therapy equipment (ET tubes, ambu bags)
- Syringes without needles
- Dressings that are not contaminated with caked or free flowing blood

ALL RMW MUST BE PLACED IN RED BAGS AND DISPOSED OF PROPERLY

Dress Code

You are expected to present a well-groomed, neat and professional image that is consistent with our customers' expectations and which satisfies the safety and infection control requirements of the facility in which you are working. All vendors/DHPs/H CIRs must wear their ID badge at all times while on duty within the Hospital or hospital premises. The badge must be located above the waist to support a clearly visible view of the name, position and photo.

If uniforms are required for a position, it is your responsibility to provide and maintain these.

If you are involved in patient care please limit your fingernail length to one-quarter inch beyond the tip of the finger to support infection control standards. Acrylic and/or artificial nails are unacceptable for personnel providing direct patient care, handling blood or laboratory specimens, Environmental Services or Food & Nutrition personnel.

Any cultural, ethnic or religious conflicts should be presented and discussed with Human Resources for individual exceptions.

National Patient Safety Goals

HCA's Capital Division is committed to patient safety by continually monitoring and assessing processes that keep our patients safe. The Joint Commission has identified the most pressing patient safety issues for healthcare organizations. We have implemented steps to meet the National Patient Safety Goals.

- Identify Patient Correctly
 - Patient identification is the most important patient safety goal
 - The Patient's Name and Date of Birth are the patient identifiers.
 - A room or bed number is never to be used as a patient identifier.
 - Ask the patient to state their name even when using the bar-coded system
 - Exception: Non-communicative patients
- Improve Staff Communication
 - Handoff communication is to take place when:
 - Care is transferred from one caregiver to the next (such as shift change)
 - A patient is transferred between nursing units/departments
 - The patient's primary caregiver is physically away from the patient for an extended period of time (such as a meeting)
 - The patient is transferred to another level of care (Rehab, Skilled Care, Intensive Care, Home Health, etc)
 - Handoff communication includes an opportunity to ask questions and provide responses
 - Completion of the "Time Out" process is to take place prior to procedures

- Improve Medication Safety
 - Medication carts must be locked at all times when unattended
 - Never share your Pyxis access code
 - **Never** leave medications unattended on top of the cart
 - Medications are **never** to be left at the bedside
 - Provide patient education regarding the potential side effects for all administered medications
 - Scanning of the patient's armband and all medications is **required and expected** when administering medications
 - Follow the hospital policy regarding independent verification of all high risk medications
- Identify Patient Safety Risks
 - Patients are to be assessed patients to determine risk of suicide
 - Report concerns related to a suicidal patient to your faculty member or preceptor as well as the staff nurse assigned the patient
- Prevent Infections
 - Gel in and Gel out, with every patient contact; when entering or leaving the room and as well as between patient contact
 - Implement appropriate safe practices when treating a part of the body where surgery has been performed
 - Follow isolation standards at all times
 - Clinical faculty and students are not to care for or access central lines
 - No artificial nails (including tips, wraps, solar nails, gel nails, and acrylic hardeners)

Guidelines for conducting the “Time Out” procedure

- ➡ **The entire team needs to:**
 - *STOP / PAUSE*
 - *State “Time Out”*
 - *Verify 2 patient identifiers*
 - *Verify the procedure to be done*
 - *Verify the correct side and site*
 - *Check the proper position*
 - *Check for availability of equipment*

Close Calls

It is important to report a *Close Call*. A close call is an unplanned incident that does not cause harm, but under different circumstances could have. Reporting these close calls enables us to make improvements in our work processes, and ultimately improve the environment for our patients, staff, and visitors.

All of Our Facilities, Buildings, Grounds are tobacco-free.

The use of tobacco products, including cigarettes and e-cigarettes, are prohibited in, on or around all buildings, grounds, parking lots and vehicles on our campuses.

And lastly.....

- Refrigerator temperatures must be monitored and recorded daily
- Personal food or belongings may not be stored in refrigerators where patient medications are stored.
- All equipment must be kept clean and dust free.
- Patient care items should not be placed directly on the floor.
- **No** items may be placed in cabinets under sinks.
- Ceiling tiles must be clean and in place
- No eating or drinking in work areas including on medication and housekeeping carts.
- Clean linen must be covered with an impervious cover.
- Dirty linen must be bagged and not placed or dragged on the floor.
- Air vents must be clean and free of dust.
- When using a spray-type cleaning agent for equipment, it must stay on the equipment for 10 minutes before being wiped off.
- Code carts and defibrillators must be checked daily.
- Hallways must be clear of any non-patient care items.
- Storage areas are kept neat and clean.
- Empty patient rooms/units are clean and ready for patient occupancy, therefore do not use these rooms
- All medications must be secured to prevent unauthorized access.
- Photo ID badges are to be visible and worn at all times while on duty.

Patient Confidentiality

Reasons for protecting medical information

Every person with job responsibilities relating to health care must understand the importance of protecting confidential medical information. You are responsible for maintaining the confidentiality of all patient information with which you come in contact. Reasons for protecting medical information include protection of our patients, compliance with private accreditation entities, and compliance with Federal and state regulations.

All states and the Federal government have laws which protect the confidentiality of medical information. For example, The Department of Health Rules and Regulations for the Licensure of Hospitals in Virginia specify medical records remain confidential. The Joint Commission on Accreditation of Healthcare Organizations (TJC) requires institutions to respect patients' rights of personal privacy and confidentiality of information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates civil and monetary penalties for failure to comply with Privacy Standards. Additionally, the Health Care Financing Administration (HCFA) and other statutes such as The Federal Privacy Act of 1974 all help protect a patient's confidential medical information.

What is patient confidentiality?

Patient confidentiality means keeping private all personal information about a patient, revealing only what is necessary to take care of that patient. Everyone has the responsibility of protecting the privacy of patients and patient information. Information that should be kept private includes, but is not limited to, diagnoses, treatment, and prognoses. It is the patient's right to expect that all communications and records pertaining to his / her care are confidential unless written permission has been given by the patient to release the information contained within the medical record.

Who has legitimate access to patient information?

Generally speaking, medical information is confidential. Federal and state laws help protect confidential patient information. However, there are some exceptions to the confidentiality requirement. Some exceptions include:

- Reporting communicable diseases to appropriate authorities.
- Incidents relating to Tarasoff Act (reporting homicidal intent to potential victims).
- Providing information to other healthcare professionals for the purposes of diagnosis and treatment.
- Providing information to insurers or other entities responsible for paying for the healthcare services provided.
- Providing information to persons or entities that provide billing services for providers of health care.
- Reporting child abuse, elder abuse or spousal abuse.
- Providing information to coroners for investigative purposes.
- Court orders or subpoenas.

Patients may obtain copies of their medical records through the Health Information Management or Medical Records Department at the hospital.

How long does patient confidentiality last?

Patient confidentiality lasts forever; it never ends. Protecting confidential information does not end with the completion of your workday. Protecting confidential information does not end when you are in social settings, nor does it end when you no longer work for your current employer. It is very important that you avoid divulging confidential information in both formal and informal settings.

Situations where breaches in confidentiality occur

Examples where confidential information could be breached include:

- Looking into a patient's electronic or hard copy medical record when not actively participating in the delivery of care.
- Looking into your adult child's, spouse's, neighbor's, friend's, grandparent's, coworker's or anyone else's medical record when not actively participating in the delivery of care.
- Discussing the identity and information about your patient in public areas or in areas where you could be overheard.
- Releasing confidential information to anyone not involved with the care of the patient.
- Leaving medical information unattended, such as in a patient reception area.
- Sending medical information via fax or mail improperly.
- Seeking to obtain or share information outside of the scope of your specific job responsibilities.

Help protect confidential medical information by paying close attention to **what** you say or read, **why** you say or read the information, and **where** you say or read the information. A few reminders include:

- If someone wants to disclose confidential information, or if they want you to disclose confidential information, remind them that from a legal, professional, and ethical standpoint, you protect confidential patient information.
- Verify the appropriateness of sending information via fax. Verification may be accomplished by taking the name and telephone number of the requesting party and calling the requesting party before releasing patient information.
- Do not share computer passwords.
- Assume that unintended individuals will read the information that you have sent via e-mail, the Internet, Magic Office, Outlook, etc.
- Completely exit computerized medical records before leaving the computer terminal.
- If you can overhear appropriate individuals speaking to a patient or about a patient, let them know that their conversation can be overheard.
- If you are not directly involved in your family member's care, always obtain written consent for a release of medical information **before** accessing your family member's medical record.
- Shred duplicate medical reports.
- Direct requests from fellow employees, colleagues, etc. for medical information to Health Information Management.
- Use only the approved standardized fax cover sheets with any facsimile transmission.

Audits

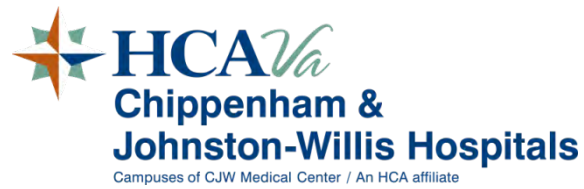
Electronic auditing processes are performed to help identify potential violations of confidential patient information. Audits list the patient accessed, the individual accessing the patient, the date the information was accessed, the duration of time spent viewing the data, the device from which information was accessed, and each data source viewed. On a regular basis, the access of physicians, employees, and other facility affiliates is monitored for appropriate use of the computerized medical record. In accordance with Medical Staff bylaws and facility policies, inappropriate system utilization and/or breaches of patient confidentiality may be cause for termination of privileges..

Possible consequences of violating patient confidentiality

Everyone loses when confidential information is disclosed inappropriately. Some of the following consequences could result from disclosing medical information inappropriately:

- The patient could seek treatment elsewhere.
- Coworkers may fear that their medical information will not be protected.
- Personal and professional reputations could be ruined.
- Patients may suffer economic or psychological damage.
- As the federal government has a number of statutes protecting confidential medical information, the employee, employer, or vendor involved in the breach could be fined up to \$250,000 and / or one could receive up to ten years imprisonment.
- Blemished personnel record.
- Loss of job.
- Termination of access.

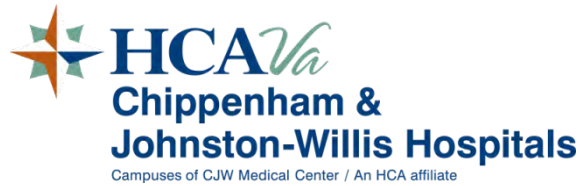
Remember: Always protect confidential medical information. You never know when you might become a patient, deserving and expecting that your personal medical information be kept confidential.



Welcome to
Chippenham & Johnston-Willis Hospitals

**Providing high quality and compassionate,
patient-centered health care.**





Welcome to Chippenham & Johnston-Willis Hospitals

We would like to welcome you to CJW Hospitals. It is important that you become familiar with our policies and procedures. The information provided in this packet will assist you in having a positive experience while we remain focused on our commitment to providing quality care and improving human life.

Upon completion of this packet, you will be able to:

- ★ Know the mission, vision and values of CJW Hospitals.
- ★ Understand patients' rights and responsibilities
- ★ Know the elements of an Advance Directive
- ★ Define cultural competence
- ★ Understand HIPAA and the importance of protecting patient information
- ★ Recognize the importance of following safety standards
- ★ Review and understand proper procedures to follow in the event of an emergency
- ★ Understand proper body mechanics
- ★ Review the process for reporting an employee injury
- ★ Increase awareness of disaster preparedness
- ★ Understand the guidelines for infection control

MISSION:

Provide high quality and compassionate patient-centered health care.

SERVICE COMMITMENTS:

Compassion

I am committed to doing everything I can to alleviate suffering of all patients and guests by being gentle, kind and eager to help in all circumstances.

Accountability

I am committed to taking ownership of my actions, being a responsible steward of my resources, expecting the best from myself and my team and to remaining empowered to always do what is best for the patient.

Respect

I am committed to remaining courteous and professional in every interaction because I am aware of the dignity and rights of every patient and fellow employee.

Communication

I am committed to being polite, open and honest with patients, physicians and the entire health care team, so that all critical information is always clear.

Teamwork

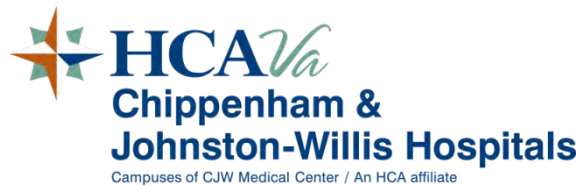
I am committed to being flexible and working alongside all my fellow team mates to do whatever is best for the patient.

Quality

I am committed to serving every patient safely, efficiently and skillfully and to do my best work every day in pursuit of excellent outcomes.



OUR PATIENTS.  OUR PRIORITY.



CONTACT SHEET

Human Resources	Chippenham Campus (804) 323-8884 Johnston-Willis Campus (804) 330-2073
Employee Health	Chippenham Campus (804) 323-8774 Johnston-Willis Campus (804) 330-2080
Safety, Security and Disaster Planning	Chippenham Campus (804) 320-3911 x5477 Johnston-Willis Campus (804) 560-5801
Ethics and Compliance	(804) 323-8527
Medical Staff Services	(804) 330-2041
Infection Prevention and Control	Chippenham Campus (804) 228-6880 Johnston-Willis Campus (804) 330-2303
Emergency	Onsite Dial 5111 Offsite Dial 911
Risk Management	(804) 327-4131

CJW Intranet

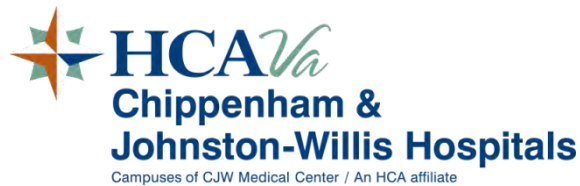
Human Resources Policies & Procedures

The Human Resources Policies & Procedures can be found on the CJW Intranet. To access these policies on the intranet, go to <http://cjw.richmond.atlas.medicity.net/intranet/externalmenu/view.cfm?MenuID=180>

Safety and Security Manual

The Safety and Security policies can be found on the CJW Intranet. To access these policies on the intranet, go to

<http://cjw.richmond.atlas.medicity.net/intranet/departments/home.cfm?MenuID=5037>

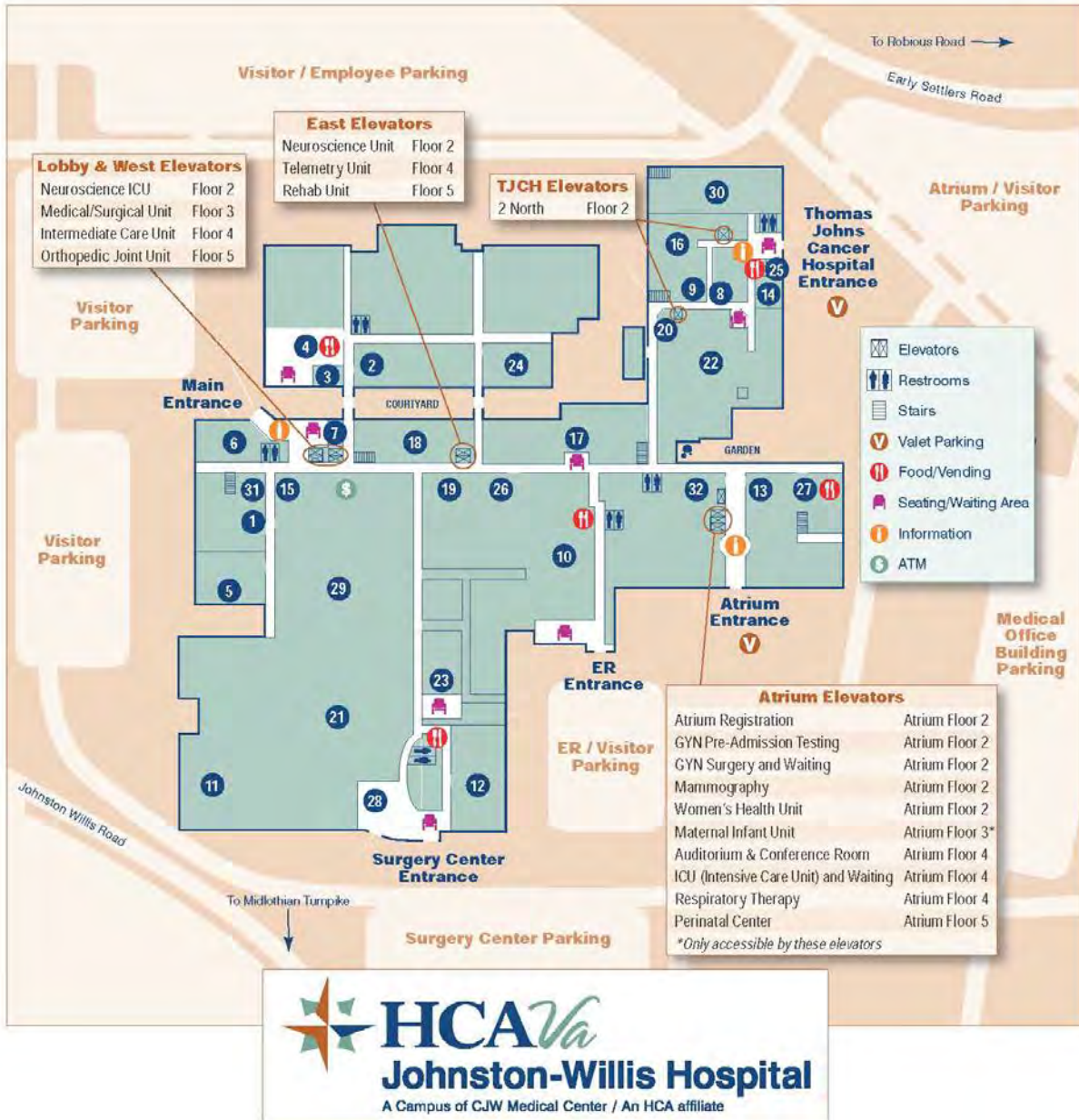


Emergency Codes

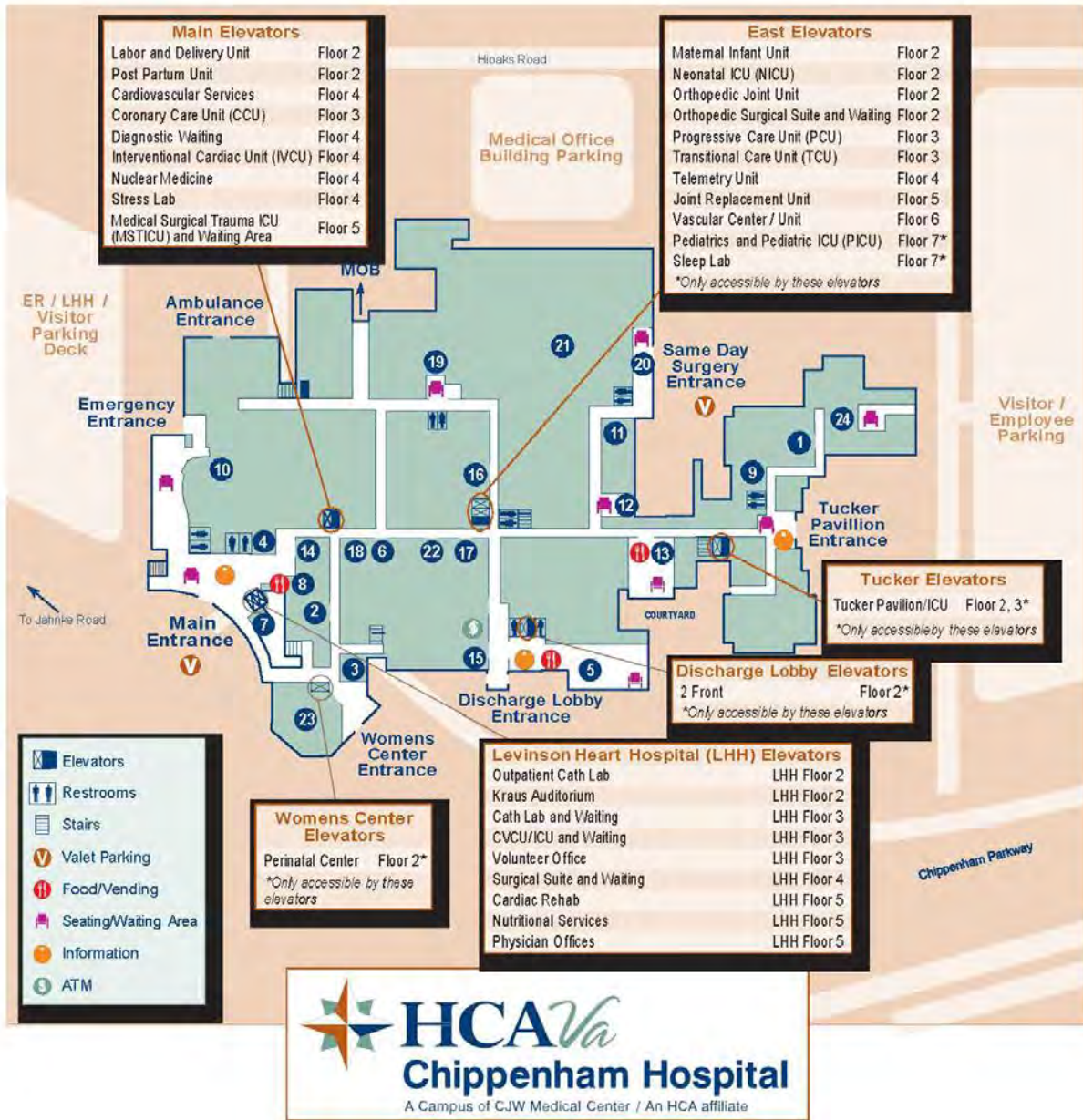
For a quick reference refer to you ID badge or red vinyl chart. All Safety & Security policies and procedures are located on the intranet.

Dial 5111 Onsite
Dial 911 Offsite

Code A	Infant Abduction
Code Atlas	Combative Person
Code B	Bomb Threat
Code Blue	Adult Cardiac Arrest
Code C	Criminal Attack
Code D	Disaster
Code E	Evacuation
Code ER	Security to ER
Code F	First Responder
Code H	Hazardous Spill
Code ICE	Acute Myocardial Infarction
Code N	Nuclear Contamination
Code Neuro	Patient with Stroke Symptoms
Code OB	L & D Emergency
Code P	Patient Elopement
Code Red	Fire
Code T Alpha	Trauma
Code T Bravo	Trauma
Code U	Utility Failure
Code W	Weather Related
Code 99	Child Cardiac Arrest



FIRST FLOOR DIRECTORY			
Acute Therapies	1	Cofield Conference Room	9
Administration	2	Emergency Room/Department	10
Board Room	3	Endoscopy	11
Cafeteria	4	Gamma Knife & Neuroscience Center	12
Cardiovascular Services	5	Gift Shop	13
Central Registration	6	Hawthorne Cancer Resource Center	14
Chapel	7	Human Resources	15
Chapel - TJCH	8	Infusion Center	16
		Laboratory	17
		Medical Records (HIM)	18
		Nuclear Medicine	19
		Palliative Care	20
		Pre-Admission Testing	21
		Radiation Oncology	22
		Radiology and Waiting	23
		Stalker Auditorium	24
		Stepping Stones (cancer boutique)	25
		Stress Lab	26
		Subway	27
		Surgery Registration and Waiting	28
		Surgical Services	29
		Virginia Cancer Institute	30
		Volunteer Office	31
		Walgreens	32



FIRST FLOOR DIRECTORY					
Acute Therapies	1	Diabetes Care Center	9	Medical Records (HIM)	17
Administration	2	Emergency Room/Department	10	Pre-Admission Testing	18
Board Room	3	Endoscopy	11	Radiology and Waiting	19
Bosher Conference Room	4	Endoscopy and Surgical Waiting	12	Same Day Surgery Registration and Waiting	20
Cafeteria	5	Food Court	13	Surgical Services	21
Central Registration	6	Gift Shop	14	Walgreens	22
Chapel	7	Human Resources	15	Women's Center/Mammography	23
Coffee Bar	8	Laboratory	16	Wound Healing Clinic	24



Frankfort

REGIONAL MEDICAL CENTER

WELCOME TO FRANKFORT REGIONAL MEDICAL CENTER

As Chief Executive Officer of Frankfort Regional Medical Center, I am proud to be associated with so many caring and dedicated individuals. I hope that your employment here is meaningful, challenging and rewarding.

The commitment of this Facility is to provide quality care to our patients. As part of this commitment, we strive to ensure an ethical and compassionate approach to healthcare delivery and management. It is our hope that as a member of this healthcare delivery team, you will embrace our Mission and assist us in promoting the values and principles, which are critical to achieving our goals.

This is our promise to those we serve:

Vision Statement

Our Vision is to be the first choice for health services by meeting the needs and exceeding the expectations of our patients, families, employees and physicians.

Mission Statement

We are dedicated to the improvement of human life through the delivery of compassionate, innovative and quality care to our community and every individual we serve.

Our expectation at FRMC is that all staff will provide **Excellent Service** to **Every Patient, Every Time**.

I look forward to working with you as we serve the healthcare needs of our community.

Sincerely,

Chip Peal
Chief Executive Officer

Frankfort Regional Medical Center’s Department of Nursing:

DEPARTMENT OF NURSING

Mission: “The Nursing Team at Frankfort Regional Medical Center embraces the delivery of quality patient care that is compassionate, innovative, and culturally sensitive. Our team provides evidence-based care in a collaborative environment that respects the dignity of all individuals.”

Vision: “Our vision is to be a leader among healthcare organizations providing a team approach to innovative, personalized healthcare through education, research, and excellent service to every customer, every time.”

Philosophy: “We believe nursing is a dynamic form of art and science dedicated to improving the physical, psychological, and spiritual well-being of all individuals throughout the continuum of life.”

Serving our Patients: “We serve our community by promoting health, healing, and wholeness and preserving optimal health and function. We achieve this by providing precise, confident, and evidenced-based care utilizing advance technology.”

Shared Governance: “We believe that nursing staff closest to the point of care, when empowered, will make the best clinical decisions to improve patient outcomes. The three principles inherent to our shared governance structure are the responsibility, authority, and accountability of the professional nurse.”

Collaboration: “We work to achieve goals through collaboration with other healthcare professionals in a variety of settings. We commit ourselves to support, acknowledge, and nurture one another, creating an environment of mutual respect and caring.”

Education and Research: “We believe that research and education are vital forces in the advancement of nursing practice. We hold ourselves accountable to continuously grow, both professionally and personally, through ongoing education and certification, and to remain competent in all areas that impact healthcare.”

Quality: “We are committed to providing quality and efficient healthcare through excellent nursing practices, utilization of scientific inquiry, critical thinking, and adoption of innovation. We embrace the principles and position statements of the Kentucky Board of Nursing and the Kentucky Nurse Practice Act.”

CONTACT INFORMATION

Contact Name	Department & Title	Telephone Number:
Brandon McGaughey	Human Resources Recruiter	(502) 226-7571
Celeste Schimmels	Human Resources Generalist	(502) 226-7687
Brittany May	Human Resources Generalist	(502) 226-7524
Bev Young	Director of Human Resources	(502) 226-7686
Kristina Hume, RN	Employee Health Nurse	(502) 696-3441
Emily Mills, RN	Director of Employee Health/Infection Control	(502) 226-7896

DRESS CODE

Office/Non-Clinical Staff

Business casual clothing is acceptable attire for all office employees.

Clinical Staff

Color coordinated scrubs may be worn. Non nursing staff may wear all scrub pants and top combinations except navy/navy, navy/grey, grey/grey or black/black.

Royal Blue cannot be worn by any staff other than Center for Women's Health employees due to infant security. Ceil Blue scrubs cannot be worn by any staff other than Surgical Services employees.

All Nursing Staff

All nursing staff will wear solid scrub outfits in navy blue or dark grey with coordinating jacket. Scrub jackets can be multi-colored or solid. All nurses may wear white uniforms, but top, pants and jacket must be solid white without any striping. Shoes need to be non-porous leather or vinyl. Holes in shoes are not allowed. Footwear is expected to be clean. No canvas shoes may be worn.

House supervisors will wear solid black scrubs with any color piping.

FACILITY POLICIES/PROCEDURES

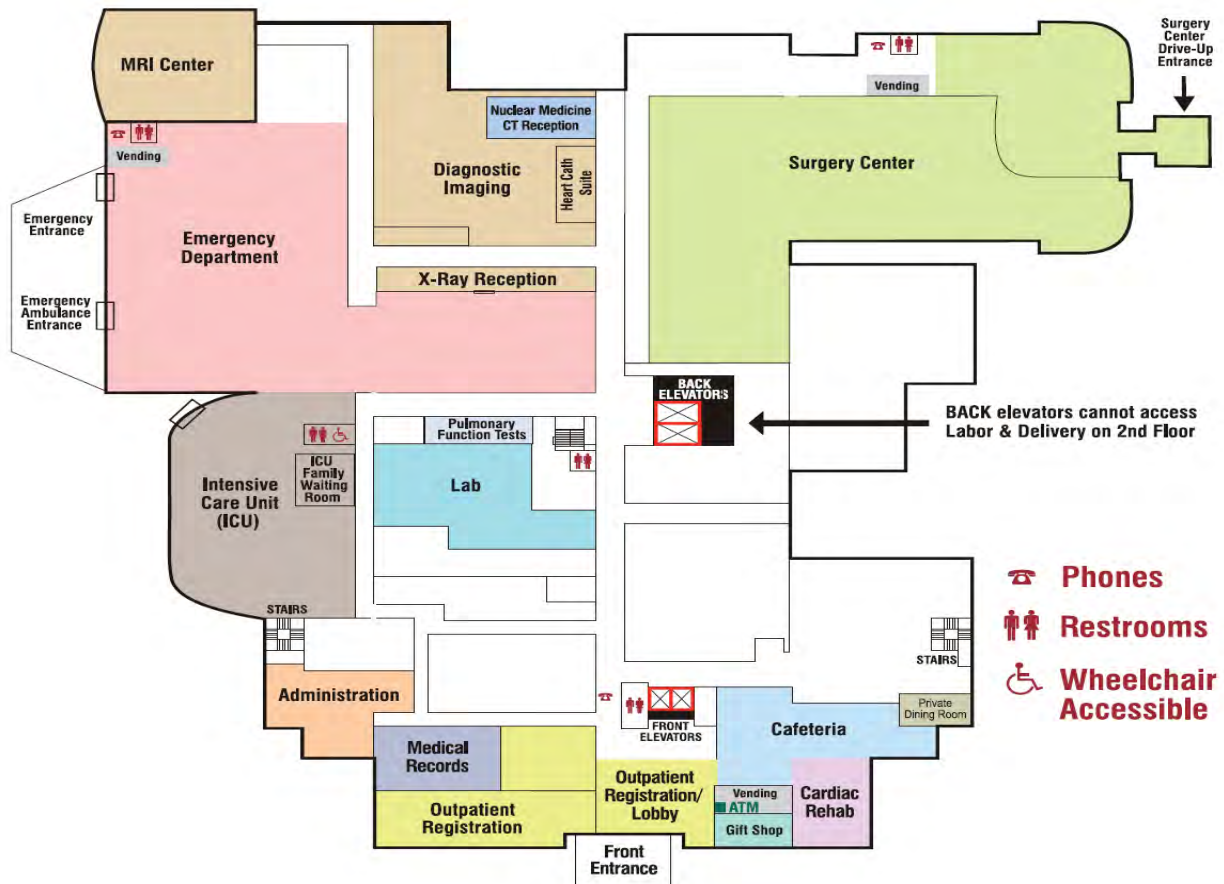
All hospital policies and procedures can be located by visiting the Frankfort Regional Medical Center intranet site. The site can be accessed by any computer in the building by clicking the Internet Explorer icon available on the desktop. Once on the intranet home site, please select "Policies and Procedures" from the menu on left hand side of the page.

Code	What To Do
Code Blue	Cardiac or Respiratory Arrest <ul style="list-style-type: none"> • Call #111 -Ask for a Code Blue & give exact location • Initiate CPR – ACLS protocols
RET/Pediatric RET	Rapid Evaluation Team <ul style="list-style-type: none"> • Call #111 and ask the operator to page RET/Pediatric RET and give location
Neuro Alert	If patient has signs & symptoms of a stroke <ul style="list-style-type: none"> • Call #111 and ask the operator to page Neuro Alert and give location
Code Red	Fire If the Fire is in your area: R – Rescue people from immediate danger A - Alarm, Sound alarm, call #111 C - Contain fire by using smothering Techniques or fire extinguisher E - Evacuate -consider horizontal evacuation What to do in area other than fire: <ol style="list-style-type: none"> 1. Stay clear of affected area 2. Close all corridor doors and patient room doors. 3. Remain in area until “ All Clear” announced 4. Close doors and windows in own area Use stairways not elevators Fire extinguishers <ol style="list-style-type: none"> 1. Red (foam/gas) = electrical or chemical fires 2. Silver (water)=wood, paper or cloth fire
Code Yellow (External)	External Disaster <ul style="list-style-type: none"> • Disaster has happened and hospital is on standby to receive patients. • Hospital Incident Command System, HICS, will be activated What to do: <ul style="list-style-type: none"> • Nursing units - send 1 nurse, 1 tech and wheelchairs/stretchers to ER • Env. Services – send 5 people , if available to Registration area
Code Yellow (Internal)	Internal Disaster HICS system may be activated Remain in your area for instructions

<p>Severe Weather Tornado Response Plan</p>	<p>Code for Severe weather/Tornado What to do:</p> <ol style="list-style-type: none"> 1. Move ambulatory patients to their bathrooms 2. Move non-ambulatory patient beds to furthest corner away from window and facing away from window. Elevate head of bed, put side rails up and provide blankets 3. Visitors and staff should be moved to internal areas away from outside walls and glass
<p>Snow or Ice storm</p>	<p>Snow or Ice storm Call in to supervisor if unable to report to work If snow plan is in effect call nursing staffing office</p>
<p>Code Pink</p>	<p>Infant or Child abduction/wandering adult Call #111 report Code Pink, location and brief description of infant/child or adult Lockdown procedure: In area : guard all exits continue search All other available personnel should go to the first floor and guard doors leading directly to the outside Wandering adult: Search for patient</p>
<p>Code Black</p>	<p>Bomb Threat What to do:</p> <ol style="list-style-type: none"> 1. Keep caller on the line 2. Write down all information 3. If suspicious substance, leave where it is, wash hands & call supervisor
<p>Code Gray</p>	<p>Uncontrolled Individual/ Call for Extra Assistance Dial 111 and have operator page to location Dial #00 for security assistance Only trained individuals respond</p>

<p># 00</p>	<p>Security Call – other than Code Gray situation Call the # sign on the phone & 0 twice</p> <ul style="list-style-type: none"> • Discreet call for help – do not have to talk, just make sure call goes through to operator – leave handset off of hook • Talk to operator • Give to patient for use in select situation – Alert operator if given to patient
<p>Code Silver</p>	<p>Person With a Weapon Dial 111 and give operator location Secure immediate area Do not travel off of unit until secure</p>
<p>Code Orange</p>	<p>Hazardous Spill/Chemical Spills/Leaks 1. Mark and isolate spill 2. Use spill kit if appropriate and if trained</p> <p style="padding-left: 40px;">Radiation Spills: Must be cleaned up by the Nuclear Medicine/Imaging staff</p> <p style="padding-left: 40px;">Chemotherapy Spills: Must be cleaned up by a chemotherapy certified nurse or pharmacist</p> <p>3. Call Engineering/Nursing Supervisor</p>
<p>SPOTT</p>	<p>Contaminated Victims Plan S- Survey the situation P- Protect yourself, others and the environment O- Send the victim outside and reassure them that help is coming T- Call 111 and request the House Supervisor to your location T- Tell the House Supervisor everything you know about the situation</p>

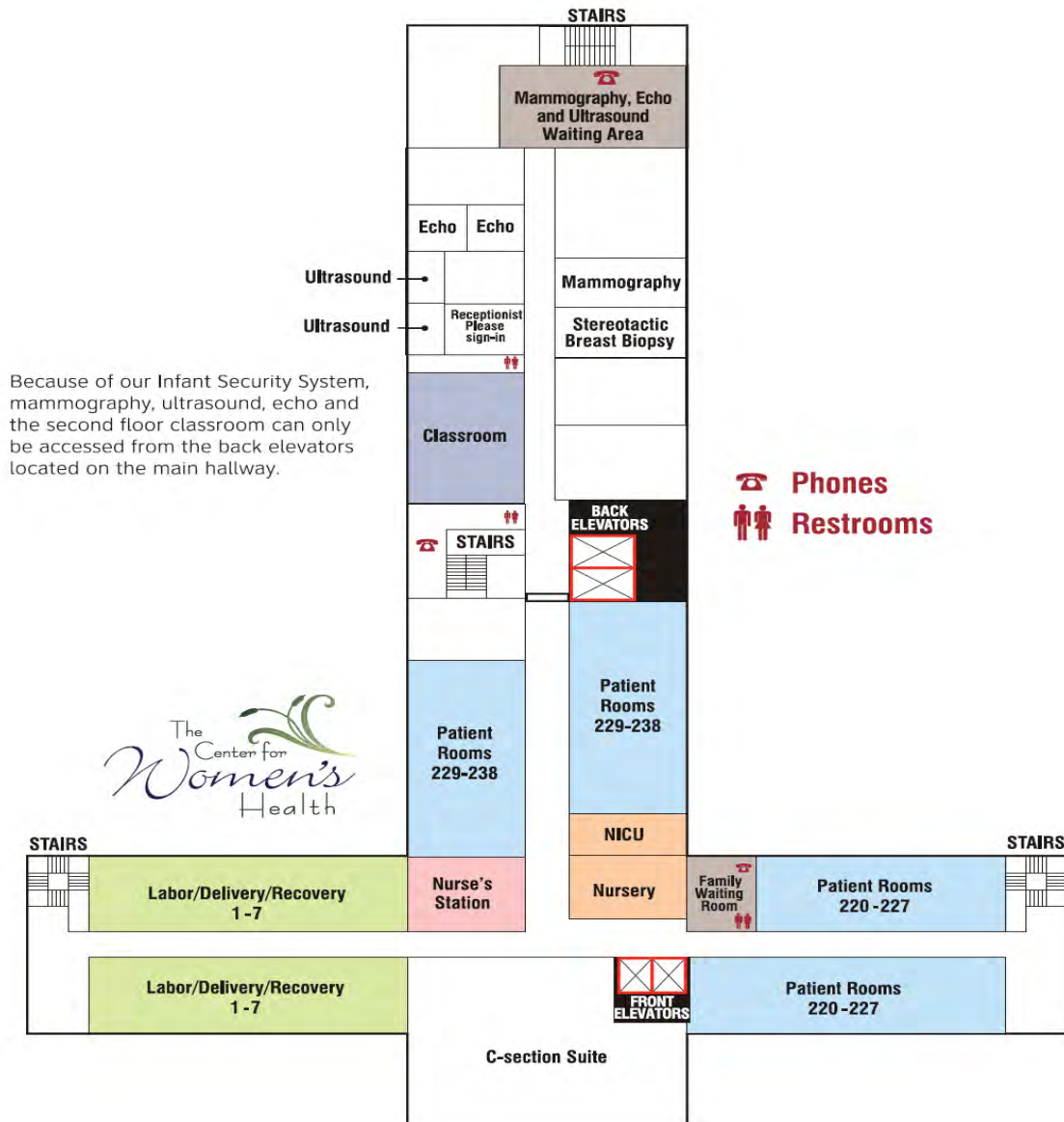
1ST Floor



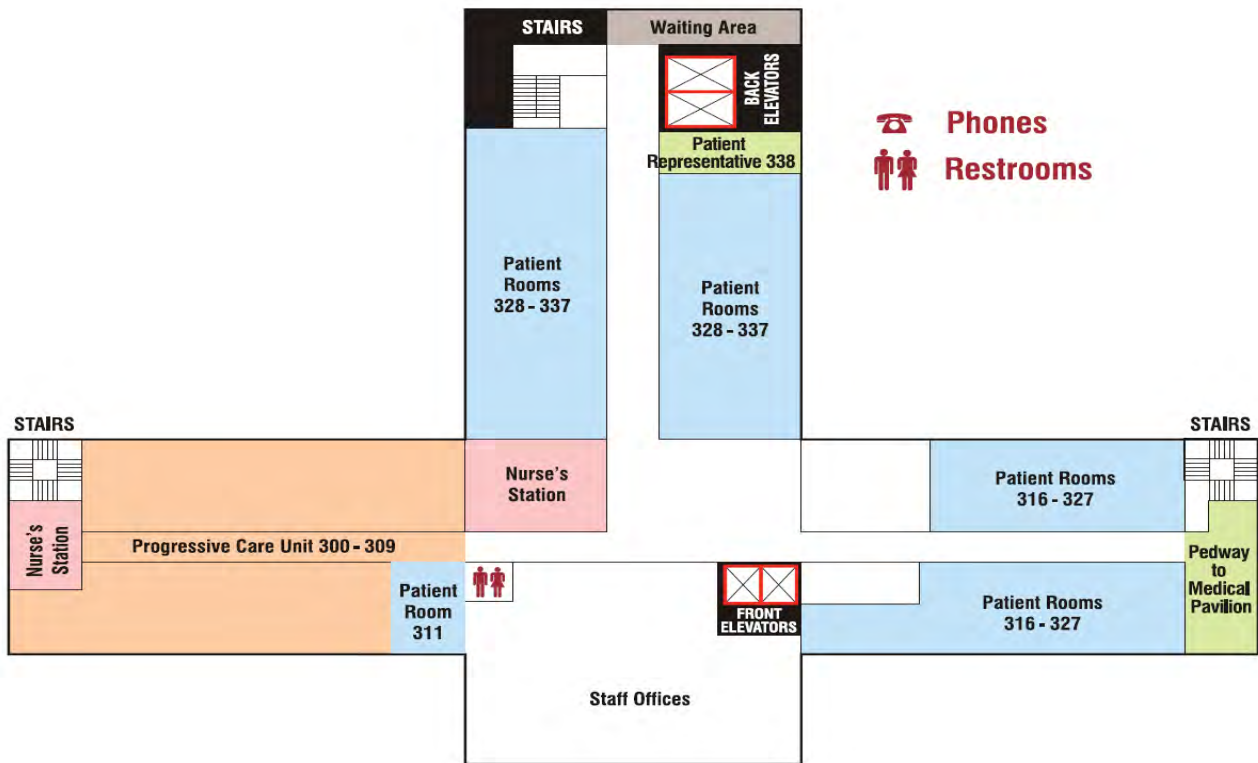
Please use the **FRONT ELEVATORS** for labor and delivery.

Please use the **BACK ELEVATORS** for mammography, ultrasound, echo and second floor classroom.

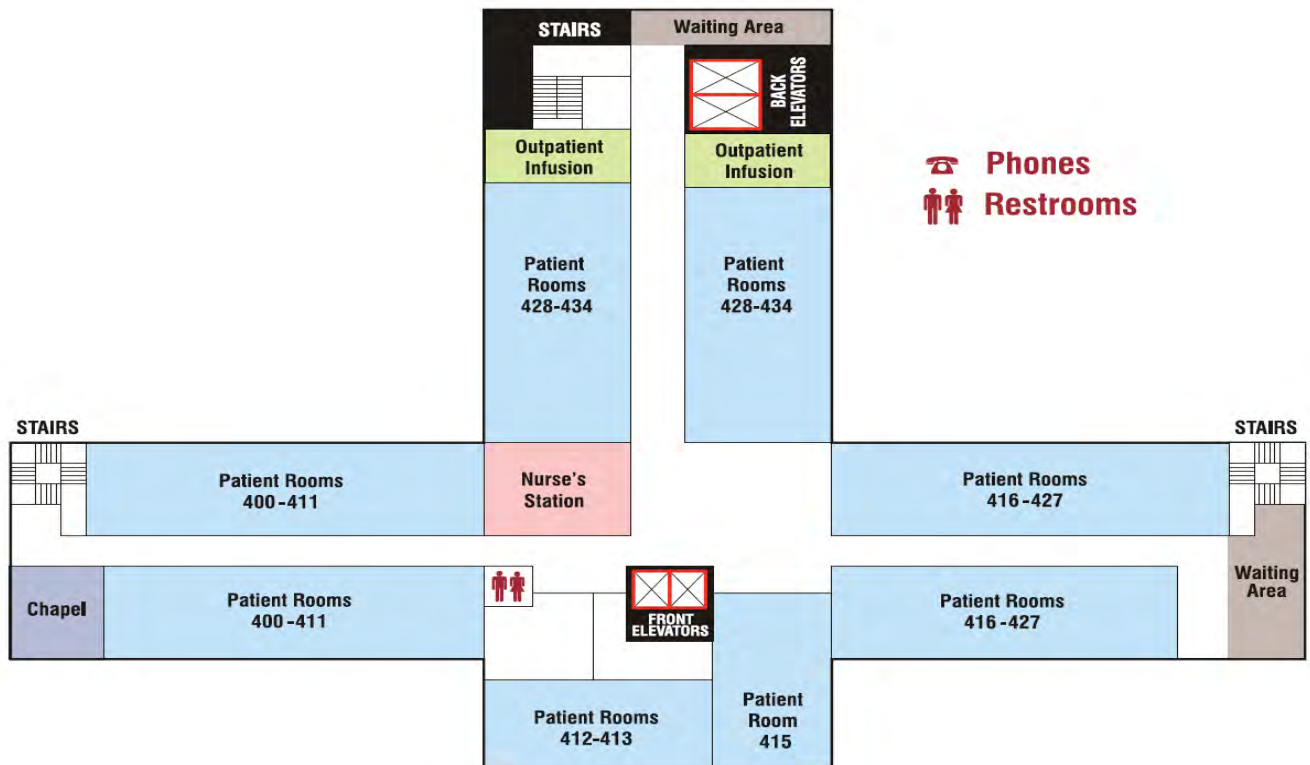
2ND Floor



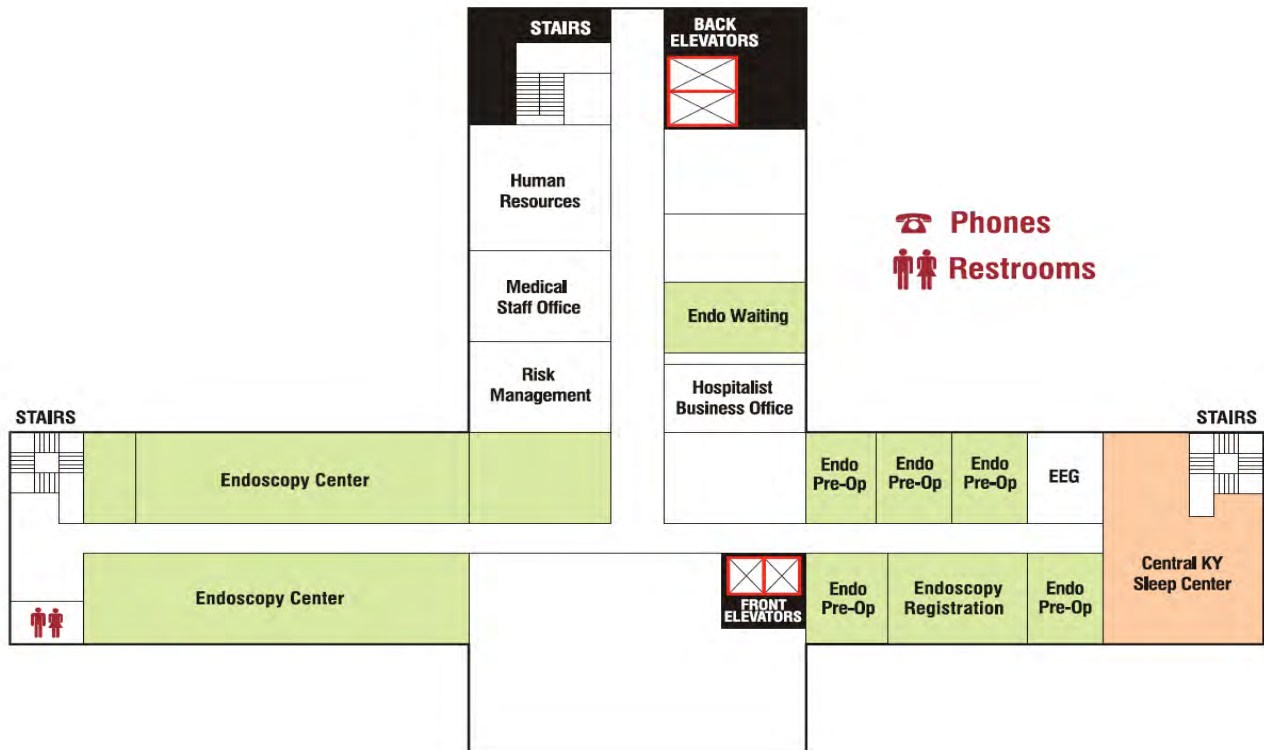
3RD Floor

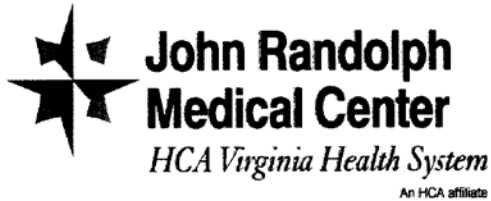


4TH Floor



5TH Floor





Mission:
Are family taking care of yours because we care.

Service Commitments:

Compassion

I am committed to doing everything I can to alleviate suffering of all patients and guests by being gentle, kind and eager to help in all circumstances.

Accountability

I am committed to taking ownership of my actions, being a responsible steward of my resources, expecting the best from myself and my team and to remaining empowered to always do what is best for the patient.

Respect

I am committed to remaining courteous and professional in every interaction because I am aware of the dignity and rights of every patient and fellow employee.

Communication

I am committed to being polite, open and honest with patients, physicians and the entire health care team, so that all critical information is always clear.

Teamwork

I am committed to being flexible and working alongside all my fellow team mates to do whatever is best for the patient.

Quality

I am committed to serving every patient safely, efficiently and skillfully and to do my best work every day in pursuit of excellent outcomes.



OUR PATIENTS.  OUR PRIORITY.

OUR MISSION:

“Our Family Taking Care of Yours *Because We CARE*”

OUR VISION:

Patient-Centered Care – Based upon a long-standing legacy of community commitment and local leadership, we will provide a quality healthcare experience through compassionate care, convenience and courtesy.

SERVICE EXCELLENCE STANDARDS:

At John Randolph Medical Center, we will consistently exhibit the following Service Excellence Standards, which are essential to professional behavior and are aligned with our shared organizational goal of providing excellent patient care. Through our shared commitment and trust in one another, we will project a positive image and continue to provide high quality services and compassionate care. Our commitment to Service Excellence creates an environment where teamwork and our combined individual efforts result in doing the right thing for our patients, every time.

STANDARD I: Always Make a Positive Impression

STANDARD II: Make Communication Effective

STANDARD III: Practice Professionalism and Excellence with a Team-Centered Approach

STANDARD IV: Internal Customer Service – Show Commitment to My Colleagues

STANDARD V: Service Recovery – Develop and Use Effective Problem Solving Skills

Our Values

In fulfilling our Mission and Vision, we take ownership of the following values, I.C.A.R.E., which guide everything we do.

INTEGRITY: BE HONEST AND DO WHAT YOU SAY

We will be trustworthy and can be counted on to do the right thing, maintaining the highest ethical practices. Our actions and words will be honorable, fair and consistent with our Mission, Vision and Code of Conduct.

COMPASSION: BE SYMPATHETIC TO THE NEEDS OF OTHERS

We will consistently provide excellent care and demonstrate warmth, friendliness and genuineness in all our interactions. We will anticipate the needs of others and provide understanding and assistance in a timely, effective manner.

ACCOUNTABILITY: TAKE OWNERSHIP FOR ACTIONS IMPACTING OUTCOMES

We will take ownership to resolve issues or concerns effectively, following through to ensure optimal outcomes. We will present a clean, professional image, maintain a safe, healthy work environment and practice good resource ownership.

RESPECT: VALUE OTHERS AND EMBRACE DIVERSITY

We will treat everyone with dignity and respect by valuing each person individually and continually striving to understand others' perspectives. We will demonstrate the highest regard for each person and the organization as we receive and provide constructive feedback in a positive manner.

EXCELLENCE: TAKE PERSONAL PRIDE IN EXCEEDING EXPECTATIONS

We will maintain high quality skills, knowledge and competencies, consistently demonstrating professional standards. We will provide exceptional customer service at all times, and continuously seek ways to improve our team's performance.

**JOHN RANDOLPH MEDICAL CENTER
Administrative Team**

Suzanne Jackson, Chief Executive Officer	541-7732
James Bush, M.D., Chief Medical Officer	541-7594
Frankye Myers, Chief Nursing Officer	541-7503
Matthew Oliver, Chief Financial Officer	452-3650
Monica Johnson, Vice President of Human Resources	541-7477
Aimee Cocolin, Vice President of Operations	452-3663
Andrew Yee, Assistant Vice President of Operations	541-7442
Nessan Salmon-Wilson, Associate Chief Nursing Officer	415-3361
Tracy Anstey, Director of Business Growth	452-3297

Emergency Codes

Code A - Child Abduction	Code Red - Fire
Code B - Bomb Threat	Code Atlas - Combative Person
Code C - Active Shooter/Attack	Code H - Hazardous Spill
Code D - Disaster	Code N - Nuclear/Chemical/Rad Release
Code E - Evacuation	Code Neuro - Stroke Team Activated
Code F - First Responder Fall	Code Green Elopement
Code Blue - Adult CPR	Code 100 - ED Saturation
Code 99 - Child CPR	Code U - Utility Failure
Code ER - ER Lockdown	Code W - Weather Related
Code Gray - Rapid Response	Code White- Suspected Impairment practitioner or staff member

Dial **511** for an Emergency within the facility.
Dial **911** for an off-site Emergency.

Refer to phone stickers for a quick reference. PolicyStat contains the actual policy.

Life Safety Plan

The Life Safety program addresses safety from fire, fire-related hazards, and similar emergencies within the buildings and grounds.

Fire Safety - Code Red

What you do during the first two to three minutes of a fire is more important than what you do over the next two or three hours. To respond rapidly and effectively,

R-A-C-E TO SAFETY!

R	Rescue	Remove victims from danger
A	Activate Alarm	Activate fire alarm and call the emergency number
C	Contain/Confine Fire	Close doors and seal area off
E	Extinguish/Evacuate	Extinguish fire or evacuate

Visitor & Patient Guide



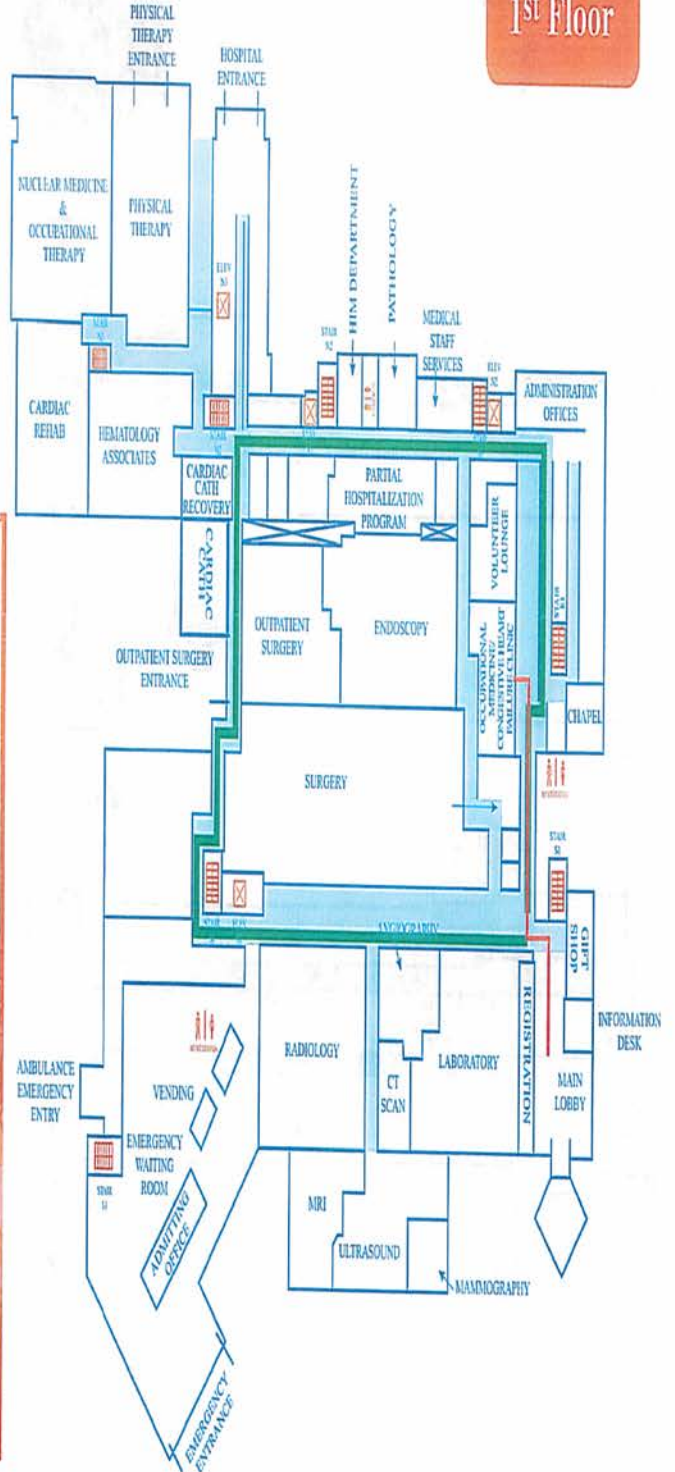
1st Floor

LEGEND

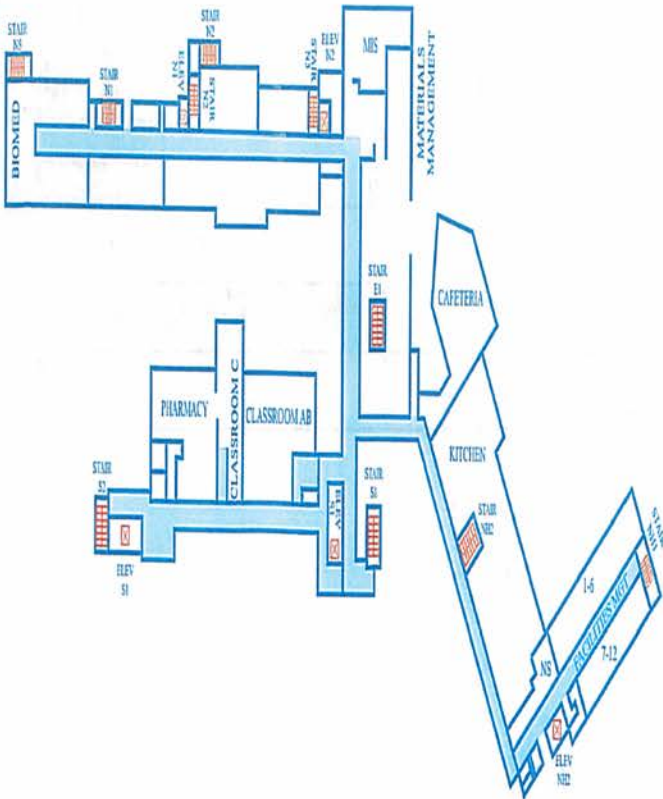


WALKING TRAIL INSTRUCTIONS: 1 mile = 7 laps

Lap 1 (north side, slow pace) 7:30
Lap 2 (brisk pace)
Lap 3 (brisk pace)
Lap 4 (brisk pace)
Lap 5 (brisk pace)
Lap 6 (cool-down, slow) 7:45
5150' (1-mile)



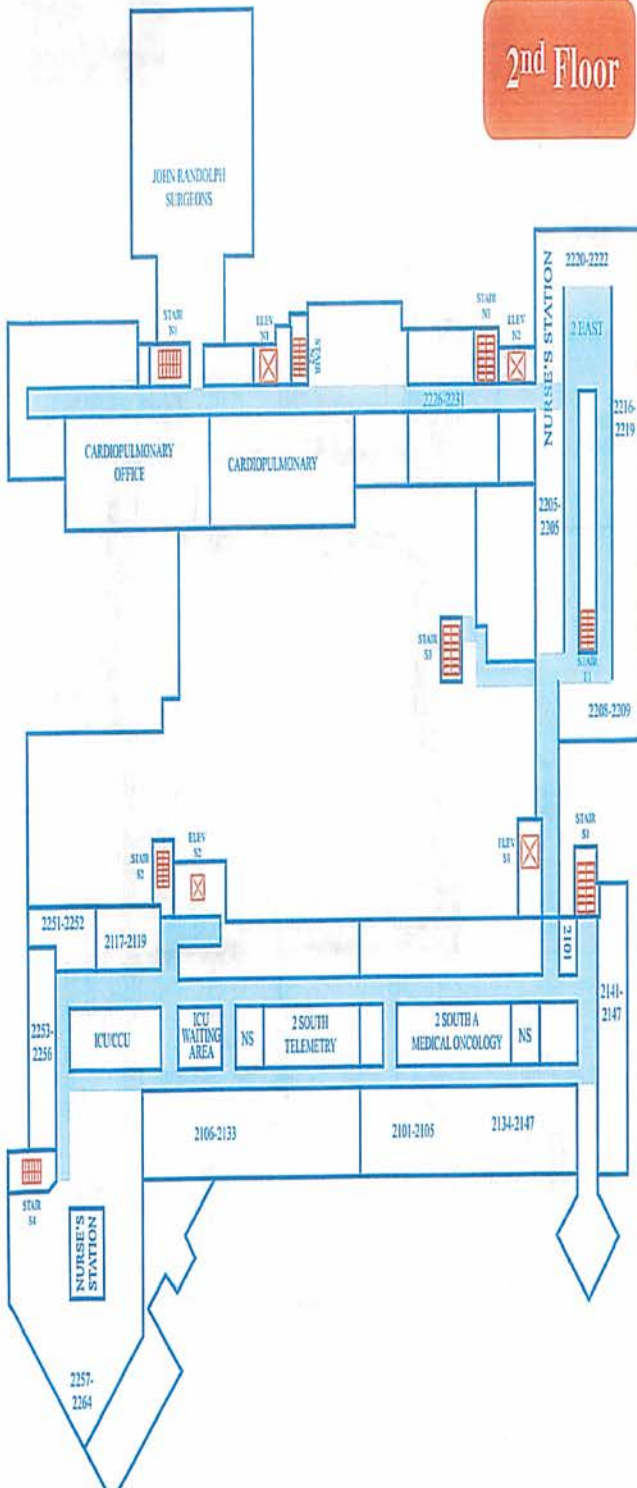
Basement



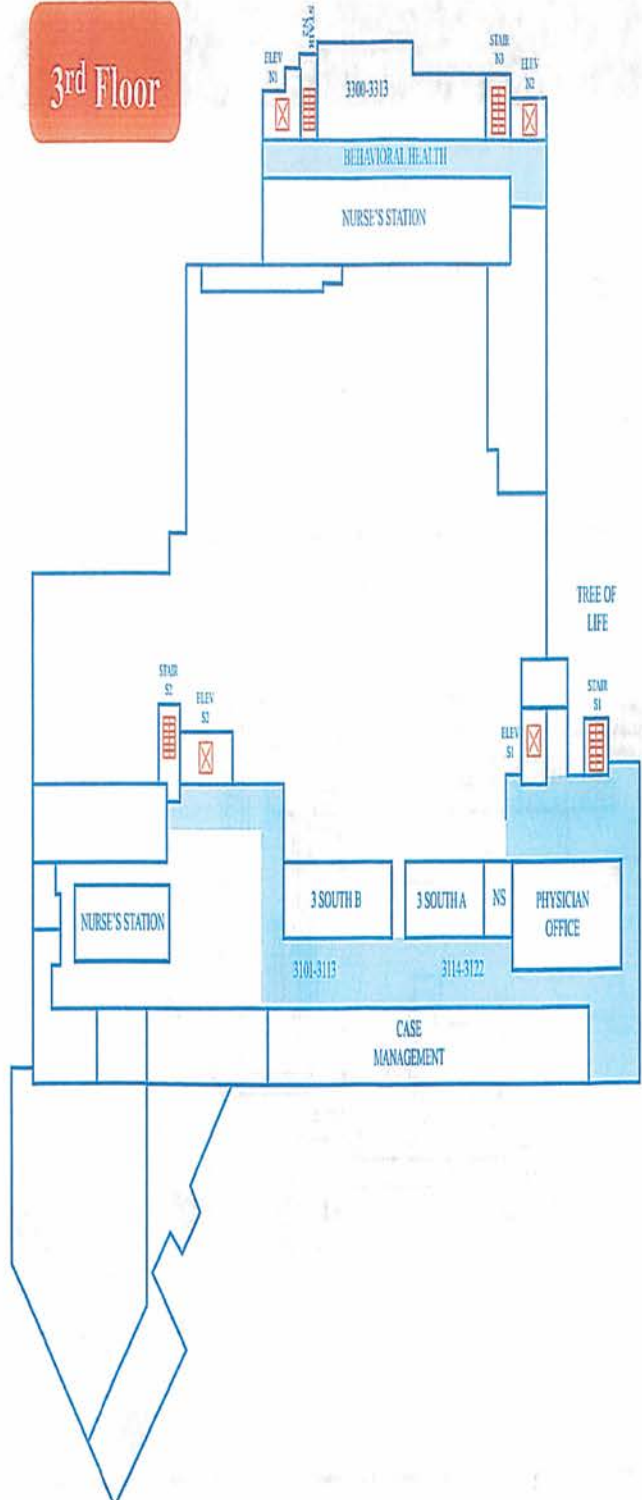
Visitor & Patient Guide



2nd Floor



3rd Floor



Orientation for Contracted Staff LewisGale Hospital Montgomery

Welcome and Introductions:

Welcome to **LewisGale Hospital Montgomery** as a contract staff member. Here are the names and contact information of the leadership team:

Chief Executive Officer – Alan Fabian, 540-953-5101
Chief Nursing Officer – Loressa Cole, 540-953-5101
Chief Financial Officer & Ethics Compliance – Tim Haasken, 540-953-5101
Chief Operating Officer – Matt Mathias, 540-953-5101
Director of Quality – Marcia Mason, 540-953-5232
Director of Human Resources – Kristie Walker, 540-953-5150

Other facility contacts:

Director of Medical Staff Services (credentialing) – Debi Potter, 540-953-3527
Directory of Safety, Engineering & Security – Charlie Smith, 540-953-5154
Director of Risk Management, Paula DiCenzo – 540-953-5136
HIPPA Compliance – Debbie Sinclair or Tim Haasken

Vision Statement: To be the first choice for healthcare in the New River Valley

Facility layout:

First floor – contains Emergency Room, Outpatient Surgery, Registration, PBX, Lobby, Business Office, Health Information Management, Administration, Quality, Infection Control, Risk Management, Medical Staff Credentialing, Human Resources, Boardroom, Chapel, Cafeteria & Dietary Office, Accounting, Materials Management, Information Services, Biomedical Engineering, Environmental Services, Engineering, Security, Birthing Center, OB Classroom, Outpatient Lab, Endo, Radiology, House Supervisor, Cath Lab, Central Sterile, and OR, Outpatient Surgery, Pathology Director, Morgue, Loading Dock.

Second floor – contains ICU, PCU, Case Management Director's office, Cardio-Pulmonary, Respiratory.

Third floor - contains Physical Therapy, Speech Therapy, Occupational Therapy, Dieticians' Office, Case Management, Pharmacy, Volunteer Services Manager's Office, Lab; Graduate Medical Education offices

Fourth floor – contains Medical Surgical/Peds/Ortho, Hospice patient rooms, Classrooms A & B (Computer Lab).

Safety Codes: Dial 111 to activate.

Code Black – disaster (internal or external)
Code Blue – adult cardiac/respiratory arrest
Code Blue Pediatric – pediatric cardiac/respiratory arrest
Code 9 – Evacuation
Code Green – Security Threat/Limit Building Access
Code Grey – Bomb Threat (Not announced overhead)
Code Gold Alert – Severe trauma in ED
Code Heart Alert – cardiac cath/PCI
Code Orange – Hazardous Material Event/Spill
Code Pink – Infant/Pediatric Abduction
Code Red – fire
Code Silver – Capacity Issue
Code Stroke Alert – Stroke
Code Strong – violent patient
Code Trauma Alert – Trauma in ED
Code Yellow – Hostage Situation
Code Purple – extreme violence



MISSION/VISION

We are a team of professionals dedicated to delivering world-class healthcare.

We will provide the highest degree of compassionate patient-focused care to the communities we serve.

CODE OF CARING

I will have a caring heart, be compassionate, respectful, and show empathy to all patients and coworkers.

I will be considerate of patients and coworkers and provide a healing and caring environment.

I will have a positive attitude, a smile and a kind word in trying times.

I will be honest, fair, trustworthy, and approachable in my work and actions to all.

I will let my appearance be neat, clean, and well groomed.

I will show respect, be humble, and not be boastful.

I will give a helping hand, no matter what situation may arise. I will be a part of the team, offering to help even if it is not "my job".

I will, never be loud or abrasive, but will be a guide, a follower, a teacher, and a leader; to help in whatever capacity I am needed.

I will be a mentor, teaching and encouraging new and current staff, volunteers, physicians and others to follow the same standards.

I will firmly stand by the right course of action or treatment, and deliver it with a caring touch.

I will keep in mind that my work place is what I make of it; my coworkers look at me and respond to how I act. I want to help set a positive tone.

I will eat and take my breaks in the designated areas and in the allotted time allowed. I will not be involved in personal activities, excessive phone calls, and other business during company time.

OUR SERVICE STATEMENT

In all we do, our commitment is to *be accurate, be timely and be kind.*

Annual Training Manual



**"The only legacy we leave behind
is those we teach."**

-Quint Studer





MISSION/VISION

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I will keep in mind that my work place is what I make of it; my coworkers look at me and respond to how I act. I want to help set a positive tone.

I will eat and take my breaks in the designated areas and in the allotted time allowed. I will not be involved in personal activities, excessive phone calls, and other business during company time.

OUR SERVICE STATEMENT

In all we do, our commitment is to be accurate, be timely and be kind.

"Above all else, we are committed to the care and improvement of human life."

Overview of Safety Program at LewisGale Hospital—Pulaski

The objective of the Safety Program of LewisGale Hospital Pulaski is to help to reduce or eliminate accidents of all types in the hospital. It is a method employed by the management in assigning responsibility for accident prevention and to insure performance under that responsibility. It also serves as a vehicle to motivate employees to do any and all jobs assigned as efficiently and as safely as possible.

Basic Elements of a Safety Program:

Administrator Leadership: A declaration of a hospital Safety Program, assumption or responsibility, and an active continued interest in the program.

Assignment of Responsibility: Environment of Care Chairman, Environment of Care Committee Members, and Department Managers.

Safety Training: Is performed initially to all new employees, on the job training, and at least annual retraining.

An effective Safety Program requires the involvement of all personnel, not just the Environment of Care Committee. Your involvement is essential to maintaining a safe environment for patients, visitors, fellow employees, and yourself. Safety is everyone's responsibility. The Environment of Care Committee welcomes your comments and/or concerns involving safety. The Chairman of the Environment of Care Committee is the Chief Financial Officer. Safety Officer can be contacted at 8359.

All policies concerning Life Safety and Emergency Plans can be found in the Environment of Care manual located on any PC throughout the hospital. The icon is LGHP Manuals Page. There will be one hard copy of the Environment of Care manual kept in the Administration Office.

Employee Professionalism Requirements:

- All employees are expected to conduct themselves in a professional manner, which is respectful to the rights of all individuals and to follow all the organizational rules regarding customer service, ethics, confidentiality, and public information.
- All employees are expected to treat the people with whom they interact during their workday in a manner that exemplifies the respect and courtesy due. All employees are expected to be aware of and concerned about how their attitude and actions affect patients and other individuals within the organization.
- Common courtesy to all patients, visitors, physicians, and fellow employees is expected from all employees.
- Every employee is expected to conduct him/herself in a professional and courteous manner during all hours of work.
- Our primary concern is the welfare of our patients. Employees are to behave in a manner that provides a conducive environment for the care of our patients. Noise is to be kept to an absolute minimum. Courtesy, politeness, thoughtfulness, quiet and orderly conduct, and a conscientious attention to duty and to a cheerful spirit is expected of all employees.
- Information concerning patients and other hospital business of a confidential nature must not be discussed with persons who do not have a need to know in order to treat the patient or to perform their job.
- Do not discuss personal problems with patients.
- Do not accept gifts from patients, physicians or other referral sources in violation of the hospital's Code of Conduct.

Protecting Patient's Privacy Rights and Confidentiality:

Our facility, primarily led by the Facility Privacy Official (FPO), works to balance business needs and uses of protected health information (PHI) with patients' rights as outlined in the HIPAA Privacy Standards. Please see Patient Privacy Program Requirements policy HIM.PRI.001. Our facility has established general requirements for the patient privacy program and provides pertinent definitions and guidance for some aspects of the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Standards) and the Health Information Technology for Economic and Clinical Health Act (HITECH component of the American Recovery and Reinvestment Act of 2009 (ARRA)). These established requirements assist all facility employees on how to protect patients' privacy rights and their individually identifiable health information. All Privacy policies were updated to meet the 9-23-13 HIPAA/HITECH Omnibus Final Rule ("Final Rule").

Protected Health Information (PHI) Definition:

Protected Health Information – Any oral, written or electronic individually-identifiable health information collected or stored by a facility. Individually-identifiable health information includes demographic information and any information that relates to past, present, or future physician or mental condition of an individual.

PHI excludes individually identifiable health information:

- In education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g;
- In records described at 20 U.S.C. 1232g(a)(4)(B)(iv);
- In employment records held by a covered entity in its role as employer; and
- Regarding a person who has been deceased for more than 50 years.

Our facility is a covered entity under the HIPAA Privacy Standards. We will give a written "Notice of Privacy Practices" to every patient when they are registered for any tests, treatments or other services in our hospital or at our off-site YMCA Cardiac Rehab Program.

Some key points to remember (regarding Patient Privacy and Confidentiality):

- Patient information should never be discussed outside of the responsibilities of your job.
- Always apply the "minimum necessary" rule when accessing or using patient information (i.e., use only the minimum amount of information needed to perform your job responsibilities).
- Patients have the right to choose not to be listed in our. If a patient has chosen not to be listed, they will be treated as a confidential patient and we should not acknowledge that they are in our facility. Please view facility policy – Patients' Right to Opt Out of Being Listed in Facility Dictionary.
- All privacy complaints or concerns should be referred to the Facility Privacy Official (FPO), at ext. 8324.
- No documents or other materials containing protected health information (PHI) should ever be placed in regular trash bins or waste containers. There are Shred-It boxes placed throughout the facility for this purpose.
- To release or discuss patient information inappropriately could involve you and the hospital in legal action. Substantiated violations/breaches of patient privacy will be dealt with in accordance to the guidelines in the Sanction for Privacy Violations policy.
- Always log off of computers or terminals when leaving your workstation.
- Turn monitors or screens away from public view.
- Don't discuss patient information in public areas such as the cafeteria, elevator, etc.

- All inadvertent disclosures (i.e., PHI faxed to a wrong number, PHI printed to the wrong printer location) must be reported immediately when they occur to the Privacy Official (FPO) at Ext. 8324.
- Always ensure the correct patient's information is accessed by using appropriate identifiers (e.g., verify the patient name and date of birth).
- Keep PHI secure and do not leave it unattended in patient rooms, restrooms, public areas, etc.
- Always verify the mailing address, email address, or fax number before sending.
- When faxing, use pre-programmed numbers when feasible and use a cover sheet.
- Ensure pre-programmed fax numbers are correct.
- Never assume a patient has agreed to have PHI verbally shared in front of family/visitors just because the patient did not request the individual leave the room when the provider began speaking.
- Ask the patient for permission to discuss PHI when family/visitors are in the room and ensure the facility's policy (e.g., "Passcode" policy) is followed.
- Never discuss PHI with individuals who are not authorized or permitted to receive the information.
- Only access PHI when there is a legitimate need to know and it is within the scope of the workforce member's job duties.
- Ensure reasonable safeguards are implemented when permissible discussing PHI such as lower voices and drawing curtains between beds.
- For internal uses of PHI using email, ensure the appropriate recipient is chosen from the directory.
- When printing PHI, verify that the correct printer is mapped to the computer and/or chosen before printing.
- If you send sensitive data in electronic form (e.g., email, stored on a CD, or other media) to recipients outside of HCA for business purposes – such as physician offices, state or federal regulatory agencies – you must encrypt.

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Use of Social Media

What is social media?

Social media are online communication methods in which individuals play an active role as both the author and audience of messages and comments, and include, but are not limited to, blogs, bulletin boards, chat rooms, social networks (e.g. Face-book, MySpace, Twitter, LinkedIn), multi-media (e.g. Flickr, YouTube), and news media sites. Our social media policy Appropriate Use of Communications Re-sources and Systems policy (EC.026) and guidelines Social Media Guidelines in-clude guidance on responsible social media use and employees of all HCA-affiliated facilities (Company) are required to follow.

HCA Social Media Guidelines

These social media guidelines apply to Company-authorized users of social media, as well as HCA-affiliated employees' personal use of social media. For purposes of these guidelines, Company refers to HCA and its affiliated entities. Individuals seeking to engage in social media activity must adhere to these guidelines as well as the Company's Appropriate Use of Communications Resources and Systems Policy, EC.026.

General Provisions

Blogging and other forms of social networking include but are not limited to video or wiki postings, sites such as Facebook and Twitter, chat rooms, personal blogs or other similar forms of online journals, and diaries or personal newsletters not affiliated with HCA.

Unless specifically authorized, employees are restricted from speaking on behalf of HCA or their affiliated employer. Employees are expected to protect the privacy of patients, employees and other stakeholders and are prohibited from disclosing patient information and any other proprietary or confidential information to which they have access.

Monitoring

Employees are reminded that they should have no expectation of privacy while posting information to social networking sites. Postings often can be reviewed by anyone, including HCA and/or its affiliates. As described in EC.026, HCA and its affiliated employers reserve the right to use content management tools to monitor comments or discussions about the Company, its employees, its patients and the industry posted on the Internet.

Reporting and Discipline for Violations:

- Reporting Violations. HCA and its affiliates strongly urge employees to report any violations or possible or perceived violations to supervisors, managers or the HR department, to the Facility Privacy Official (if patient information is involved) or to the Ethics Line (1-800-455-1996).
- Discipline: HCA and/or its affiliates investigate and respond to reports of violations of EC.026, these Social Media Guidelines and other related policies. Violations may result in disciplinary action.

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Authorized Use of Social Media

The goal of authorized social media is to enhance the exchange of information between the organization and its constituents in order to drive business results and support our long-term success. Authorized use of social networking media is purposeful in conveying information about Company services, promoting and raising awareness of HCA and its affiliated entities, communicating with employees, patients, business associates and the media, and discussing activities and events.

When social networking, blogging or using other forums, HCA must ensure that use of these communications is consistent with and supportive of the mission and values of HCA and its affiliated entities, and maintains their brand identities, integrity and reputation while minimizing risks inside or outside the workplace.

The following rules and guidelines apply to social networking when authorized by your employer and done on working time. The rules and guidelines apply to all employer-related blogs and social networking entries, including employer subsidiaries or affiliates.

- Unauthorized Content. Business units and departments are responsible for ensuring all blogging and social networking information complies with the written policies of HCA and/or the applicable affiliate. The Marketing Department and senior management are authorized to remove any content that does not meet the rules and guidelines of this policy or that may be illegal or offensive. Removal of such content may be done without permission of the blogger or advance warning. Contact the Marketing Department or follow the chain of command to report unauthorized or questionable content.
- Identification. Employees must identify themselves as employees of the appropriate HCA affiliate when posting comments or responses on the employer's blog or a social networking site.
- Copyright. The use of copyrighted content cannot be posted on any HCA-affiliated blog without first obtaining written permission from the copyright owner.
- Guest Bloggers. HCA and its affiliates expect all guest bloggers to abide by these guidelines. HCA and its affiliates reserve the right to remove, without advance notice or permission, all guest bloggers' content considered inaccurate or offensive. HCA and its affiliates also reserve the right to take legal action against guests who engage in prohibited or unlawful conduct.
- Media. If contacted by the media or press about a post that relates to the business of HCA and/or any of its affiliates, employees are required to speak with their manager and the Marketing/Public Affairs Department before responding.

Personal Use of Social Media

HCA and its affiliates respect the right of employees to participate in blogs and use social networking sites during non-working hours and does not discourage self-publishing or self-expression. Employees are expected to follow these guidelines and policies to provide a clear distinction between you as an individual and you as an employee.

- **Personal Responsibility.** You are personally responsible for your commentary on social media. You can be held personally liable for commentary that is considered defamatory, obscene, proprietary or libelous by any offended party, not just HCA.
- **Non-threatening.** Employees should not use blogs or social networking sites to harass, threaten, discriminate or defame employees or anyone associated with or doing business with HCA or its affiliates.
- **Disclaimer.** When you identify yourself as an employee of HCA or an affiliate, some readers may view you as a spokesperson for HCA and/or that affiliate. Be-cause of this possibility, you must state that the views expressed by you through social media are your own and not those of the Company, nor of any organization affiliated or doing business with HCA and/or an affiliate.
- **Privileged or Confidential Information.** Employees cannot post on personal blogs or other sites the trademark or logo of HCA, its affiliates, or any business with a connection to HCA or its affiliates. Employees cannot post Company-privileged or confidential information, including copyrighted information, Company-issued documents, or patient protected health information.
- **Workplace photographs.** Employees must follow the Company's policy regarding photos taken in the workplace.
- **Advertising.** Except as authorized or requested by HCA or an affiliate, employees may not post on personal blogs and social networking sites any advertisements or photographs of Company products, nor sell Company products and services.
- **Patient Information.** Do not use your personal social media account to discuss or communicate patient information with one of your patients, even if the patient initiated the contact or communication. Always use Company-approved communication methods when communicating with patients about their health or treatment.
- **Security.** Consult the Information Security site on Atlas for social media in-formation security tips.

Basic guidelines for personal use of social media:

- Use common sense.
- Think before you post.
- No expectation of privacy. Postings can often be viewed by anyone despite pri-vacy setting.
- Do not disclose Company-privileged or confidential information.
- Do not disclose patient protected health information.
- Do not harass, threaten, or discriminate against anyone.
- Do not post commentary that is considered defamatory, obscene, proprietary or libelous.
- Provide a disclaimer that the views expressed are your own and not those of the Company if you are identified as an employee of the Company.

Report Violations.

All employees are urged to report any known, possible, perceived, or suspected violations of Company policies and/or our Social Media Guidelines to supervisors, managers, the HR department, the Facility Privacy Official at ext. 8324 (if pa-tient information is involved), the Facility Ethics and Compliance Officer at ext 8324, or to the EthicsLine (1-800-455-1996). The Company will investigate and respond to reports of violations of EC.026, Social Media Guidelines, and other Company policies. Violations may result in disciplinary action.

PATIENT RIGHTS

- You have the right to reasonable access to care and to get considerate and respectful treatment, regardless of age, sex, religion, origin, race, or financial status. You have the right to expect respect of personal values, beliefs psychosocial issues, dignity, and cultural practice.
- You have the right to have family members and your physician notified promptly of your admission.
- You or your surrogate decision maker has the right to participate in any planning or discussions that related to your care or concerns about ethical issues related to your treatment. You have the right to make informed decisions regarding your health status, prognosis and care planning.
- You or your surrogate decision maker has the right to know about and refuse or withdraw treatment, within the provisions of the law, including life support measures.
- You have the right to appoint someone to make decisions on your behalf.
- You have the right to make decisions in advance about the treatment you want at the end of life, including withholding resuscitative measures.
- You have the right to have any conflicts as a patient addressed by an administrative representative. If you need to do so request a Tell Us form any staff member or call Ext. 8300. You may also call the Virginia Health Quality Center at (800) 854-5244 or contact them at 9830 Mayland Drive, Suite J, Richmond, Virginia, 23233 to discuss your complaint. You may report a safety concern to the Joint Commission at (800) 994-6610 or by writing to Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL, 60181.
- You have a right to have your medical information remain confidential and you can expect every effort to maintain your privacy and security while you are a patient. You may also expect to have access to your record within a reasonable time of your request. You may amend your record as permitted by applicable law and have an accounting of all disclosures of your personal health information.
- You or your family has the right to request that your organs and tissues be considered for donation.
- You have the right to be visited by your clergy or to have access to a volunteer chaplain for the hospital upon request.
- If you cannot understand any information during your stay due to physical impairments, language barriers, or complex information, you have the right to be instructed by an alternative method. A special phone for the hearing impaired is available upon request. Language translation services are also available.
- During the entire process, from admissions to discharge and then billing, you have the right to be kept informed about any aspect of the treatment.
- You have the right to refuse to participate in any investigational studies.
- If you are the victim of any type of physical, sexual, or emotional abuse or neglect, you may request help from our staff, who will assist you in determining an appropriate course of action including access to protective services.
- You have the right to be informed about the outcomes of care, even those that are unanticipated.
- You have the right to the appropriate assessment and treatment of pain.
- You have the right to expect care in a safe environment free from abuse of harassment.
- You can expect to be treated without restraints or seclusion unless medically necessary.
- You have the right to reasonable privacy during evaluation, treatment and other aspects of your care.
- You or your designee has the right to consent to visitation by any person you choose including a spouse, a domestic partner (including a same sex partner), another family member or a friend and may withdraw this consent at any time. There will be no restrictions or limitations to visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability

- A patient also has the right to refuse to discuss aspects of his / her care with anyone who is not directly related to their care.
- A patient has the right to request transfer to another room if he /she is being unreasonably disturbed

CODE OF CONDUCT

Purpose of our Code of Conduct

Our Code of Conduct provides guidance to all HCA colleagues and assists us in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our relationships with patients, affiliated physicians, third-party payers, subcontractors, independent contractors, vendors, consultants, and one another.

The Code is a critical component of our overall Ethics and Compliance Program. We have developed the Code to ensure we meet our ethical standards and comply with applicable laws and regulations.

The Code is intended to be comprehensive and easily understood. In some instances, the Code deals fully with the subject covered. In many cases, however, the subject requires additional guidance for those directly involved with the particular area to have sufficient direction. To provide additional guidance, we have developed a comprehensive set of compliance policies and procedures which may be accessed on the Ethics and Compliance site of our Intranet, as well as our external web site at www.hcahealthcare.com. Those policies expand upon or supplement many of the principles articulated in this Code of Conduct.

The standards set forth in the Code apply to all HCA facilities and employees operating in the United States. The standards are mandatory and must be followed. A separate Code of Conduct has been developed for our facilities outside the United States.

You will have Code of Conduct Orientation training within thirty days of your date of hire where our Code will be discussed in detail and annually you will have an hour of Code of Conduct Refresher training.

Our Ethics and Compliance Officer is Diana Atkins and you can contact her at ext. 8324, or come to her office in Human Resources or by emailing her at Diana.Atkins@hcahealthcare.com.

You can get a copy of our Code of Conduct by asking the ECO or you can find our Code of Conduct online by:

- Going to our hospital Intranet site
- Go to bottom of right column
- Click on Policies, Ethics and Compliance and Survey Resources
- Under Ethics and Compliance at top left, click Code of Conduct site

Providing Culturally Competent care

Culture is a set of characteristics shared by a group of people. It includes their values, beliefs and practices that are passed from generation to generation. Culture affects all areas of life, including beliefs about health, nutrition, communication, birth and death. Examples of some cultures include people who are:

- Native American—North American Indians or Alaskan natives
- Hispanic—from areas such as Spain, Portugal, South America and Central America
- African-American—from Africa or the Caribbean countries
- Asian—having roots in China, Japan, Korea or other Asian countries
- European—from countries such as England, France, Germany, Italy or other European countries
- Of certain religious faiths—such as Catholic, Protestant or Jewish

Why is Culture Important?

The population in the United States is becoming much more diverse...there are many people of different cultures. This means that you will often have the opportunity to care for patients who have cultures different from your own. In order to give them the best care, you must work within their cultural beliefs and practices.

Becoming Culturally Competent

Before you consider our patient's culture, you must first examine your own. Everybody has a culture.

Think of some of your values and beliefs. Do you think people "should" bathe every day? Are they dirty if they don't? Most of the world does not bathe that often. Who is "right"? Do you think you "should" make eye contact when talking to someone? In some cultures, such as Asian, this is viewed as rude. What is a "normal" breakfast...eggs and bacon, or rice and fish? People often think that their culture is the best or the most "normal." Watch for these feelings in yourself. "Normal" is just what you are used to...there is no "right" or "best" culture.

Providing Culturally Competent Care

In order to provide culturally competent care, do you need to learn all of the cultural beliefs and practices of every cultural group? Of course not, for two good reasons:

- There are too many groups and cultural practices. You could never learn them all!
- And more importantly, just because a person is of a certain background does not mean he/she shares all of those beliefs and practices.

It is important to learn about the cultural beliefs of every family. Don't ever make assumptions based on their appearances. You may work with two Korean families. They look similar in appearance. But one family speaks little English and eats traditional Korean food. The other eats barbecue and French fries, and speaks with a southern drawl. This family is from South Carolina, not South Korea!

To learn about the family's cultural beliefs and practices, watch them and talk with them. Watch as they interact with each other to get clues as to what they think is "normal" behavior. How close do

they stand to each other when talking? Do they speak in a loud, fast manner, or are they quiet, with lots of silent periods? Do they make eye contact with you and each other? Also talk with them, as you give care, to learn more about their culture. What is important to them? What is their view of healthcare? Do they put more value on healers and herbs, or on modern medicine?

Use these guidelines:

- Treat all patients and their families with respect. Call adults Mr. ,Mrs., or Ms. unless asked to do otherwise.
- Never act shocked or make fun of anything the family does, such as “Eww—you really eat that?”
- If English is not their first language, make sure that what you tell them is understood by having them say it back to you in their own words. Do not ask questions they can answer yes or no to. Some people, especially Asians, may smile, nod and say yes to everything. They do this so as not to appear rude. If communication is very difficult, please contact Patient Access and request the phone used for the Language Line. Upon calling the Language Line, you will be provided with an interpreted call that will involve a three-way conversation between you, the patient and an interpreter.
- Accept and respect their beliefs, even if you don't agree with them. A Middle Eastern wife may run to meet her husband's every need and take orders from him without question. Do not judge their culture—it is not your role, and it isn't helpful.
- Realize that people have different beliefs about time. North Americans of European heritage tend to be very future-oriented. They may save money for future retirement and make healthy lifestyle choices now in the hopes of having good health in the future. But many other cultures, such as some people of Hispanic, Asian and African heritage, are more centered on the present. They may not feel it's important to be at an appointment or take medicine at a certain time.
- In many cultures, elder members are respected and their life experiences are highly valued. For example, in Hispanic cultures, where the family structure is traditionally hierarchal, elder members are at the top and receive great respect. Institutionalization of elderly family members is avoided at all costs. Family members are expected to take care of and meet the needs of their elders.

When you respect and appreciate someone's culture, you show respect for him or her as a person. Your patient is much more likely to meet his healthcare goals if care is planned in harmony with important cultural beliefs and practices. Remember, we are not here to judge our patient's beliefs, but to give excellent medical care.

For additional information, please refer to the attached chart listing belief practices, nutritional preferences, communication awareness and handling of death.

Culture Group and Language	Belief Practices	Nutritional Preferences	Communication Awareness	Patient Care/ Handling of Death
American/English	Christian and Jewish beliefs are prominent. Many others exist in smaller numbers. Family-oriented.	Beef, chicken, potatoes, vegetables, fast foods; ethnic foods.	Talkative, shake hands, not much touching during conversation. Prefer to gather information for decision-making. Some hugging and kissing, mainly between women.	Family members and friends visit in small groups. Expect high-quality care.
African-American/English	Christian beliefs predominate. Close and supportive extended-family relationships. Strong kinship ties with nonblood relatives from church or organizational and social groups. Family unity, loyalty, and cooperation are important. Usually matriarchal.	Regional. "Soul Foods."	Present oriented. Members of clergy are highly respected. Emotional. Strong nonverbal body language. Special care should be taken with the often extensive and informal support networks of patients (i.e., religious and community group members who offer assistance in a time of need).	Healthcare attitudes vary extensively and may include spiritualists, herb doctors, root doctors, conjurers, skilled elder family members, voodoo, and faith healing. May need special skin and hair care.
Mexican/Spanish	Predominantly Roman Catholic. Pray, say rosary, have priest in time of crisis. Limited belief in "brujeria" as a magical, supernatural, or emotional illness precipitated by evil forces.	Corn, beans, avocado, chilies, and yellow rice. Heavy use of spices.	Tend to describe emotions by using dramatic body language. Very dramatic with grief, but otherwise diplomatic and tactful. Direct confrontation is rude.	May believe the outcome of circumstances is controlled by external force; this can influence patients' compliance with health care. Women do not expose their bodies to men or other women.
Asian (General)	Strong sense of self-respect and self-control. High respect for age. Respect for authority. Respect for hard work. Praise of self or others is considered poor manner. Strong emphasis on harmony and the avoidance of conflict.	High salt content in diet due to use of soy sauce.		Use of herbs, diet and application of hot/ cold therapy. Disease either hot or cold and treated with opposite.

<p>Vietnamese/ Vietnamese (several dialects), some French, English and Chinese, Cambodia/Khmer, some French and English</p>	<p>Family loyalty very important. Religions include Buddhist, Confucianism, Taoism, Cao Di, Hoa Hoa, Catholicism, and occasional ancestor worship. General respect and harmony. Three models of illness: 1) supernatural or spiritual, illness can be brought on by a curse or sorcery, or nonobservance of religious ethic. Treated by chanting, magical potions, recitation of sacred texts, amulets, burning of incense to appease spirits/ancestors. 2) Universe is composed of opposing elements held in balance; consequently, health is a state of balance between these forces, known as “Am” and “Duong” similar to “yin” and “yang.” Illness a result of imbalance. Balance can be restored through diet, western and traditional medicines, herbs and medical practices. 3) Western model</p>	<p>Rice, often with green leafy vegetables, fish sauce added for flavor. Meat used sparingly and cut into small pieces. Tea is main beverage. Often lactose- and alcohol -intolerant.</p>	<p>Communication—formal, polite manner; limit use of touch. Will rarely be confrontational with their American counterparts; in disagreement, a “face- saving” measure of avoidance or superficial acceptance is preferred to questioning or defiance, especially of those in positions of elevation over one’s superior is considered forward and impolite by some traditional Vietnamese. Respect conveyed by nonverbal communication. Use both hands to give something to an adult. To beckon someone, place palm downward and wave. Do not snap your fingers to gain attention. Person’s name used with title, i.e., “Mr. Bill,” “Director James.” “Ya” indicates respect, not agreement.</p>	<p>Negative emotions conveyed by silence and reluctance smile; will smile even if angry. Head is sacred—avoid touching. Back rub is uneasy experience. Common folk practices: skin rubbing, pinching, herbs in hot water, balms, string tying. Misunderstanding about illness—drawing blood seen as loss of body tissue. Organ donation causes suffering in next life. Hospitalization is last resort. Flowers only for the dead.</p>
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Adapted from: The Culture connection, South Miami hospital; Collins, K.S., et.al., “Diverse communities, common concerns: Assessing health care quality for minority Americans,” The Commonwealth Fund, access www.cmf.org on 25 July 2003; “Acculturation,” Hispanic Health Home Page, accessed on 25 July 2003

Abuse Prevention

Physicians/Nurses/Employees in the Medical Field:

Did you know that “any person licensed to practice medicine or any of the healing arts, any hospital resident or intern, any person employed in the nursing profession, whether private or state-owned facility” has a mandatory duty to report suspected child or elder abuse?

What is Child Abuse or Neglect?

An abused or neglected child is one under the age of 18 whose parent or other person responsible for his/her care:

- Causes or threatens to cause a non-accidental physical or mental injury.
- Causes a high risk of death, disfigurement or impairment of bodily or mental functions. Fails to provide the care, guidance and protection the child requires for healthy growth and development.
- Abandons the child.
- Commits or allows to be committed any act of sexual exploitation or any sexual act upon a child in violation of the law.

Signs & Symptoms of Child Abuse and Neglect

- Old and new multiple injuries
- Bruises and welts in multiple stages of healing, especially those in the shape of an inanimate object, such as a belt buckle
- Burn or restraint injuries
- Fractures in multiple stage of healing, especially spiral fractures of long bones
- Questionable lacerations and abrasions, especially in the genital area
- Suspicious head injuries, especially in infants who have been shaken

When Interviewing Children:

- Obtain as much pertinent information about the child prior to the interview as possible
- Conduct the interview in private without the parent or caregiver present
- Explain the purpose for asking questions
- Use open-ended, non-leading questions
- Ask the child to explain their answers in their own words
- Ask if the child has any questions and attempt to answer them
- Thank the child for participating in the interview and emphasize that the child was not at fault

Do Not:

- Suggest answers or names of individuals to the child
- Press the child for answers he/she is unwilling to give
- Offer rewards or false promises to the child

What is Elder Abuse?

Although the term “elder abuse” is commonly used, approximately 25% of vulnerable adults in the Commonwealth who are known to be victims of abuse are adults with disabilities who are younger than 60 years.

Types of Elder Abuse/Neglect

The term “adult abuse” or “elder abuse” includes several form of maltreatment. Common forms of abuse are:

- Physical abuse—the intentional infliction of physical pain or injury
- Psychological abuse—the intentional infliction or mental anguish by threat, intimidation, humiliation or other means
- Caregiver neglect—a caregiver’s failure to provide necessary services to maintain the adult’s well being
- Self-neglect—the failure of an elder or a younger adult with disabilities to provide self with the necessities of life, such as food, clothing, shelter, needed medical care, and reasonable financial management
- Financial exploitation—the illegal use of an incapacitated adult’s resources for another’s profit or advantage

Signs & Symptoms of Elder Abuse and Neglect

- Old and new multiple injuries, especially in unusual places
- Bruises and welts in multiple stages of healing, especially those in the shape of an inanimate object, such as a belt or object used to restrain the victim
- Bilateral bruises of the upper arm
- Evidence of physical neglect of hygiene or nutrition

Domestic Violence

Signs & Symptoms of Domestic Violence

- Old and new multiple injuries
- Bruises, abrasions and lacerations in multiple stages of healing Repeated or chronic injuries
- Restraining or choking injuries
- Injuries during pregnancy

Ways To Ask Adults About Abuse

- Since violence is so common, I have begun to ask about it routinely. I notice you have a number of bruises. How did they happen?
- Did someone hurt you?
- Are you ever afraid of your partner (caretaker)? Are you in relationship where you have been hurt?
- Has your partner ever prevented you from leaving the house, seeing friends, seeing a healthcare provider or getting a job?

DO NOT ASK

- Why don't you just leave?
- What did you do that caused your partner (caretaker) to hit you?
- What keeps you with a person like that?
- Do you get something out of the violence?

Routinely screen patients for abuse. Ask questions and listen. Acknowledge that you have heard what the patient said.

Document Your Findings

- Record the description of abuse as the patient has described it to you and use the patient's own words.
- Record the date, time, name and number of anyone accompanying the victim. Include the name of the alleged abuser and the relationship to the victim.
- Provide a detailed description of the injuries (number, size, location) and document if these injuries are consistent with the patient's explanation.
- Use a body chart to supplement any written documentation.
- Use photographs when possible. Photograph from different angles using an object such as a coin to illustrate the size of the injury. Include the patient's face in at least one picture.
- Include results of the laboratory tests and other diagnostic procedures.
- If contact or a report is made to an agency, such as police, social services, domestic violence, rape crisis or victim/witness programs, note the name and title of the person receiving the report.

Legal Responsibility to Report

Virginia Code 63.1-55.3 and 63.1-248.3 requires that all medical professionals report any cases of suspected elder or disabled adult abuse or neglect to Adult Protective Services and child abuse and neglect to Child Protective Services.

Where Do You Report It?

As an employee of LewisGale Hospital— Pulaski, you are a mandated reporter of Abuse and Neglect. For assistance, contact the hospital Social Worker, at extension 8358. If the Social Worker is not available, contact the Nursing Supervisor on duty. If neither is available, a report shall be made to the local Department of Social Services where the child/adult resides or where the suspected abuse/neglect is discovered. Ask for the "social worker on call investigating child/adult abuse reports." There is a 24-hour a day hotline to which reports can be made after 5:00 pm or on weekends.

What happens if you do not report?

Failure to report suspected abuse is a misdemeanor. Failure to report the first time may result in a fine of up to \$500.00. The penalty for failure to report a second or subsequent time is a fine of not less than \$100.00 and not more than \$1,000.00.

What about the liability of the person reporting child/adult abuse?

Any person making a report or participating in a judicial proceeding resulting from a report "Shall be immune from any civil or criminal liability...unless it is proven that such person acted in bad faith or with malicious intent." Confidentiality of the person reporting is protected to within the limits of the law.

Adult Protective Service Hotline
24 hours/day
1-888-832-3858
Pulaski County: 980-7995

Child Protective Services Hotline
24 hours/day
1-800-552-7096

Women 's Resource Center Domestic Violence/Sexual Assault 24 hours/day
540-639-1123

General Radiation Safety Information

What is Radiation?

Radiation is the term used to describe energy in the form of electromagnetic waves, also known as EM waves. All EM radiation travels at the speed of light.

It is important to remember that radiation cannot be seen. Special instruments are required to detect the presence of radiation.

How Can I Protect Myself From the Effects of Radiation?

The 3 main points of radiation safety are:

- Minimize time, always work quickly. As the time increases, the radiation dose also increases.
- Maximize distance, maintain as far a distance as reasonably possible from the radiation source. Many times operating room nurses and staff are not able to walk away from a patient, however, taking one step back can reduce the original intensity by one fourth.
- Maximize shielding, use appropriate shielding, such as lead aprons, gloves or tabletop shields for seed implants.

Goal of Radiation: As Low As Reasonably Achievable

Therapeutic Uses of Radiation

- Linear Accelerators are used in radiation therapy for the treatment of cancer and other diseases.
- Radioactive sources in small, sealed containers are used for patient implants for treatment of cancer, such as prostate seed implants.
- Radioactive drugs are used to treat patients.

Remember, radiation machines can be turned off or on. They only emit radiation when they are on. Radioactive material is always "on" constantly emitting radiation. Radioactive materials can be shielded, so that no radiation escapes from the container.

What If I Become Pregnant?

It is commonly known that cells that reproduce more frequently are more sensitive to radiation damage. Because embryos and children are growing, they are typically more sensitive to radiation than adults. It is important to note that the mother assumes all risk until she specifically declares her pregnancy, in a written signed statement to her supervisor or RSO (Radiation Safety Officer). The hospital then becomes responsible to ensure the duties of the female worker will not result in a dose equivalent or more than 500 mrem to the fetus.

How Do I Know That My Radiation Level is Within Acceptable Limits?

Every employee who is expected to work around ionizing radiation should be given a radiation-monitoring badge. The badge is exchanged on a bi-monthly basis and reviewed by the Radiation Safety Officer (RSO). If the acceptable limit is exceeded, appropriate action will be taken. For more information, please contact the Radiology Department at 8481 or the RSO at ext. 8260.

Radiation Safety Officer

The hospital has a Radiation Safety Officer (RSO). The RSO can be reached at 1-540-239-0224. Please do not hesitate to call the RSO, the New River Valley Cancer Care Center (ext. 8545) or the Radiology Department (ext. 8480) if you have questions or concerns about Radiation Safety.

General Radiation Safety Rules

The Prostate Seed Implant Policy and Procedure is located in the Care of the Patient Manual.

Seeds are delivered either to General Stores or directly to the New River Valley Cancer Care Center. General stores will notify the Cancer Care Center if seeds are delivered. A designated employee from the New River Valley Cancer Care Center will properly take the prostate seeds to the Nuclear Medicine department and lock them in the "Hot Lab." The prostate seeds are never to be left unattended unless locked in the "Hot Lab."

While a Prostate Seed Implant patient is in a room, nothing is to ever leave that room, whether it is a room in OR, PACU, ACS, Med/ Surg, ICU, etc. until an "all clear" is given from Radiation Oncology. Prior to a Prostate Seed Implant patient leaving a room, nursing will contact Radiation Oncology. Radiation Oncology will come to the room and make sure that the room contains no unsecured Prostate Seeds. If an "all clear" is given, then the patient can be moved and housekeeping can be notified.

MRI SAFETY

All persons entering the MRI suite must be screened by MRI personnel. Anyone needing to cross the yellow line should ask for assistance from MRI personnel. Anyone with a pacemaker, aneurysm clips, and other metallic foreign bodies may not ever enter the MRI suite. Patients that must be transported by wheelchair or stretcher must do so by way of the MRI stretcher or wheelchair. These items are labeled MRI and are the only ones allowed in the suite. NO OXYGEN Tanks are permitted in the MRI suite.

Safety Rules

General

This is no place for horseplay and practical jokes. Serious injuries often result.

Be sure that you understand the safe way to perform your job. If in doubt, ask your supervisor. The RIGHT way is the SAFE way.

Your own health is important. Use every safeguard that is provided. If you are unable to report to work because of sickness or for any other reason, call your supervisor immediately.

You are urged to make suggestions, which will assist in the safe performance of work.

THINK about what you are doing and how you are doing it.

Know your hospital FIRE SAFETY PLAN, DISASTER PLAN, and any other emergency plans and YOUR DUTIES for each plan.

Report any unsafe conditions you see immediately to your supervisor.

Walking/Working Surfaces

Practice good housekeeping in your area. Aisles and stairways must be kept free from obstruction. Some examples of unsafe conditions are:

- Spilled liquids on the floor.
- Rubbish on the floor.
- Electrical cords placed where tripping over them is possible.

It is safer to walk than to run, especially in halls or on stairs. Keep to the right and approach corridor intersections carefully. ALWAYS use a pace consistent with safety when performing your duties.

Doors present a problem. If they have vision panels, be sure the other side is clear before opening them. If not, open them slowly, using the handle or push plate.

If you have to climb, use a ladder. Don't use a box or chair.

Never use a defective or broken ladder and report such defects to your supervisor.

Do not use stepladders as straight ladders.

Means of Egress (Exit ways)

A safe, unobstructed way of exit travel from any point in the building to outdoor ground level shall be maintained.

Work will be carried on in such a way that obstruction of corridors, doors, stairs, and other parts of exit ways will be minimized. Place materials, carts, etc. ON THE RIGHT SIDE OF THE HALL FACING THE EXIT, near wall, all on the same side. Move ladders and scaffolds aside when not in use. Clear the exit way completely as soon as possible.

In case an exit is to be completely blocked for a short period, place substantial signs or a guard at intersections to show alternate routes.

Occupational Environment

If special instructions have been issued for care and exposure to contagious and infectious diseases, they must be followed rigidly, especially if you have contact with patients and visitors. Adhere to Standard Precautions.

Clean up any spills or debris, construction products, etc. If unable to do so, immediately block off area to prevent injury.

If you are required to enter special areas of the hospital, such as isolation rooms, surgery, obstetrics, or radiation hazard areas, observe the precautions for dress in those areas to protect yourself. Observe Standard Precautions (See Infection Control Manual and/or Departmental Policies). Any tools you use in such areas should be cleaned and treated as required for the particular area to prevent cross contamination.

Dust must be avoided in the hospital environment. Dust should be treated as contaminated. Dust is serious hazard to patients with open wounds or sores.

Noise must be kept to a minimum in a hospital environment. Even low noise levels can have adverse effects on patients with nervous disorders.

Hazardous Materials

Compressed gas cylinders shall be handled, stored, and used in a manner that will prevent damage to the valve. When in an upright position or on a hand truck compressed gas cylinders must be secured at all times so they cannot fall. Always have cylinder caps securely in place whenever the cylinder, full or empty, is not in service.

Oxygen and oil make an explosive mixture. Never use any petroleum product in or on any part of your oxygen system or equipment.

The HAZARDOUS/INFECTIONS MATERIALS MANAGEMENT PROGRAM is available in most departments. It describes the program for handling/disposing of hazardous materials as well as chemical information (MSDS's) for each department. The Environment of Care Committee requires annual in-services. Know the location of the manual in your area. A complete list of all MSDS can be found online.

Personal Protective Equipment

Wear safe clothing. Torn sleeves, torn or oversized uniforms are dangerous, especially near moving machinery. Wear shoes that are well built and in good repair.

Wear the proper clothing for the job.

Wear safety goggles or glasses whenever the possibility of receiving eye injuries from flying particles, contamination by chemicals or drugs, and/or body fluids.

Wear rubber gloves, aprons, and facemasks when working with cleaning solutions, acids, etc. Some cleaning solutions are very acidic or caustic and could burn you severely, some are fire or health hazards.

Wear respiratory equipment when working in operations which could produce accumulations of dust or dirt injurious to respiratory tract, or in which heat could release metal fumes or toxic vapors. If in doubt, wear respiratory protection.

General Environment

Observe WARNING SIGNS. They are for your protection.

Place warning signs when work is being performed where it creates a hazard to other parties. Barricade or block if openings are in doors or walls.

Tags are used to warn of temporary hazards. Observe them.

Sanitary conditions must be maintained. Dispose of trash and waste properly. Use established washing and toilet facilities. Use established eating locations.

Medical and First Aid

Report all injuries no matter how slight, secure immediate first aid, and make certain an Employee Injury Report is completed.

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Your own health is important. Use every safeguard that is provided. If you are unable to report to work because of illness or for any other reason, call your supervisor immediately.

All accidents, no matter how minor, are to be reported and an Employee Injury Report completed. A seemingly insignificant injury may develop into a major health problem, if left untreated. An Employee Injury Report must be filled out to establish compensation or insurance benefits. Additionally, prompt treatment serves to lessen the extent and the seriousness of the injury.

Fire Protection

Know your hospital FIRE SAFETY PLAN, DISASTER PLAN and other emergency plans and YOUR DUTIES for each plan.

Use lifting equipment, chain hoists, etc. when working with heavy loads. When working on ladders where lifting is involved, have help as required.

Use proper body positioning when lifting objects of significant weight. Have your back straight, feet spread with one slightly forward for balance.

Do not stand under loads being handled by hoists.

Machinery

Use and maintain adequate and proper guards for all machinery. Keep guards in place.

Portable Tools and Equipment

Keep all hand tools in safe condition. Cutting tools must be kept sharp.

Use only non-sparking tools when working around flammable or explosive vapors or gases.

Extension cords for power tools should be checked carefully before using to be sure that they are free from defects.

Electrical

Do not overload electrical circuits UNDER ANY CIRCUMSTANCES. Never fuse too heavily.

Extension cords and personal appliances are discouraged. Under special circumstances they will be considered after approval by your department manager and the Environment of Care Committee Chairman.

Asbestos Awareness

What is it? Asbestos is an incombustible, chemical-resistant, fibrous mineral used for fireproofing electrical insulation, building materials, brake linings, and chemical filters.

Do we have it at LewisGale Hospital—Pulaski? Yes, there is asbestos within the confines of LewisGale Hospital—Pulaski. A complete physical and visual inspection of the building was performed on June 9, 1989. Results concluded:

- There were no areas of hazards at or above limits.
- The condition of the asbestos is good, therefore needing no removal unless its condition changes. The report is available in the Engineering Department.

Asbestos only presents a health hazard when fibers become airborne and are inhaled. Specific locations where ACM (asbestos containing material) is found are:

- Fireproofing above the ceiling on the "I" beams.
- Fire doors.
- Floor tile/adhesive in Housekeeping, General Stores, Emergency Room, Respiratory, second floor restrooms, Central Supply, Radiology, Laboratory, Pharmacy, janitor closets, Physical Therapy, B-wing and C-wing patient room bathrooms, and tile corridors.
- Pipe fitting and pipe insulations in Powerhouse and other areas.

Now What?

- DO NOT disturb any asbestos containing materials.
- REPORT any evidence of disturbance or damage of asbestos containing materials to the Engineering Department immediately.

ACM is inspected periodically and additional measures taken if needed to protect the health of all building occupants. Air monitoring is performed on a semi-annual basis.

Code Sheet

Blue – *Cardiac / Respiratory Arrest* - used to represent a real or suspected imminent loss of life.

Red – *Fire* – A fire or suspect, as in smell of smoke, is in immediate area.

Pink – *Infant / Pediatric Abduction*- Infant or child has been taken from area without permission from hospital staff or parent/guardian. This can also be used for a “wandering geriatric patient”

Grey – *Bomb Threat*- [bomb threat](#) or a bomb being discovered within the hospital.

Black – *Disaster (Internal or External)*- Code Black is the [medical emergency](#) term for mass [casualties](#), as from an epidemic or other public health threat or natural disaster.

White – *Infrastructure Failure* – Loss or potential loss of heat, A/C, water, sewage, electrical power, telephone communication.

Green – *Security Threat / Breakdown / Inmate Patient*- Inmate escape or security threat to hospital (i.e. numerous people trying to obtain access to potentially do harm, riot).

Orange – *Hazardous Material Event / Spill* –A dangerous material has come into contact with patients that needs decontamination and closure of hospital to prevent contamination of hospital.

Strong – *Show of Force Needed*- Individual has become uncooperative and abusive, male staff members show up to intimidate individual that shows a combined show of strength.

Purple – *Weapon Involved*- A combative person using physical force, especially weapons.

Contain – *Bio Terrorism Event* – An exposure that needs to be contained in one area without contamination of other area or staff.

Trauma Alert – *Trauma victims arriving to the ED* –Extra staff **assigned** are directed to proceed to the ED.

2017 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

- NPSG.01.01.01 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 correct medicine and treatment.
- NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

- NPSG.02.03.01 Get important test results to the right staff person on time.

Use medicines safely

- NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.
- NPSG.03.06.01 Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

- NPSG.06.01.01 Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

- NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.
- NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.
- NPSG.07.05.01 Use proven guidelines to prevent infection after surgery.
- NPSG.07.06.01 Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks

- NPSG.15.01.01 Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery

- UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- UP.01.02.01 Mark the correct place on the patient's body where the surgery is to be done.
- UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.



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.

LEWISGALE HOSPITAL—PULASKI
·PULASKI, VIRGINIA 24301

ENVIRONMENT OF CARE FIRE SAFETY INTRODUCTION

PURPOSE:

To provide procedures/instructions for employees to follow for Fire Safety.

POLICY:

When fire strikes, the actions taken during the first few minutes may mean the difference between containment and disaster. It is with training of personnel, staff, and volunteers that proper action can be assured during the first few minutes and disaster averted. The following general and specific instruction shall be followed as closely as possible by all LEWISGALE HOSPITAL-PULASKI personnel.

EQUIPMENT AND SUPPLIES:

Not applicable

PROCEDURES:

To Every Employee

Read the "General Instructions For All Employees" contained in this policy and read the instructions for your department. Know these things and know where fire extinguishers are located along with the oxygen shutoffs. In the event you discover a fire you must know what to do then!!!!

Fire Extinguishers

LEWISGALE HOSPITAL PULASKI is equipped with general-purpose portable fire extinguishers. They can safely be used on any type of fire so do not be afraid to use them. They are located throughout LEWISGALE HOSPITAL PULASKI. It is each employee's responsibility to know the location of these extinguishers. Read the instructions on operation of these units now. There will not be time to read all the instructions should a fire break out. A MRI safe extinguisher is located outside of the MRI Room. This is the ONLY extinguisher that can be used in that room.

Oxygen Shutoffs

The main shutoff is located Scope Room, O.R. It is the responsibility of the Chief Executive Officer to direct the shutoff of this valve if he/she deems it necessary. In the absence of the Chief Executive Officer, his/her designee or the Nurse Executive will assume the responsibility. All other oxygen shutoffs will be the responsibility of the supervisor in charge of the area in which these valves are located in conjunction with the respiratory technician on duty. **DO NOT SHUT OFF OXYGEN VALVES WITHOUT BEING INSTRUCTED TO DO SO!!!** There may be patients on the oxygen that will be endangered if oxygen supply is shut down before portable units are enacted.

A. Fire Emergency Pre-Plan

1. Know the location of nearest fire alarm.
2. Know the emergency number to dial. Dial 7222.
3. Know the location of fire extinguishers and how to use them.
4. Know the location of all exits.

B. In Case of Fire

1. Remain calm, Do Not Panic. Act quickly and NEVER shout "FIRE!"
2. Remove all patients from the immediate fire area.
3. Activate nearest fire alarm, and call the operator to give necessary information, (location, nature and extent if possible).

4. Confine the fire by closing doors, etc.
5. Extinguish fire if possible, if not evacuate all persons to a safe area, using designated Fire Exits.

C. General Instruction for All Employees

1. Know and follow your department specific fire plan.
2. Keep telephone lines clear for fire control.
3. Do not use elevators.
4. Make sure all fire, corridor and room doors are closed.
5. Clear all corridors and exits of unnecessary traffic and obstructions.

D. Forensic Patients

It will be the responsibility of the agency in charge of the forensic patient to know hospital fire and evacuation policies and procedures. Evacuation of patient will be the sole responsibility of that agency. Medical management of the patient remains the responsibility of the nursing staff.

REFERENCE SOURCES:

Not applicable

FORMS:

Not applicable

APPROVING SIGNATURES:

<u>Signature on file</u>	<u>02-02-2010</u>
CHIEF FINANCIAL OFFICER	DATE

<u>Signature on file</u>	<u>02-01-2010</u>
CHAIR, SAFETY COMMITTEE	DATE

Developed: 08/1996
File Address: a:fire safety introduction
Tracking Number: SC01017002EOC

RACE PLAN

Rescue: Rescue any person in immediate danger while shouting "CODE RED."

Announce: Pull the nearest fire alarm box, and call the operator at 7222. Announce "CODE RED" and give location.

Compartmentalize: Seal off the fire by closing all doors.

Extinguish: Use the proper extinguisher mounted on the wall and try to extinguish the fire.

Do not yell fire.

Fire Extinguisher reminder

P—Pull Pin

A—Aim at base of fire

S—Squeeze handle

S—Sweep from side to side

LEWISGALE HOSPITAL—PULASKI
·PULASKI, VIRGINIA 24301

Safety

How to Read MSDS

PURPOSE:

To provide information concerning Material Safety Data Sheets

POLICY:

It will be the policy of LewisGale Hospital-Pulaski that MSDA will be as follows.

EQUIPMENT AND SUPPLIES: Not applicable

PROCEDURES:

A Material Safety Data Sheet gives you detailed information on a chemical and its' hazards. It will lists the following information on the sheet (if applicable to the product):

- Product name
- Chemical name
- Formula
- Trade name
- Appearance/odor
- Hazardous ingredients
- Physical & chemical characteristics (fire & explosion data)
- Physical hazards
- Health hazards (including acute and chronic health effects and any other related information)
- Exposure limits
- If OSHA, NTP and /or IARC considers the chemical a carcinogen
- Emergency & first aid procedures
- Special protection information
- Special precaution & spill/leak procedures
- Preparation date of MSDS and responsible party for MSDS SEE ATTACHMENT FOR EXAMPLE

REFERENCE SOURCES: Not applicable

FORMS: Not applicable

APPROVING SIGNATURES:

<u>Signature on file</u>	<u>01-19-2010</u>
Hazardous Materials Sub-Committee Chairman	DATE
<u>Signature on file</u>	<u>01-20-2010</u>
Chief Financial Officer or his/her designee	DATE

DEVELOPED: 8/1/96
FILE ADDRESS: a:read msds.doc
TRACKING NUMBER:
SC01994006EOC

LEWISGALE HOSPITAL—PULASKI
PULASKI, VIRGINIA 24301

ADMINISTRATION

"TELL US" PROGRAM

PURPOSE:

To provide a method which allows hospital employees and other customers to give feedback for process improvement to Administration, to document compliments and to allow formal complaints to be registered. The oversight of this process rests with the Board of Trustees who has delegated the administration of the process to the Administrative Team.

POLICY:

Employees and other hospital customers are encouraged to report problems using the "Tell Us" form. Administration will assure follow-through on identified problems.

EQUIPMENT AND SUPPLIES: Not applicable

PROCEDURES:

A "Tell Us" Form may be completed by any employee, volunteer, patient, guest or physician who identifies an opportunity to correct a deficiency or improve a process. They can also be used by nursing staff or others to express concerns about professional practice issues without fear of retribution. These forms may also be used to provide patients the opportunity to log a written, formal complaint with the hospital. A formal complaint (i.e. CMS grievance) will be defined as any issue that has not been resolved by those caring for the patient at the time or a complaint made in writing by the patient. A CMS defined grievance requires a formal, written response to the patient or family in a time frame specified by CMS (see CMS Conditions of Participation for current requirements). The patient or family may contact the Virginia Health Quality Center (800-854-5244) or in writing at 9830 Mayland Drive, Suite J, Richmond, VA 23233 in addition to, or in lieu, of lodging a formal complaint with the hospital. Patients may also contact the Joint Commission on Accreditation of Healthcare Organizations or the State Health Department if they choose to do so. Patients will be notified of this right in the Patient Guide distributed upon admission. Staff members who receive a complaint should use the "Tell Us" forms to document issues. They are available in each department or can be obtained in the Quality Resource Management Department (see attached form).

When this form is completed, it should be forwarded to the QRM Department and assigned an identifying number, obtained from the tracking data- base, to allow tracking to resolution. The "Tell Us" form is then rated and an assignment for follow-up made. Copies of compliments will be sent to those persons mentioned and will be considered closed at that point.

Upon receipt of a form, managers are responsible for investigation of cause, taking corrective action to eliminate the problem. The completed form will be sent to QRM in 14 days. If the form documents a formal complaint, the patient or family will receive a response verbally and in writing addressing their complaint. Managers should address patient complaints in less than the allotted 14 days when possible. Responses to patients and families should include a contact person for the hospital and means of contacting them so that follow-up questions may be asked when needed.

Forms returned to the QRM department will be prioritized and reviewed for the appropriate action planning.

QRM will assign follow-up actions as needed and assure that actions taken were appropriate. The QRM department will follow up to see that the corrective action has effectively resolved the issue.

For the purpose of providing feedback, a copy of the form with the action plan will be provided to the person who originated the recommendation.

A quarterly summary of activity will be reported to the Quality Council. At this point, a problem solving team may be assigned to address any recurring problems. "Tell Us" forms and a tracking database will be considered the records which will be maintained for at least three years.

Employees will be trained on the "Tell Us" form system in orientation.

REFERENCE SOURCES:

CMS Guidelines

FORMS:

"Tell US" Form QRM0809184F1D

APPROVING SIGNATURES:

Signature on file

09-14-2009

CHIEF NURSING OFFICER

DATE

DEVELOPED: January 1998
FILE ADDRESS: A: QRM
Policies disk 1 TRACKING
NUMBER: QRM0806184ADM

Tell Us !!

For use by employees, physicians, volunteers, patients, and the general public.

We want to hear!

Use this form to report anything you believe the hospital needs to know.

It could be exceptional performance by a staff member, it could be a complaint, an error, omission or delayed service, a system that seems to not be working, or an idea you have on how we could improve. Patients who feel their issues have not been addressed may contact the Virginia Health Quality Center at (804) 289-5320 or by writing to 4510 Cox Road Suite 400 Glen Allen, VA 23060

Name of person completing form: _____ Date: _____

Tell us your thoughts.....

Use this section when applicable; otherwise, leave blank.

Patient Name: _____ Room _____
Physician: _____ Number: _____ Date _____

I reported this patient situation to: _____

I gave a copy of this form to: _____ Date given: _____
Charge Nurse/Department Manager
Department Manager

For Department Manager Use Only Describe possible causes of this situation and any follow-up action taken:

Feedback Given to Patient by _____ Date Given: _____
Manager Signature Date

Completed form is to be returned to QRM within 14 days of receipt.

For ORM Office Use Only Rating: _____

Feedback Given to Originator by _____ Date Given: _____

Follow-up Date: _____ Completion Date: _____

ADMINISTRATIVE

Variance Reporting

PURPOSE:

To define the process of recording and reporting any incident that could result in injury to a patient, employee, volunteer, guest or physician.

POLICY:

Employees are required to report any incident that occurs in the hospital or at outlying locations. Variance reports will be considered confidential.

EQUIPMENT AND SUPPLIES:

Not applicable

PROCEDURES:

Anyone identifying a situation where an injury or the potential for an injury has occurred is responsible for completing a Variance Report. If the situation involves a patient, the employee will notify the attending physician. If an injury to a patient is suspected, the patient will be evaluated for vital signs, visible injury and pain. Physician orders will be followed for care after an injury or suspected injury. Follow-up care for an injury or medical error will be documented in the patient record.

After completion of the form, the employee should present the report to the Quality Resource Management Department where a tracking number will be assigned from the database. The Quality Resource Manager will rate the variance using the hospital's rating scale for severity referenced in the Corrective and Preventative Action policy and procedure and forward to the appropriate manager. The responsible manager will complete the Corrective Action portion of the Variance Report and sign to indicate knowledge of the situation. Managers are responsible for investigation and follow-up as appropriate, submitting the completed form to QRM in 14 days. The manager is to return the Variance Report to the QRM department within 24 hours if the incident involved an employee injury.

The QRM Manager will be responsible for conducting an investigation to determine any liability and contact will be made with the Corporate legal department when appropriate. A Probable Claim Report will be filed if there is potential for any legal action against the hospital or staff.

Action plans will be tracked to conclusion and closed in the database upon completion.

Examples of situations which would warrant a variance report are as follows:

- A patient or employee fall
- Any injury to an employee, patient, volunteer, guest or physician
- Any treatment which is determined to have caused or could cause injury or require additional treatment to correct
- The failure of a piece of equipment while in use or when initiated for use on a patient
- Theft or loss of property
- Any accidental exposure to blood or body fluids through a splash or needle stick

Variance Reports will be tracked and trended through the Meditech Risk Module and the QRM Database.

A monthly summary of activity will be reported to the Quality Council. At this point, a problem solving team may be assigned to address any recurring problems. A manager may be asked to report the result of his or her findings and plans to the Quality Council.

REFERENCE SOURCES:

Corporate Risk Management Department 2009

Joint Commission of the Accreditation of Healthcare Organizations 2009

FORMS: Variance Report Form (QRM0809101F1GS)

APPROVING SIGNATURES:

Signature on file

08-18-2009

CHIEF EXECUTIVE OFFICER

DATE

Signature on file

08-14-2009

QUALITY RESOURCE MANAGER

DATE

VARIANCE REPORT

--

Patient Variance

Employee Injury

DOB:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F
DATE:	TIME:
MEDICAL RECORD#:	
SSN:	
NAME:	

PATIENT LABEL

A. INDENTIFICATION: (Check) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> ER <input type="checkbox"/> Visitor <input type="checkbox"/> Employee
B. DUTY SHIFT: (Check) <input type="checkbox"/> 7-3 <input type="checkbox"/> 3-11 <input type="checkbox"/> 11-7
C. DATE OF OCCURANCE:
D. LOCATION: (Specify)
E. FACTS OF THE INCIDENT RECORDED ON MEDICAL RECORD? <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable
F. REFERRED FOR TREATMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other
G. TREATMENT GIVEN BY: <input type="checkbox"/> Physician <input type="checkbox"/> Emergency Department <input type="checkbox"/> Employee Health
H. TYPE OF INCIDENT: (Use code in Section N on other side)
I. WAS STAFFING AN ISSUE? STAFFING RATIO (MGR.)

I. BRIEF OBJECTION DESCRIPTON: (Should be factual information only)

_____	_____
Person Completing Report	Witness(es)

J. INVESTIGATION OF CAUSE AND CORRECTIVE ACTION TAKEN: (This section must be completed.)

_____	_____
Manager Signature	Date

ADMINISTRATIVE SUMMARY
SEVERITY:
IP: <input type="checkbox"/> OP: <input type="checkbox"/>
UNIT:

SERVICE:
ACTION PLAN:

K. NATURE OF INJURY; (Check one)

<input type="checkbox"/> Abrasion, Bruise, contusion	<input type="checkbox"/> drug overdose	<input type="checkbox"/> internal injury	<input type="checkbox"/> skin irritation
<input type="checkbox"/> aggravation of pre-exit, cond.	<input type="checkbox"/> decubitus ulcer	<input type="checkbox"/> laceration	<input type="checkbox"/> vascular impairment
<input type="checkbox"/> allergic reaction	<input type="checkbox"/> amputation	<input type="checkbox"/> wound disruption	<input type="checkbox"/> concussion
<input type="checkbox"/> myocardial infarction	<input type="checkbox"/> electric shock	<input type="checkbox"/> back injury	<input type="checkbox"/> injection site injury
<input type="checkbox"/> visual loss impairment	<input type="checkbox"/> fracture	<input type="checkbox"/> phlebitis	<input type="checkbox"/> puncture
<input type="checkbox"/> neurological impairment	<input type="checkbox"/> infiltration	<input type="checkbox"/> burn	<input type="checkbox"/> pulmonary embolism
<input type="checkbox"/> drug reaction/toxicity	<input type="checkbox"/> respiratory impairment	<input type="checkbox"/> sprain/strain	<input type="checkbox"/> deterioration of mental status
<input type="checkbox"/> infection/contagious disease	<input type="checkbox"/> other	<input type="checkbox"/> unable to determine	<input type="checkbox"/> none, not applicable

L. Severity of Injury: (Check One)

<input type="checkbox"/> No apparent injury	<input type="checkbox"/> Death
<input type="checkbox"/> Minor	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Major	<input type="checkbox"/> Unable to determine

M. PHYSICAL FACILITY, EQUIPEMNT, OR SUPPLIES: (Check One)

<input type="checkbox"/> Not involved	<input type="checkbox"/> electrical device	<input type="checkbox"/> Medication Flow Sheet	<input type="checkbox"/> restraints
<input type="checkbox"/> bathroom	<input type="checkbox"/> exam table	<input type="checkbox"/> Nursing Care Plan	<input type="checkbox"/> side rails
<input type="checkbox"/> bed	<input type="checkbox"/> floor	<input type="checkbox"/> Oxygen/other gases	<input type="checkbox"/> tub/shower
<input type="checkbox"/> cart/stretchers	<input type="checkbox"/> hallway	<input type="checkbox"/> parking lot/sidewalk	<input type="checkbox"/> x-ray equipment
<input type="checkbox"/> chair/wheelchair	<input type="checkbox"/> lab equip/supplies	<input type="checkbox"/> pharmacy supplies	<input type="checkbox"/> other
<input type="checkbox"/> crutches/walker	<input type="checkbox"/> lightening		

N. TYPE OF INCIDENT (Please check appropriate category below)

<input type="checkbox"/> Left AMA or LWCT		<input type="checkbox"/> Assault
<input type="checkbox"/> Incorrect Billing		<input type="checkbox"/> Employee Injury
<input type="checkbox"/> Failure to Properly Communicate		<input type="checkbox"/> Chemical Exposure
<input type="checkbox"/> Patient or Visitor Fall	Witnessed: Y _____ N _____	<input type="checkbox"/> Diet Incorrect
<input type="checkbox"/> Employee Fall	Witnessed: Y _____ N _____	<input type="checkbox"/> Needle Stick
<input type="checkbox"/> Equipment Failure		<input type="checkbox"/> Blood/Body Fluid Exposure
<input type="checkbox"/> Order Missed		<input type="checkbox"/> Late or Missing Report
<input type="checkbox"/> Order not followed		<input type="checkbox"/> Safety Violation
<input type="checkbox"/> Loss or Breakage of Patient Items		<input type="checkbox"/> Physician Issue
<input type="checkbox"/> Treatment Performed Incorrectly		<input type="checkbox"/> Lack of Adequate Supplies

Personal Physician

Time and Date Notified

Attending Physician Comments:

LEWISGALE HOSPITAL—PULASKI ·
PULASKI, VIRGINIA 24301

SURGICAL SERVICES

CO2 LASER USE IN THE OPERATING ROOM

PURPOSE:

To provide guidelines for laser use and a safe laser environment for staff and patients.

POLICY:

The guidelines and procedures for test firing and use of the CO2 Laser will be followed. The CO2 Laser will be test fired each day prior to use.

EQUIPMENT AND SUPPLIES:

CO2 Laser
Safety Glasses
Micromainpulator
Handpiece

PROCEDURES:

Preparation:

Obtain key

Post wave-length specific sign on all entrances into the room.

Doors must remain closed.

Check all electrical cords including foot pedal for frays or breaks in the insulation.

Check footswitch cable connection to assure correct placement into the labeled receptacle on the rear of the console.

Plug laser in.

For laproscopic cases check gas level on CO2 tank; if level below 0, reorder new tank from General Stores. (Maintenance will change tanks.) Open CO2 tank, set flow at 0.5L (range 0.5L – 1.0L), never exceed 1.0L.

Handpiece:

Place lens in top of handpiece.

Case of lens: Lens should never be autoclaved or soaked in disinfectant.

Manufacturer's recommendations for care and cleaning will be followed.

Test Firing and Usage:

Make sure laser eyewear is on.

Turn the keyswitch on the front panel to the "S" (Start) position

The systems status display will read SYSTEM TEST, then PLEASE WAIT, while the laser system performs a power self-check routine. When the self-check is complete, the laser will go into STAND-BY status and the status display will read STAND-BY. Report to the OR Coordinator or to the manager any problems noted with the laser. (Appendix D contains a brief troubleshooting chart for problems that may occur.

Appendix E contains an alphabetical listing of all messages that may appear in the status display. See Operators Manual.)

The red HeNe aiming beam should now be seen exiting the laser arm or attached accessory.

Push the READY/STAND-BY push button. The test above the button should illuminate and the status display should read READY: At this point, the CO2 laser is activated and stepping on the foot switch will produce laser output on the distal end of the laser arm, handpiece or accessory. When the system is not being used, return it to STAND-BY status by pressing the READY/STAND-BY button.

Perform the beam coincidence test: The beam coin-test is STRONGLY advised prior to each surgical procedure.

Beam Coincidence Test:

This test should be done before using the handpiece, micromanipulator, or another delivery accessory. This test should be done with the accessory to be used for the procedure.

WARNING: Failure of the coincidence test is an indication of optical misalignment in the accessory, the laser column, or in the articulating arm.

Materials Required: tongue depressor 150mm handpiece or accessory moistened towel.

Plug in laser and attach the accessory to the articulated arm.

Turn on the gas purge.

Set the laser power to 10 watts

Set the pulse duration at 0.1 second.

Set the HeNe knob to medium intensity.

Moisten the tongue depressor. Position the handpiece so that its prongs are just touching the tongue blade or other accessory. You should be able to see the HeNe beam on the tongue blade.

WARNING: The CO2 laser beam is capable of burning through the tongue depressor. Place a wet towel behind the tongue blade before performing the test.

Push the OPERATE/STAND-BY button to put the laser system into operation.

Laser energy will be emitted each time the footswitch is depressed.

The burn spot produced by the CO2 laser on the tongue blade should overlap the center of the HeNe beam by 50% or more. If the burn spot on the tongue blade overlaps less than 50% or if it misses the center of the HeNe beam entirely, the CO2 HeNe beam coincidence is unacceptable. Do not use the laser system!

Report to the OR Coordinator or manager.

Micromanipulator:

Follow the manufacturer's instructions on care, cleaning and use.

Finish Use Procedure:

Disable the laser

Turn key counter clockwise, and ALWAYS remove the key and place in designated area.

REFERENCE SOURCES:

1995 Operators Manual, Laser Sonics Heraeus Surgical Inc.

FORMS:

Perioperative Laser Safety Check ListSS157F1D

APPROVING SIGNATURES:

Signature on file	11-08-2011
Chief Nursing Officer	Date

Signature on file	11-02-2011
Director of Surgical Services	Date

Signature on file	11-02-2011
Laser Safety Officer	Date

LEWISGALE HOSPITAL—PULASKI .
PULASKI, VIRGINIA 24301

ADMINISTRATION

PARKING REGULATIONS

PURPOSE:

To specify employee responsibility regarding parking on hospital property.

POLICY:

Employees are to park in the hospital parking lots designated for employees and are not to park in the areas designated for patients and visitors.

EQUIPMENT AND SUPPLIES:

Not applicable

PROCEDURES:

Employees are expected to park only in spaces, which are not designated for patients and visitors.

All parking spaces reserved for patients and visitors are marked.

Students and interns working at the hospital are not allowed to park in patient/visitor parking. Hospital volunteers are encouraged to park in employee parking; however, if necessary, they may park in patient/visitor parking.

Handicapped employees with appropriate approval may park as necessary in handicapped parking.

No employee, student, or volunteer is to park in any parking designated as physician, clergy, or otherwise so designated.

REFERENCE SOURCES: Not applicable

FORMS: Not applicable

APPROVING SIGNATURES:

Signature on file 04/30/002
CHIEF EXECUTIVE OFFICER DATE

Signature on file 04/23/2002
DIRECTOR OF HUMAN RESOURCES DATE

DEVELOPED : September 1995
FILE ADDRESS : A: HR
Policies disk 1 TRACKING
NUMBER : HR0402701ADM

Standard Precautions/Blood borne Pathogens

This hospital in an effort to protect all persons who work here and in compliance with the OSHA Standard on blood borne pathogens, utilizes Standard Precautions with all patients. Standard Precautions means taking precautions to prevent contact with blood and body fluids with every patient regardless of diagnosis or knowledge of the patient. These precautions have been developed to help prevent the transmission of blood borne pathogens such as Hepatitis B, the Human immunodeficiency Virus (HIV), and hepatitis C.

Hepatitis B, HIV, and Hepatitis C have been known to be transmitted through contact with blood and other body fluids in a health care setting. Hepatitis B may cause liver cancer, liver failure, or cirrhosis. A vaccine for Hepatitis B is available and employers should offer every employee that has a risk of contact with blood and body fluids this vaccine. This vaccine is offered free of charge to PCH employees in “at risk” positions. The Hepatitis B virus may survive up to one month on environmental surfaces. It may be transmitted in a healthcare setting by needle sticks, splashes, or contact with blood or body fluids on open skin breaks.

The HIV virus is much more fragile and only lives for a short time in the open environment, but a number of healthcare workers have been infected with the HIV virus in the workplace. One of the most dangerous exposures is a deep needle stick from a hollow bore needle that has been in an artery or vein. HIV infection usually results in AIDS, which causes a severely compromised immune system with resulting susceptibility to a variety of infections. There are treatment options available for HIV infection, but there is not yet a cure or a vaccine.

Hepatitis C has only recently been identified as a significant threat. In the community, Hepatitis C is very prevalent among IV drug users. Statistics show that 90% of persons who use IV drugs for six months will be infected with Hepatitis C. It can also be transmitted by blood transfusions before adequate testing was begun. Persons with hepatitis C may not develop symptoms for ten or even twenty years after exposure, so they may not know of their infections. However, they are very likely to go on to develop cirrhosis, liver cancer, or liver failure. There is not a vaccine available for hepatitis C, but research is being done to develop effective treatment and hopefully, a cure.

How should Standard Precautions be carried out in practice?

1. Gloves should be worn on both hands for anticipated contact with blood, mucous membranes, non-intact skin and body substances with all patients. Gloves should be changed between patients and after each task involving blood and body fluids.
2. Healthcare personnel are advised to observe Droplet Precautions (wear a mask) and hand hygiene when examining and caring for patients with signs and symptoms of a respiratory infection.
3. Gloves should be worn when the worker has cuts, scratches, or other breaks in the skin or when working with uncooperative patients.
4. Hands and other surfaces must be washed immediately and thoroughly, if contaminated with blood and/or body fluids. Hands should be washed immediately after removing gloves. Hand Sanitizers should be used when your hands need to be cleaned, but they are not visibly soiled.
5. Gloves should never be reused, but disposed of after use in regular trash, unless significantly soiled with blood or body fluids. If significantly soiled, place used gloves in a red, biohazard container.
6. Mask and eye protection (e.g. goggles or face shield) should be worn if spraying or splashing is likely with certain procedures or if a patient is uncooperative or combative.
7. Water resistant isolation gowns are available if soiling of clothes or uniform with blood and body fluids is likely.
8. Ambu-bags and oral airways are available on all crash carts to minimize the need for direct mouth to mouth resuscitation.
9. All sharp items (needles, scalpel blades, stylets, glass, etc.) must be handled with extreme caution and disposed of in the designated puncture resistant sharps containers located on the wall in each patient room.

10. Contaminated needles should never be recapped, bent, broken, or removed from syringes by hand.
11. Blood spills should be reported to housekeeping for immediate clean up with the approved hospital disinfectant.
12. All exposures to blood or body fluids should be reported immediately to the employee's supervisor with follow-up according to the employer's policy.
13. All patient specimens are to be considered bio-hazardous and placed inside a plastic biohazard bag before sending to the laboratory.
14. All soiled linen, including linen soiled with blood and body fluids, should be placed in the blue bags marked Soiled Linen.
15. All personnel involved in the care of or having knowledge of HIV positive patients must observe patient confidentiality. Virginia Law established a \$5,000 civil penalty against persons for willful or grossly negligent unauthorized disclosure of HIV test results.

2013 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. 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.

Get important test results to the right staff person on time.

Find out which patients are most likely to try to commit suicide.

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

Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

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

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

Use proven guidelines to prevent infection after surgery.

Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Make sure that the correct surgery is done on the correct patient and at the correct place of on the patient's body.

Mark the correct place on the patient's body where the surgery is to be done.

Pause before the surgery to make sure that t mistake is not being made.

Hospital Map



Entrances & Public Areas

- Emergency Entrance
- 1** Main Entrance
- 2** Cancer Care Center Entrance
- 3** Cardiac Rehab Entrance
- 4** Outpatient Surgery Entrance
- 5** Physician Practice – Orthopedics Entrance
- Public Restrooms
- Vending Machines
- Cafeteria
- Elevator to Human Resources

Patient Parking

Waiting Areas

- 1** Outpatient Services Waiting Area
- 2** Cancer Care Center Waiting Room
- 3** ICU Waiting Room
- 4** Outpatient Surgery Waiting Area
- 5** Radiology Waiting Area
- 6** Emergency Dept Waiting Room

Departments

- | | |
|----------------------------|--|
| 1 Information Desk | 11 Occupational Medicine |
| 2 Cancer Center | 12 Cardiac Rehabilitation |
| 3 Intensive Care Unit | 13 Physician Practice – Neurology & Neurosurgery |
| 4 Outpatient Surgery | 14 Wound Care |
| 5 Radiology | 15 Physician Practice - Orthopedics |
| 6 Emergency Department | 16 Emergency Department Registration/Admissions |
| 7 Surgical Services | 17 Administration |
| 8 Skilled Nursing Facility | 18 Registration for Outpatient Services & Admissions |
| 9 Medical/Surgical Unit | 19 Health Information Management |
| 10 Laboratory | 20 Physical Rehabilitation |
| | 21 L. Brinkley Eure Educational Building |

Legend: Diagnostic & Treatment Administrative Inpatient Support

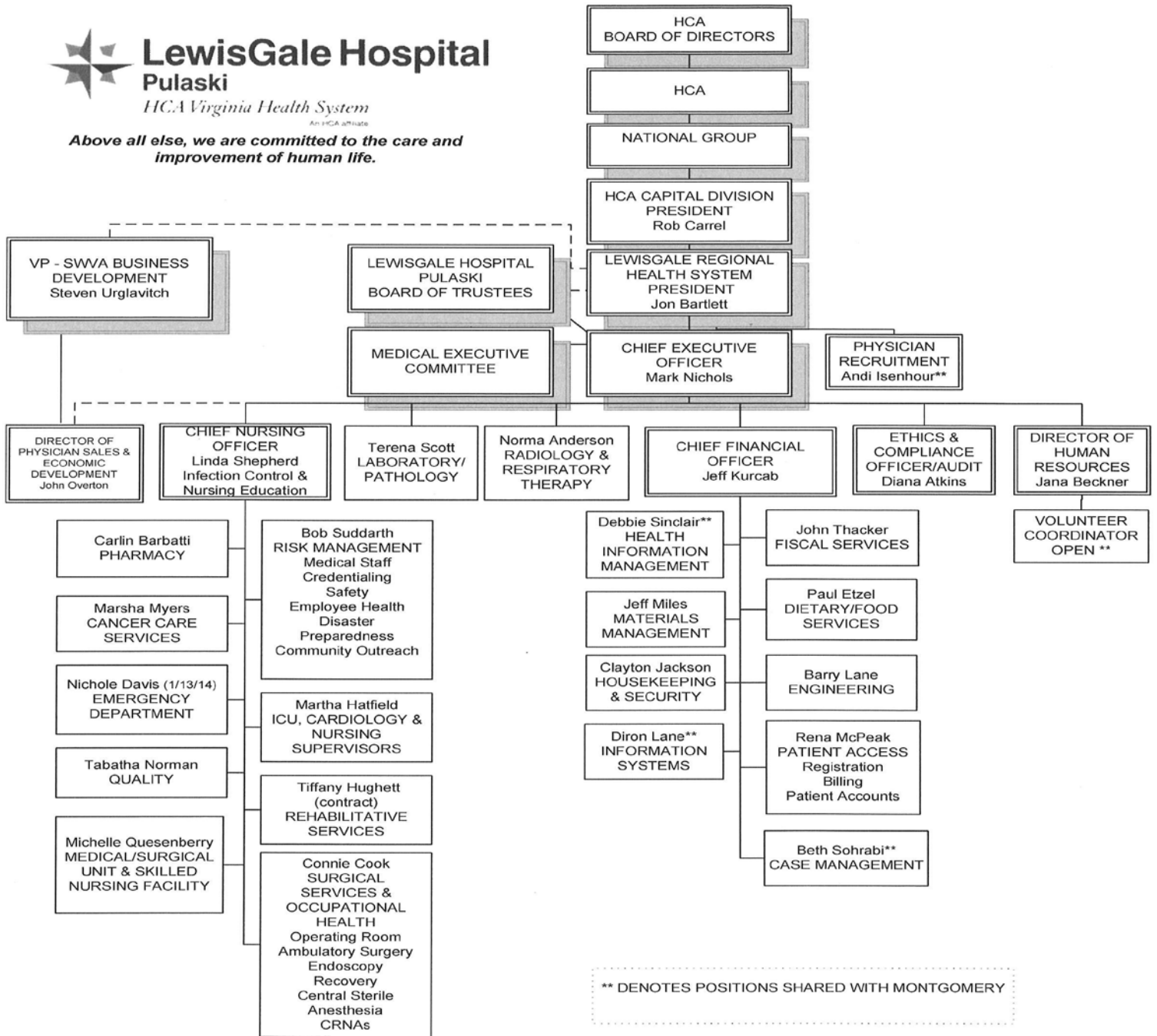




LewisGale Hospital Pulaski

HCA Virginia Health System
An HCA affiliate

Above all else, we are committed to the care and improvement of human life.



** DENOTES POSITIONS SHARED WITH MONTGOMERY



LewisGale Hospital

Pulaski

HCA Virginia Health System

An HCA affiliate

eDHP Vendor Coordinator at LGHP

Bob Suddarth, Director of Education & Credentialing

Robert.suddarth@hcahealthcare.com

540-994-8359

Supply Chain

Jeff Miles, Director of Supply Chain

Jeff.Miles@Parallon.com

540-994-8541

Christy Smith, Engineering & Supply Chain Administrative Support

Christy.Smith@HCAHealthcare.com

540-994-8550

Human Resources

Jana Beckner, HR Director

Jana.beckner@hcahealthcare.com

540-994-8576

Susie Melvin, HR Generalist

Regina.Melvin@hcahealthcare.com

540-994-8419

Shana Swecker, HR Specialist

Shana.Swecker@HCAHealthcare.com

540-994-8414

LGHP Policy & Procedure Link:

<https://hca-lgh-pulaski.policystat.com/>



To access eDHP, use the link below

<https://staffrx.app.medicity.net/StaffDHP.Net/Default.aspx?HCANetwork=true>

If you have not previously logged into eDHP, you will use the following:

User Name = E-mail address

Initial PW = is a combination of your date of birth and last four digits of your SSN in the following format:
yyyymmdd#### (Example-198305251234)

Please contact the PWS Service Desk at (855)727-2967 if you need assistance logging into eDHP.



HCA

DEPARTMENT: Legal	POLICY DESCRIPTION: Virginia False Claims Statutes Policy
PAGE: 6 of 3	REPLACES POLICY DATED: 1/1/07, 9/1/07, 2/10/09, 1/1/10
EFFECTIVE DATE: September 1, 2013	REFERENCE NUMBER: LL.VA.001
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All employees and, as defined below, contractors or agents of Company-affiliated facilities in the Commonwealth of Virginia, including but not limited to, hospitals, ambulatory surgery centers, outpatient imaging centers, home health agencies, physician practices, service centers, and all Corporate Departments, Groups, Divisions and Markets.

PURPOSE: The purpose of this policy is to comply with certain requirements set forth in the Deficit Reduction Act of 2005 with regard to federal and state false claims laws.

POLICY: Company-affiliated facilities in Virginia must ensure that all employees, including management, and any contractors or agents are educated regarding the federal and state false claims statutes and the role of such laws in preventing and detecting fraud, waste, and abuse in federal health care programs.

FALSE CLAIMS LAWS

One of the primary purposes of false claims laws is to combat fraud and abuse in government health care programs. False claims laws do this by making it possible for the government to bring civil actions to recover damages and penalties when healthcare providers submit false claims. These laws often permit qui tam suits as well, which are lawsuits brought by lay people, typically employees or former employees of healthcare facilities that submit false claims.

There is a federal False Claims Act and a Virginia state version of the False Claims Act. Under the federal False Claims Act, any person or entity that knowingly submits a false or fraudulent claim for payment of United States Government funds is liable for significant penalties and fines. The fines include a penalty of up to three times the Government's damages, civil penalties ranging from \$5,500 to \$11,000 per false claim, and the costs of the civil action against the entity that submitted the false claims. Generally, the federal False Claims Act applies to any federally funded program. The False Claims Act applies, for example, to claims submitted by healthcare providers to Medicare or Medicaid.

One of the unique aspects of the federal False Claims Act is the "qui tam" provision, commonly referred to as the "whistleblower" provision. This allows a private person with knowledge of a false claim to bring a civil action on behalf of the United States Government. The purpose of bringing the qui tam suit is to recover the funds paid by the Government as a result of the false claims. Sometimes the United States Government decides to join the qui tam suit. If the suit is ultimately successful, the whistleblower who initially brought the suit may be awarded a percentage of the funds recovered. Because the Government assumes responsibility for all of the expenses associated with a suit when it joins a false claims action, the percentage is lower when the Government joins a qui tam claim.

However, regardless of whether the Government participates in the lawsuit, the court may reduce the whistleblower's share of the proceeds if the court finds that the whistleblower planned and initiated the false claims violation. Further, if the whistleblower is convicted of criminal conduct related to his role in the preparation or submission of the false claims, the whistleblower will be dismissed from the civil action without receiving any portion of the proceeds.

The federal False Claims Act also contains a provision that protects a whistleblower from retaliation by his employer. This applies to any employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against in his employment as a result of the employee's lawful acts in furtherance of a false claims action. The whistleblower may bring an action in the appropriate federal district court and is entitled to reinstatement with the same seniority status, two times the amount of back pay, interest on the back pay, and compensation for any special damages as a result of the discrimination, such as litigation costs and reasonable attorneys fees.

A similar federal law is the Program Fraud Civil Remedies Act of 1986 (the "PFCRA"). It provides administrative remedies for knowingly submitting false claims and statements. A false claim or statement includes submitting a claim or making a written statement that is for services that were not provided, or that asserts a material fact that is false, or that omits a material fact. A violation of the PFCRA results in a maximum civil penalty of \$5,000 per claim plus an assessment of up to twice the amount of each false or fraudulent claim.

Virginia has a state version of the False Claims Act that generally mirrors the federal False Claims Act. The actions that trigger civil penalties under the Virginia Act are identical to those of the federal False Claims Act. The Virginia False Claims Act also has a whistleblower provision. Like the federal False Claims Act, the Virginia law includes provisions to prevent employers from retaliating against employees who report their employer's false claims.

The Commonwealth of Virginia has also adopted several other false claims statutes that are intended to prevent fraud and abuse as it relates to any department or agency of the state, including the Virginia Medicaid program. These laws generally prohibit the filing of any false or fraudulent claim or documentation in order to receive compensation from the Virginia Medicaid program.

REPORTING CONCERNS REGARDING FRAUD, ABUSE AND FALSE CLAIMS

The Company takes issues regarding false claims and fraud and abuse seriously. The Company encourages all employees, management, and contractors or agents of the Company's affiliated facilities to be aware of the laws regarding fraud and abuse and false claims and to identify and resolve any issues immediately. Issues are resolved fastest and most effectively when given prompt attention at the local level. The Company, therefore, encourages its affiliated facilities' employees, managers, and contractors to report concerns to their immediate supervisor when appropriate. If the supervisor is not deemed to be the appropriate contact or if the supervisor fails to respond quickly and appropriately to the concern, then the individual with the concern should be encouraged to discuss the situation with the facility's human resources manager, the facility's ECO, another member of management, or with the Company's Ethics Hotline (1-800-455-1996).

Employees, including management, and any contractors or agents of Company-affiliated facilities should be aware of related facility policies regarding detection and prevention of health care fraud and abuse. These policies and procedures can be accessed on Atlas, the Company's Intranet site, or the Company website at www.hcahealthcare.com. The following are some of the policies that are

relevant to this policy and to the prevention and detection of fraud and abuse: (1) EC.025-Reporting Compliance Issues and Occurrences to the Corporate Office Policy; (2) REGS.BILL.005-Confirming and Processing Overpayments; (3) REGS.GEN.001-Billing Monitoring; and (4) RB.009-Error in Reporting.

DEFINITION:

Contractor or **agent** includes any contractor, subcontractor, agent, or other person which or who, on behalf of the facility, furnishes, or otherwise authorizes the furnishing of Medicaid health care items or services, performs billing or coding functions, or is involved in monitoring of health care provided by the facility.

PROCEDURE:

Facility responsibilities include, but are not limited to:

Ensuring that all employees, including management, and any contractors or agents of the facility, are provided with this policy, within 30 days of commencing employment or contractor status.
Ensuring that the facility's employee handbook, if one exists, includes a detailed summary of this policy.

REFERENCES

1. Va. Code Ann. §§ 8.01-216.1, *et seq.*
2. Va. Code Ann. §§ 18.2-498.3, 32.1-312, 32.1-314, 32.1-319, 32.1-349, 32.1-350, and 63.2-522
3. 31 U.S.C. §§ 3801-3812
4. 31 U.S.C. §§ 3729-3733
5. Deficit Reduction Act of 2005, Sections 6031, 6032
6. HCA Code of Conduct, "Resources for Guidance and Reporting Concerns"

Contract Staff Orientation - LewisGale Medical Center

Welcome to LewisGale Medical Center!

LewisGale Medical Center (LGMC) is located in Salem, VA, and is one of four medical centers within the LewisGale Regional Health System (LGRHS). <http://lewisgale.com/>

Leadership team:

- LGRHS President and LGMC Chief Executive Officer – Jon Bartlett, (540) 776-4101
- LGRHS Chief Nursing Executive – Charlotte Tyson, (540) 776-4100
- Chief Financial Officer – Angela Reynolds, (540) 776-4101
- Chief Operating Officer – Bill Caldwell, (540) 776-4100
- Ethics & Compliance Officer – Robert Marmmerstein, (540) 776-4968
- LGRHS Facility Information Security Officer – Nick Reed, (540) 776-4947
- Facility Privacy Officer – Nita Wilhelm, (540) 776-4156
- LGRHS Vice President, Human Resources – RJ Redstrom, (540) 776-4142
- LGRHS Vice President, Quality / Risk Management – Carol Landry, (540) 776-4896
- Director of Security / Plant Operations – Bobby Baker, (540) 776-4015
- Risk Manager – Amy Ferguson, (540) 776-4164
- Manager of Medical Staff Services (credentialing) – Dawn Beauprez, (540) 776-4583

Safety Codes: Dial 3333 to reach the PBX Operator in an emergency.

Code Blue – Adult Respiratory / Cardiac Arrest

Code Blue Pediatric – Pediatric Respiratory / Cardiac Arrest

Code Red – Fire

Code Strong – Violent Patient

Code Green – Security Threat - Limit Building Access

Code Purple – Security Threat – Extremely Violent Situation

Code Grey – Bomb Threat

Code Yellow – Hostage Situation

Code Pink – Pediatric Abduction

Code Black – Disaster / Emergency

Code Black Weather – Weather Alert

Code Orange – Hazardous Material Emergency

Code Silver – Capacity / Surge Issues

Code White – Infrastructure / Utilities Failure

Code 9 – Evacuation

Code 7 – Elopement

Code Heart Alert – Cath / Heart Attack

Code Stroke Alert – Stroke

Virginia False Claims Law Summary

One of the primary purposes of false claims laws is to combat fraud and abuse in government health care programs. False claims laws do this by making it possible for the government to bring civil actions to recover damages and penalties when healthcare providers submit false claims. These laws often permit qui tam suits as well, which are lawsuits brought by lay people, typically employees or former employees of healthcare facilities that submit false claims.

There is a federal False Claims Act and a Virginia state version of the False Claims Act. Under the federal False Claims Act, any person or entity that knowingly submits a false or fraudulent claim for payment of United States Government funds is liable for significant penalties and fines. The fines include a penalty of up to three times the Government's damages, civil penalties ranging from \$5,500 to \$11,000 per false claim, and the costs of the civil action against the entity that submitted the false claims. Generally, the federal False Claims Act applies to any federally funded program. The False Claims Act applies, for example, to claims submitted by healthcare providers to Medicare or Medicaid.

One of the unique aspects of the federal False Claims Act is the "qui tam" provision, commonly referred to as the "whistleblower" provision. This allows a private person with knowledge of a false claim to bring a civil action on behalf of the United States Government. The purpose of bringing the qui tam suit is to recover the funds paid by the Government as a result of the false claims. Sometimes the United States Government decides to join the qui tam suit. If the suit is ultimately successful, the whistleblower who initially brought the suit may be awarded a percentage of the funds recovered. Because the Government assumes responsibility for all of the expenses associated with a suit when it joins a false claims action, the percentage is lower when the Government joins a qui tam claim.

However, regardless of whether the Government participates in the lawsuit, the court may reduce the whistleblower's share of the proceeds if the court finds that the whistleblower planned and initiated the false claims violation. Further, if the whistleblower is convicted of criminal conduct related to his role in the preparation or submission of the false claims, the whistleblower will be dismissed from the civil action without receiving any portion of the proceeds.

The federal False Claims Act also contains a provision that protects a whistleblower from retaliation by his employer. This applies to any employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against in his employment as a result of the employee's lawful acts in furtherance of a false claims action. The whistleblower may bring an action in the appropriate federal district court and is entitled to reinstatement with the same seniority status, two times the amount of back pay, interest on the back pay, and compensation for any special damages as a result of the discrimination, such as litigation costs and reasonable attorney fees.

A similar federal law is the Program Fraud Civil Remedies Act of 1986 (the "PFCRA"). It provides administrative remedies for knowingly submitting false claims and statements. A false claim or statement includes submitting a claim or making a written statement that is for services that were not provided, or that asserts a material fact that is false, or that omits a material fact.

A violation of the PFCRA results in a maximum civil penalty of \$5,000 per claim plus an assessment of up to twice the amount of each false or fraudulent claim.

Virginia has a state version of the False Claims Act that generally mirrors the federal False Claims Act. The actions that trigger civil penalties under the Virginia Act are identical to those of the federal False Claims Act. The Virginia False Claims Act also has a whistleblower provision. Like the federal False Claims Act, the Virginia law includes provisions to prevent employers from retaliating against employees who report their employer's false claims.

The Commonwealth of Virginia has also adopted several other false claims statutes that are intended to prevent fraud and abuse as it relates to any department or agency of the state, including the Virginia Medicaid program. These laws generally prohibit the filing of any false or fraudulent claim or documentation in order to receive compensation from the Virginia Medicaid program.

REPORTING CONCERNS REGARDING FRAUD, ABUSE AND FALSE CLAIMS

The Company takes issues regarding false claims and fraud and abuse seriously. The Company encourages all employees, management, and contractors or agents of the Company's affiliated facilities to be aware of the laws regarding fraud and abuse and false claims and to identify and resolve any issues immediately. Issues are resolved fastest and most effectively when given prompt attention at the local level. The Company, therefore, encourages its affiliated facilities' employees, managers, and contractors to report concerns to their immediate supervisor when appropriate. If the supervisor is not deemed to be the appropriate contact or if the supervisor fails to respond quickly and appropriately to the concern, then the individual with the concern should be encouraged to discuss the situation with the facility's human resources manager, the facility's ECO, another member of management, or with the Company's Ethics Hotline (1-800-455-1996).

Employees, including management, and any contractors or agents of Company-affiliated facilities should be aware of related facility policies regarding detection and prevention of health care fraud and abuse. These policies and procedures can be accessed on Atlas, the Company's Intranet site, or the Company website at www.hcahealthcare.com. The following are some of the policies that are relevant to this policy and to the prevention and detection of fraud and abuse: (1) EC.025- Reporting Compliance Issues and Occurrences to the Corporate Office Policy; (2) REGS.BILL.005-Confirming and Processing Overpayments; (3) REGS.GEN.001-Billing Monitoring; and (4) RB.009-Error in Reporting.

New Hampshire Hospital Codes

- ❑ Code Red Fire
- ❑ Code Blue Medical (Cardiac arrest)
- ❑ Code White Internal / External Situation
- ❑ Code Black Bomb Threat
- ❑ Code Amber Missing Patient / Person
- ❑ Code Grey Violent / Combative Patient / Person
- ❑ Code Orange Hazardous / Radiological Incident
- ❑ Code Silver Hostage Situation /Active Shooter
- ❑ Code Purple Surge Capacity

Patient Rights and Mandatory Reporting

Patient's Bill of Rights

RSA 151:20

- Parkland Medical Center has a policy outlining rights and responsibilities of patients admitted
- Patients are treated in accordance with the policy
- Policy is provided to staff and they are trained
- Each patient is provided with a copy and PMC obtains written confirmation of receipt from the patient
- PMC has a policy to receive, investigate and resolve complaints made by or on behalf of patients, families or staff

Patient Rights and Responsibilities

- Establishes the rights and responsibilities of patients
- Establishes how patients are treated
- Posted in a public place and on Parknet
- Provided to patients on admission
 - Read to patients if they cannot read
 - Translated to patients if they do not speak or read English
- Available upon request at no cost

Patient/Family Complaint/Grievance Policy

- Patients are notified on admission
- Confidentiality is maintained
- Complaints are investigated with a response within 7 days
 - Patient are notified of extensive investigations with a written response within 21 days

Mandatory Reporting

RSA 161-F:46-48 and RSA 169-C:29-31

Protective Services to Adults

- Required to report any incapacitated adult who has been abused, neglected, self-neglected, exploited or is living in hazardous conditions
- Telephone report immediately to the Commissioner or authorized representative
 - Follow-up with written report when requested
 - Contact law enforcement after working hours, weekends and holidays
- Investigation by the Commissioner within 72 hours
- Immunity from liability for reports made in good faith
 - Civil and Criminal
- Privileged communication does not apply
 - Privileged healthcare communication not grounds for failure to report

Child Protection Act

- Required to report if you have reason to suspect a child has been abused or neglected
- Telephone report immediately to the Commissioner or authorized representative
 - Follow-up with written report within 48 hours when requested
 - Contact law enforcement after working hours, weekends and holidays
- Report should include
 - Name and address of the child
 - Person responsible for the child's welfare
 - Specific information indicating neglect or the nature and extent of injuries
 - Identity of the person or persons suspected of being responsible
 - Any other information that may be helpful in establishing abuse or neglect
- Immunity from liability for reports made in good faith
 - Civil and criminal

Indicators of Physical Abuse

- Bruises and/or welts
 - Shoulders, face, thighs, buttocks
 - Various stages of healing, clusters or in the shape of familiar objects
- Burns
 - Scalding, cigarette, iron or rope
- Cuts, lacerations, punctures or wounds
- Sprains, dislocations
- Fractures of the skull, nose or facial structures
- Broken bones
 - Inability to move a limb or various stages of healing
- Internal injuries

Indicators of Neglect

- Caretaker or responsible party fails to:
 - Wash, dress and provide personal care
 - Shop for food, prepare meals, feed the adult or child
 - Change linens so bed is soiled and/or urine soaked
 - Change position of bed bound individuals
 - Provide supervision, allowing adults with dementia to wander
 - Purchase and administer necessary medications properly

Indicators of Sexual Abuse

- Torn, stained or bloody underclothing
- Difficulty in walking or sitting
- Pain, itching, bruising or bleeding in genital area
- Unexplained venereal disease or genital infections

Indicators of Emotional Abuse

- Verbal harassment: yelling, ridiculing, berating
- Withholding food, money or mail
- Threatening harm
- Refusing to allow contact with friends or family
- Confining, locking in/out

Indicators of Exploitation

- Unexplained or sudden inability to pay bills, purchase food and other necessary items
- Inaccurate, confused or no knowledge of finances
- Disparity between income/assets and lifestyle
- Fear or anxiety when discussing finances
- Unprecedented transfer of assets to others
- Extraordinary interest by others in finances or assets

Indicators of Self-Neglect

- Evidence of poor hygiene
 - Matted or lice-infected hair
 - Soiled clothing
 - Odor or presence of feces/urine
 - Dirty nails/skin
- Dehydration, malnutrition
- Inadequate or inappropriate clothing for winter
- Hoarding
- Untreated medical condition and refusal to accept treatment
- Inability/refusal to take necessary medication
- Decubiti
- Inability/failure to pay bills
- Mental confusion

Contact

- **Bureau of Elderly & Adult Services (BEAS)**

8:30 – 4:30 Mon – Fri

Report Elder Abuse

(603) 271-7014

(603) 949-0470

Call 911 or the local police after hours, weekends or holidays

- **Child Protective Services**

8:00 – 4:30 Mon – Fri

Report Child Abuse

(603) 271-6562

(603) 894-5533

Call 911 or the local police after hours, weekends or holidays

Patient Rights and Responsibilities Policy

Reviewed, 2/2012

Parkland Medical Center Patient Care Manual			
Policy Title:	Patient Rights and Responsibilities		
Applies To:	Hospital-Wide		
Originating Department	Risk Management	Joint Commission Standards:	RI.01.01.01; RI.01.01.03; RI.01.02.01; RI.01.05.01; LD.04.02.03; PC.03.02.01; PC.02.02.13; IM.02.01.01; PC.01.01.01; RI.01.07.01; RI.01.06.03
Approved By:	Patient Care and Safety Medical Executive Committee Board of Trustees	Date:	March 2007
Reviewed/ Revised by:	Risk Manager	Date:	December 2009
Reviewed/ Revised by:	Risk Manager, Quality Director	Date:	Feb. 2012

PURPOSE:

To provide a statement about the rights and responsibilities of patients served by Parkland Medical Center and to describe the process for providing this information to patients.

POLICY:

1. Parkland Medical Center recognizes that patient rights and responsibilities rest in the principle of patient autonomy and an individual's physical, emotional and psychological integrity should be respected and upheld.
2. All registered inpatients and outpatients will receive information about their rights and responsibilities as patients.
3. Parkland Medical Center subscribes to the Patient's Bill of Rights established by the State of New Hampshire (NH RSA 151:21)
4. All employees of Parkland Medical Center are to respect the rights of patients and encourage patients in assuming their responsibilities.
5. Patient Registration will be responsible for the maintenance of written acknowledgement by the patient or person legally responsible that patient rights information has been received.

PROCEDURE FOR INFORMING AND IMPLEMENTING PATIENT RIGHTS AND RESPONSIBILITIES:

Patient Rights

Patients will receive the following information as established by the State of New Hampshire (NH RSA 151:21) and staff will encourage patients to exercise their rights and responsibilities:

1. The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure, status and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
2. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.
3. The patient shall be fully informed in writing in language the patient or his/her designee can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by Medicare or Medicaid shall also be included in this disclosure.
4. The patient shall be fully informed by a health care provider of his/her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record. Further, the patient shall be given the opportunity to participate in the planning of his/her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provider" means any person corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital, or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.
5. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment of the patient's stay, except as prohibited by the Title XAVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for Medicaid as a source of payment.
6. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and a citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
7. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried in accordance with the patient's rights under this subdivision and in conformance with state law and rules.

8. The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.
9. The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
10. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records is \$0.25 per page after the first 20 pages, which are free. Copies of filmed records such as radiograms, x-rays, and sonograms shall be available at a reasonable cost.
11. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.
12. The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
13. The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
14. The patient shall be entitled to privacy for visits and, if married, to share a room with his/her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.
15. The patient shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.
16. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.

17. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.
18. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.
19. The patient shall not be denied admission to the facility based on Medicaid as a source of payment when there is an available space in the facility.

Advance Directives

In addition, the patient will be advised of the following concerning the extent to which Parkland Medical Center provides for implementation of advance directives:

1. It is the policy of Parkland Medical Center to honor, in accordance with law, and adult patient's right to make decisions regarding treatment, including an adult patient's right to consent to, refuse or alter treatment plans and the right to formulate Advance Care Plans which will govern should the patient become incapacitated, and for advising the patient of his right to make advance health care decisions (NH RSA 137-H, 137-J).
2. Advance directives will be honored for outpatients at Parkland Medical Center when the department providing care has a copy of the legally executed advance directive available during the patient's visit to the department. Outpatients will be provided with information on advance directives and Parkland's policies concerning advance directives when requested and as appropriate to care, treatment and services provided (the Joint Commission).
3. Advance Directives will be followed by Parkland Medical Center to the extent permitted by state law. New Hampshire accepts living wills and similar instruments executed in other states and in compliance with the laws of those states as long as those instruments are consistent with the requirements of the laws of the state of New Hampshire (NH RSA 137-J:17).
4. The consent to withhold or withdraw life-sustaining treatment from a pregnant principal, unless, to a reasonable degree of medical certainty, as certified on the principal's medical record by the physician or ARNP and an obstetrician who has examined the principal, such treatment or procedures will not maintain the principal in such a way as to permit the continuing development and live birth of the fetus or will be physically harmful to the principal or prolong severe pain which cannot be alleviated by medication (NH RSA 137-J:10).
5. The withholding or withdrawing of medically administered nutrition and hydration or life-sustaining treatment from a mentally incompetent or developmentally disabled person, unless such person has a validly executed advance directive or such action is authorized by an existing guardianship or other court order, or such action is taken in accordance with the facility's standard protocol as applicable to its general patient populations (NH RSA 137-J:10).

HIPAA

Patients are advised their health information will be managed in accordance with federal Health Insurance Portability and Accountability Act (HIPAA) regulations. Patients have the right to access, request amendment to, and receive an accounting of disclosures regarding their own

health information and Parkland will support patients exercising their rights under these regulations as provided by law (see HIPAA Compliance policies).

Patient Right to Report Patient Care and Safety Issues to the Joint Commission

As a hospital accredited by the Joint Commission on Accreditation for Healthcare Organizations, Parkland Medical Center is committed to compliance with the high standards of the Joint Commission. As part of this commitment, Parkland encourages patients who may have concerns about patient care and safety at Parkland to call ext. 4226 inside the hospital and leave a message or from outside the hospital to call 432-1500 and ask to speak to Administration. If the concerns cannot be resolved through the hospital, the individual is able to contact the Joint Commission's Office of Quality Monitoring by either calling 1-800-994-6610 or e-mail complaint@jointcommission.org.

Patient Responsibilities

It has long been recognized that successful medical care requires an ongoing collaborative effort between patients and care providers. Care providers and patients are bound in a partnership that requires both individuals to take an active role in the healing process. Such a partnership does not imply that both partners have identical responsibilities or equal power. While care providers have the responsibility to provide health care services to patients to the best of their ability, patients have the responsibility to communicate openly, to participate in decisions about the diagnostic and treatment recommendations, and to comply with the agreed-upon treatment program.

Like patient rights, patient responsibilities are derived from the principle of autonomy. The principle of patient autonomy holds that an individual's physical, emotional, and psychological integrity should be respected and upheld. This principle also recognizes the human capacity to self-govern and choose a course of action from among different alternative options. Autonomous, competent patients assert some control over the decisions which direct their health care. With that exercise of self-governance and free choice come a number of responsibilities.

1. To the extent possible, patients have a responsibility to be truthful and to express their concerns clearly to their care providers.
2. Patients have a responsibility to provide a complete medical history, to the extent possible, including information about past illnesses, medications, hospitalizations, family history of illness, and other matters relating to present health.
3. Patients have a responsibility to request information or clarification about their health status or treatment when they do not fully understand what has been described.
4. Once patients and care providers agree upon the goals of therapy and a treatment plan, patients have a responsibility to cooperate with that treatment plan. Patients also have a responsibility to disclose whether previously agreed upon treatments are being followed and to indicate when they would like to reconsider a treatment plan.

5. Patients generally have a responsibility to meet their financial obligations with regard to medical care or to discuss financial hardships with their physicians.
6. Patient should discuss end-of-life decisions with their care providers and make their wishes known. Such a discussion might also include writing an advance directive.
7. Patients should be committed to health-enhancing behavior. Illness can often be prevented by a healthy lifestyle, and patients should take personal responsibility when they are able to avert the development of disease.
8. Patients should also have an active interest in the effects of their conduct on others and refrain from behavior that unreasonably places the health of others at risk. Patients should inquire as to the means and likelihood of infectious disease transmission and act upon that information which can best prevent further transmission.
9. Patients are encouraged to participate in medical education by accepting care, under appropriate supervision, from medical trainees. Consistent with the process of informed consent, the patient or the patient's surrogate decision maker is always free to refuse care from any member of the healthcare team.
10. Patients should discuss organ donation with their physician and, if donation is desired, make applicable provisions.
11. Patients should not initiate or participate in fraudulent health care and should report illegal or unethical behavior by physicians and other providers to the appropriate medical societies, licensing boards, or law enforcement authorities.

References

Comprehensive Healthcare Accreditation Manual for Hospitals, 2010, Joint Commission on Accreditation of Hospitals

NH RSA 151:21

NH RSA 137-H:14

HCA HIPAA Compliance Policies

AMA Patient Responsibilities. Issued June 1994 based on the report "Patient Responsibilities," adopted June 1993; Updated June 1998; December 2000, and June 2001.

**PARKLAND MEDICAL CENTER
POLICY AND PRODEDURE
SIGNATURE SHEET**

Title: Patient Rights and Responsibilities	
Effective Date: 2/2012	Next Review Date: 2/2014
Distribution:	Originating Dept(s): Quality
Patient Care Manual	
Infection Control Manual	
Human Resources	
Safety Manual	
Other:	
Attachments: None	
Original Issue Date: 1995	Policies Referenced: Advance Directives
Replaces Policies: None	
Committee Approvals:	
Committee	Date
Patient Care and Safety Committee	
Medical Executive Committee	
Board of Trustees	March 2007



New Hampshire Hospital Regulations Acknowledgement

By signing below, I attest to the following:

- I do not have a felony conviction in New Hampshire or any other state;
- I have not been convicted of a sexual assault, assault, other violent crime, fraud, abuse, neglect or exploitation or pose a threat to the health, safety or well-being of a patient;
- I have not had a finding by the Department of Health and Human Services or any administrative agency in New Hampshire or any other state for assault, fraud, abuse, neglect or exploitation of any person.

Employee Name (Print)

Employee Name (Signature)

Date

New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ **STATE** _____

PURPOSE FOR RECORD: Housing Employment Annulment/Expungement Other _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ **DATE** _____

Signed under penalty of unsworn falsification pursuant to NH RSA 641:3

SECTION II

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS _____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ **DATE** _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: A \$25.00 fee is required for each request- make checks payable to: State of NH – Criminal Records.

WELCOME TO TERRE HAUTE REGIONAL HOSPITAL

As Chief Executive Officer of Terre Haute Regional Hospital I am proud to work with so many caring and compassionate professionals who are dedicated to providing the highest quality and safest care for our patients. I hope that you find your employment here is meaningful, challenging and rewarding.

The commitment we make every day is to provide the highest quality and safest care to our patients – every patient, every time. As part of this commitment, we all need to have an ethical and compassionate approach to healthcare delivery and management. It is my challenge to you that as a member of our healthcare delivery family, you embrace our Mission, Vision and Values which are the basis of what we do every day for the patients and families of the Wabash Valley and West Central Indiana.

Mary Ann Conroy, CEO



Mary Ann Conroy, Chief Executive Officer



Tim Prestridge, Chief Operating Officer



Adam Martin, Chief Financial Officer



Angela Ellis, Chief Nursing Officer

HISTORY OF REGIONAL HOSPITAL

- In 1882, St. Anthony's Hospital was the only healthcare facility in the area and in 1975 renamed Terre Haute Regional Hospital
- In 1979, Terre Haute Regional Hospital was moved to current location
- 278 –bed community based medical center with comprehensive medical and surgical programs
- Regional Hospital is accredited by the Joint Commission
- The Paul Seibenmorgen Cancer Center at Terre Haute Regional Hospital was opened in May, 2010.
- Our Outpatient Therapy Department relocated to the Regional Pavilion in November, 2011.
- In 2012 the hospital was awarded Top Performer on Joint Commission Key Quality Measures. That puts us in the top 14% of all Joint Commission accredited hospital in the US!
- Community involvement is an important part of Regional Hospital
 - Screenings
 - Community education classes and seminars
 - Participation in community activities

MISSION AND VALUE STATEMENTS

Our promise is to provide the highest quality, compassionate care - for every patient, every time.

Our vision is to be the healthcare provider of choice for the Wabash Valley and the customers we serve. We're more than a hospital, we're a family!

ICare²

Integrity * Courage *
Accountability * Respect * Exceed Expectations

LET YOUR VOICE BE HEARD

WE WANT TO HEAR FROM YOU–

Below are some avenues if you have a question, concern or suggestion

- Speak with your immediate supervisor, manager or director of department
- Speak with Human Resources
- Speak with Administration
- Attend an Employee Advisory Group (EAG) meeting
- Send an email to “Employee Feedback” on eResources (this can be anonymous or not)

- Call the Ethics line at 1-800-455-1996

Launchpad Medi... CPN Inter... KRO... PLUS Law... Heal... SMA... Outi... User: Linda Harris

eResources - Microsoft Internet Explorer
http://thrh.atlas.medicity.net/ Live Search

File Edit View Favorites Tools Help

eResources

Suggestions are always welcome.

SUPPLIES

CLINICAL SITES

- Acumen Fresenius
- Antibigram
- Artemis
- Case Management Connection
- EBSCO Host
- ECI Portal
- ED Handoff Survey
- Fetal Monitoring
- Gold Standard Clinical Pharmacy
- Hope Center Webchart
- Imaging Patient Prep
- ISDH EARS
- Krames OnDemand
- Lifellet
- Lippincott's
- Lumedx
- IWR Imagecast
- PACS Digital Imaging
- PharmE® Waste Wizard
- Philips CVPACS Web Viewer
- Philips Tracemaster EKG
- Pharmacy Information Page
- TB Education
- Telemetry
- UDS-PRO Internet Site
- Ultraling
- UpToDate
- Varian Aria
- Visual DX

COMMUNICATION, SURVEYS AND CALENDARS

Mission
Our promise is to provide the highest quality, compassionate care for every patient, every time.

Vision
To be the healthcare provider of choice for the Wabash Valley and the customers we serve.

MISSION POSSIBLE

Service Excellence

Nurse Code State of Indiana

Hospital Main SharePoint Workspace

Education Corner

Education and Employee Health Calendar

Staff Governance

Journal Club

Language Services Workspace

HITECH Security Workspace

EMPLOYEE RESOURCES

- At Your Request Menu
- Cafeteria Menu
- Current Weather
- eSAF
- E-Stub On-Line Pay Information
- Faxed Orders
- Faxed Orders Pre-Operative Clinic
- Forms and Form Search
- Imaging Department
- Infection Control Page
- Internal Job Postings
- IT Dept Page
- Krames On Demand
- Notary List
- Physician Order Forms
- Policies and Policy Search
- PolicyStat
- PTAC Space
- Recall Notice
- Release of Information

Local intranet 100%

Start Inbox - Microsoft Outlook eResources - Microsoft I... N:\PRESENTATIONS\HR Microsoft PowerPoint - [...]

3:45 PM

Interpreter/Translator & Accommodating Individual with Special Needs

ADM.GEN.019

Terre Haute Regional Hospital will provide qualified sign/language interpreters and other auxiliary aids to sensory-impaired persons, where necessary, to afford such persons an equal opportunity to benefit from the services provided. This service is provided at no cost to the patient.

Any questions should be directed to the supervisor and/or Nursing Services ext. *71643.

Patient Rights & Responsibilities

IPC.SUP.001

Terre Haute Regional Hospital maintains that individuals hold basic rights for independence of expression and decision as well as action and concern for personal dignity and human relationships. During illness, accident, or sickness, these rights become a vital deciding factor in survival and recovery. THRH considers a prime responsibility the assurance that patients enjoy these rights.

THRH will comply with all local, state, and federal guidelines concerning patient security, privacy and confidentiality of information, and most specifically the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Visitors

ADM.GEN.018

- The purpose of this policy is to provide an environment that promotes healing and provides a positive experience for patients.
- The hospital allows the patient the right to choose who may visit them during their hospitalization.
- The hospital will not restrict the patient, limit or otherwise deny visitation privileges .
- The hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others rights, safety, or is medically or therapeutically contraindicated.
- A pass code number is given to each patient by Patient Access Services (PAS) for communication regarding the patient's care.
- Additional training will be provided during your initial department on boarding and annually by the Education Department.

Patient Population

Summaries of patient population for 2009 through 2013

Race	Caucasian
Gender	Female
Religion	None provided
Language	English

Interpreter Service

Call Nursing Services on ext. *71643
Utilize Language Services Workplace on e-resources:

The screenshot shows the 'Regional eResources' website. The browser window title is 'eResources - Microsoft Internet Explorer' and the address bar shows 'http://thrh.atlas.medcity.net/'. The user is identified as 'Linda Harris'. The website features a navigation bar with tabs for 'IT TM', 'IT Clarity', 'IT Threats', 'IT Remedy', and 'IT Dept'. The main content area is divided into several sections:

- Regional eResources** (Header)
- Questions or Comments?** (Text: "Please contact IT&S about this site. Suggestions are always welcome.")
- Navigation Buttons:** FIRE SECURITY, LEADERSHIP, WORK ORDERS, IT REQUESTS
- CLINICAL SITES:**
 - Fetal Monitoring
 - Gold Standard Clinical Pharmacy
 - Hope Center Webchart
 - ISDH EARS
 - Krames OnDemand
 - Lifellet
 - Lippincott's
 - PACS Digital Imaging
 - PharmE® Waste Wizard
 - Philips CVPACS Web Viewer
 - Philips Tracemaster EKG
 - Pharmacy Information Page
 - TB Education
 - Telemetry
- COMMUNICATION, SURVEYS AND CALENDARS:**
 - Nurse Practice Act
 - Hospital Main SharePoint Workspace
 - Education Corner
 - Education and Employee Health Calendar
 - Journal Club
 - Language Services Workplace** (indicated by a red arrow)
 - HITECH Security Workspace
- EMPLOYEE RESOURCES:**
 - At Your Request Menu
 - Cafeteria Menu
 - eSAF
 - E-Stub On-Line
 - Forms and Form Search
 - Imaging Department
 - Infection Control Page
 - Internal Job

The taskbar at the bottom shows the Start button, an Inbox, Lawson portal, eResources, and several local user folders. The system clock shows 3:30 PM on Friday, January 6, 2012.

Launchpad | Medi... | CPN | Inter... | KRO... | PLUS | Law... | Heal... | BMA... | Out... | User: Linda Harris

eResources - Microsoft Internet Explorer
http://thrh.atlas.medcity.net/ | Live Search

File Edit View Favorites Tools Help

eResources

COMMUNICATION, SURVEYS AND CALENDARS

- Fetal Monitoring
- Hope Center Webchart
- ISDH EARS
- Krames OnDemand
- Lippincott's
- PACS Digital Imaging
- Philips CVPACS Web Viewer
- Philips Tracemaster EKG
- Pharmacy Information Page
- TB Education
- Telemetry
- UDS-PRO Internet Site
- Ultraling
- UpToDate
- Visual DX
- Xplain

HCA CONNECTION

- Internal Transfers
- Atlas2
- Capital Division ED Wait Times
- Capital Division Admin Tracker
- Cultural Diversity
- eTran
- Employee Survey
- HCA
- Hope Fund
- HR Resource Center
- Lifetimes Connections
- Mycigna.com
- PMIS Application
- Provider Dictionary Team

PHYSICIAN INFORMATION

- Physician Orientation Site and Portal
- Physician Directory
- Physician ER Call Calendar
- Physician Meeting and Event Calendar
- Physician Privileges
- Physician Roster
- Advanced Practice Professional Roster
- Physician Bylaws
- Physician Rules and Regulations

PHYSICIAN INFORMATION

- Physician Orientation Site and Portal
- Physician Directory
- Physician ER Call Calendar
- Physician Meeting and Event Calendar
- Physician Privileges
- Physician Roster
- Advanced Practice Professional Roster
- Physician Bylaws
- Physician Rules and Regulations

APPLICATIONS

- Business Objects App

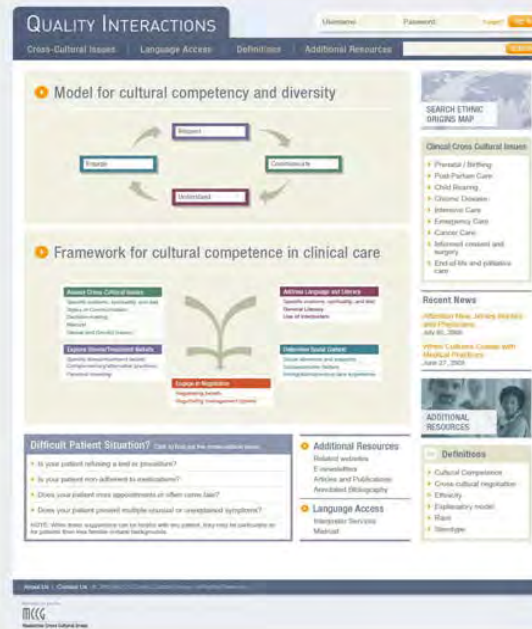
At Your Request Menu

- Cafeteria Menu
- eSAF
- E-Stub On-Line Pay Information
- Faxed Orders
- Forms and Forms Search
- Imaging Department
- Infection Control Page
- Internal Job Postings
- Krames On Demand
- Physician Order Forms
- Policies and Policy Search
- Recall Notice
- Toxic Ed Poison Info
- Risk Module Documentation
- Security Access Form
- Staff Call List
- Storeroom Item Locations
- Telephone Numbers

Local intranet | 100%

Start | Inbox - Microsoft O... | eResources - Mic... | Document1 - Micros... | Document2 - Micros... | \\thrhwpusr01\User... | Microsoft PowerPoi... | 10:26 AM

Decision Support Tool for Cross-Cultural Care

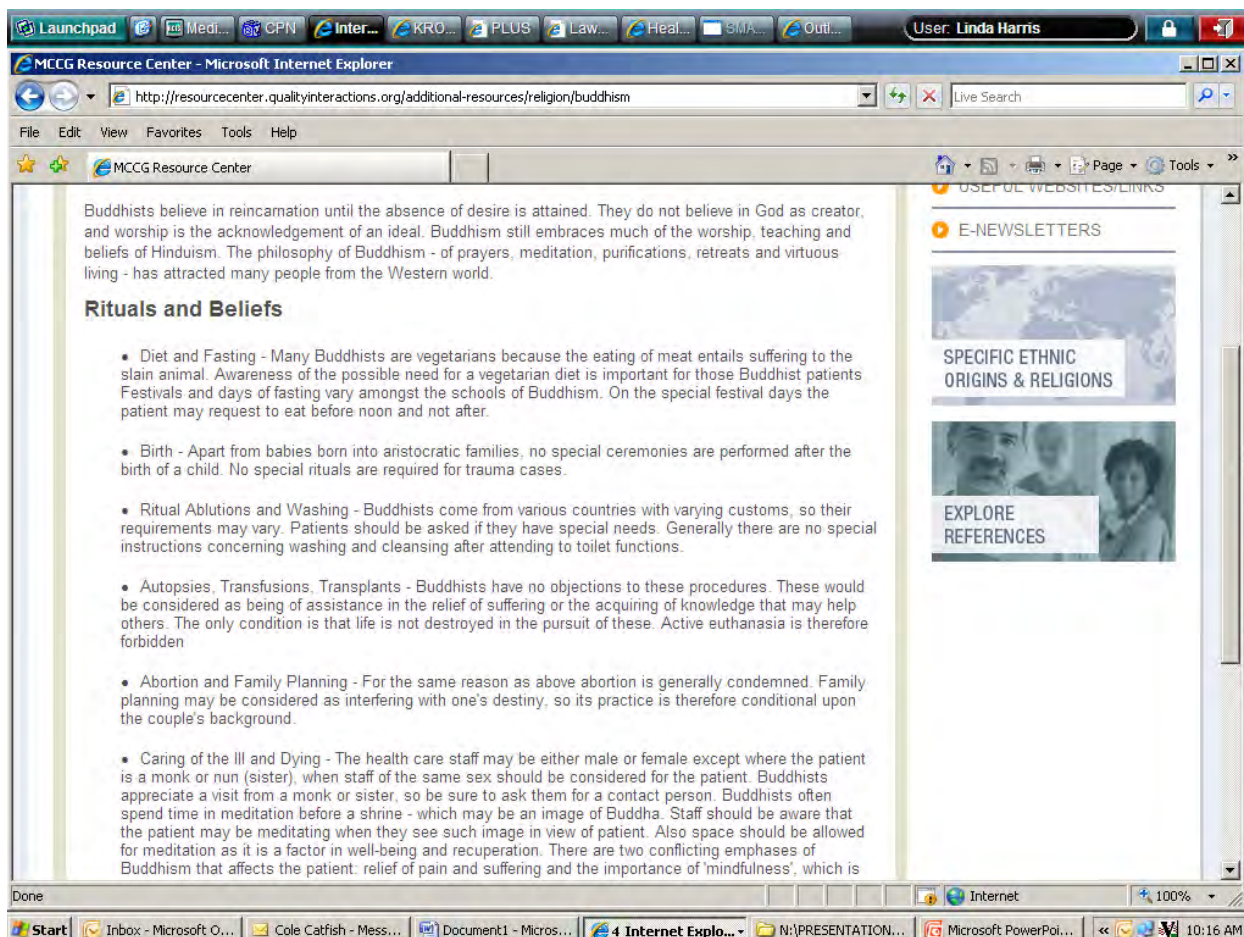


The screenshot displays the 'QUALITY INTERACTIONS' website interface. At the top, there is a navigation bar with links for 'Cross-Cultural Issues', 'Language Access', 'Definitions', and 'Additional Resources'. The main content area is divided into several sections:

- Model for cultural competency and diversity:** A circular diagram with four boxes: 'Patient', 'Provider', 'Community', and 'Environment', connected by arrows in a clockwise cycle.
- Framework for cultural competence in clinical care:** A central tree-like diagram with three main branches:
 - Assess Drive Cultural Issues:** Includes 'Identify community, ethnicity, and age', 'Assess for barriers', 'Assess for strengths', and 'Assess for cultural issues'.
 - Address Cultural Issues:** Includes 'Identify community, ethnicity, and age', 'Assess for barriers', 'Assess for strengths', and 'Assess for cultural issues'.
 - Engage in Response:** Includes 'Engage in response', 'Engage in response', and 'Engage in response'.
- Difficult Patient Situation?** A section with four bullet points:
 - Is your patient refusing a test or procedure?
 - Is your patient non-adherent to medications?
 - Does your patient miss appointments or other care?
 - Does your patient present multiple unusual or unexplained symptoms?

NOTE: When these symptoms can be linked with your patient, they may be indicative of a problem from their unique cultural background.
- Additional Resources:** Includes 'Related websites', 'Publications', 'Articles and Publications', and 'Relevant Bibliography'.
- Language Access:** Includes 'Interpreter Services' and 'Manual'.
- Definitions:** Includes 'Cultural Competence', 'Cross-cultural negotiation', 'Ethnicity', 'Epidemiology model', 'Race', and 'Stereotype'.

On the right side of the interface, there are additional features: 'SEARCH ETHNIC ORIGINS MAP', 'Clinical Cross Cultural Issues' (with a list of topics like Prenatal / Birthing, Post-Partum Care, Child Bearing, Chronic Disease, Intensive Care, Emergency Care, Cancer Care, Informed consent and surgery, End of life and palliative care), 'Recent News' (with two news items), and 'ADDITIONAL RESOURCES'.



Education in Cultural Diversity

During your training this week you will be assigned a course in HealthStream to complete. This training will be based on your position at the hospital (clinical or non-clinical). Training on Quality Interactions will be completed annually and competencies will be reviewed in your unit based on your job title.

Equal Employment Opportunity

HR.OP.014

Equal employment opportunities are provided to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with applicable federal laws. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, transfer, leaves of absence, compensation, and training. If employees experience any job-related harassment or believe that they have been treated in an unlawful, discriminatory manner, they should promptly report the incident to their supervisor, who will investigate the matter and take appropriate action. Employee may bypass their supervisor and report it directly to Human Resources or may call the Ethics Line at **1-800-455-1996**.

Social Media

ADM.HR.062

Employees who participate in social networking represent both themselves and HCA. Examples of social media include blogs, microblogs, wikis, virtual worlds, LinkedIn, Facebook, MySpace, Wikipedia, YouTube, Twitter and Flickr. HCA may monitor content on the web and reserves the right to remove posts that violate this policy. Failure to abide by the guidelines in this document may result in corrective action, up to and including termination of employment. Employees must remember the following when posting comments to social media sites:

- ▶ Ensure that no comment can be construed as derogatory.
- ▶ Do not post comments that could reflect poorly on you and the hospital.
- ▶ Social media sites are not an appropriate forum for personal complaints about supervisors, co-workers, patients or the hospital.
- ▶ Do not violate copyrights or trademarks.
- ▶ Think before you post. What you write is your responsibility, and so are any repercussions.
- ▶ If contacted by the media, refer them to the Marketing Department (Ann Marie Foote on ext.*72535 or Administration on ext. *71100.)



Smoking Guidelines

ADM.GEN.004

- ▶ The sale of tobacco products is prohibited in the hospital.
- ▶ Smoking by employees, visitors, outpatients, and minors is prohibited within the hospital, Professional Office Building, and hospital campus.

SMOKE FREE CAMPUS

Dress Code, Uniforms, Scrubs Policy

ADM.HR.005

- ★ Name badges must be worn at all times when on hospital premises. There is a \$20 charge for a lost badge.
- ★ Professional healthcare guidelines should be followed in regards to personal hygiene.
- ★ Jewelry should be conservative and discreet. No plainly visible body piercing jewelry is acceptable and must be concealed or removed while at work, with the exception of no more than two (2) sets of earrings worn in the ears only.
- ★ Plainly visible tattoos should not be displayed and must be concealed at all times.
- ★ Hair is to be clean, styled and of natural colors. Hairstyle and length must be professional. Within patient care areas, hair longer than shoulder length must be worn tied back, braided or contained.
- ★ Fingernails should be kept clean and neatly trimmed. Within patient care artificial nails or extenders are prohibited. Fingernail polish should be intact and not chipped or cracked.
- ★ Make-up should be conservative and in good taste. Perfume and after-shave must be worn sparingly and be of light scent. In patient care areas it should normally be avoided.
- ★ All employees and volunteers are expected to wear either the scrubs /uniforms required by their departments or professional dress
- ★ All employees in patient care areas are required to wear socks or hose.
- ★ Professional appearance must be maintained when on hospital premises. Casual clothing and other non-professional dress is not allowed (this includes, but is not limited to blue jeans, sweat shirts/pants, jogging sets, tank tops, t-shirts, shorts, revealing clothing, short skirts/dresses, flip flops, and casual sandals).
- ★ All employees wearing scrubs/uniforms must wear closed-toe shoes. Clogs /Crocs are allowed in patient care areas except for the Lab. Athletic shoes are not to be worn under the classification of professional dress.
- ★ Fridays are considered a business casual dress day for those wearing professional dress.
- ★ Guidelines for scrubs:
 - Scrub top and bottom must be the same color
 - Multi-color scrub jackets are acceptable as long as they are worn over a scrub top and bottom which are the same color.
 - If the scrub jacket is the same color as the scrub bottom then it may be worn in place of the scrub top, but must be fastened closed.
 - You may wear any color of t-shirt or turtleneck under the scrub top.
- ★ Employees and volunteers who fail to follow this Dress Code Policy will be counseled accordingly.

Substance Use in the Workplace

CSG.MM.002

HCA and Terre Haute Regional Hospital (THRH) are committed to providing a substance free work environment. The purpose is to prohibit inappropriate drug or alcohol use by employees in the workplace in order to prevent a threat to the quality of care we provide to patients, the safety of our workplace and a healthy work environment. Required Testing will be completed for:

- ▶ Pre-employment
- ▶ Reasonable suspicion
- ▶ After the discovery of any missing controlled substance
- ▶ Post Accident resulting in medical attention
- ▶ If an employee reports to work while on required call is under the influence of a substance

The Company recognizes that alcohol abuse, substance abuse, and addiction arise out of treatable illnesses. The company also realizes that early intervention and support improve the success of rehabilitation. We encourage employees to seek help by utilizing the services of qualified professionals in the community or by contacting the Employee Assistance Program (EAP).

An employee must notify his/her supervisor whenever he/she is taking a prescribed or over-the-counter drug that the employee has been advised will, or based upon the drug profile is likely to, impair job performance (e.g., drowsiness or diminished ability to focus).

It is the responsibility of each employee to adhere to this policy. Employees will be subject to discipline, including possible termination, if they violate this policy in any way.

Solicitation

ADM.HR.020

Employees may not solicit on hospital property for any purpose at any time. Employees may not distribute or post literature on hospital property for any purpose at any time. This includes selling, trading, or giving of personal items.

Persons not employed by the hospital may not solicit or distribute literature on hospital property at any time. Charitable/fund-raising events, such as bake sales, drawings, and raffles must be approved by HR and must be conducted during non-working time and in non-work areas. There is a request form attached to the policy that must be completed prior to the event.

Staff Rights

ADM.HR.039

An employee may be excused from participating in an aspect of patient's care or treatment in situations where the prescribed care or treatment presents a conflict with the employee's cultural values, sense of ethics, or religious beliefs.

The employee is to immediately notify his/her manager of his/her concerns and to request that he/she be excused from participating in a particular aspect of treatment/care of the patient. Employees may not impose their views on patients or other employees.

Harassment Policy

ADM.HR.014

Verbal, physical, or electronic conduct that shows hostility or aversion toward an individual because of the individual's status (race, color, gender, religion, national origin, age or disability) or has the purpose or effect of creating an intimidating, hostile or offensive work environment, interfering with an individual's work performance or adversely affecting an individual's opportunities will not be tolerated. Any employee has the option to call the Ethics Line at

1-800-455-1996 if the employee feels it is inappropriate to discuss the concern with hospital management.

It is the policy of THRH that its employees and their work environment be free from all forms of harassment and intimidation from co-workers, management, medical staff, physicians or others. Complaints will be promptly and thoroughly investigated in a timely and confidential manner.

Theft & Violence in the Workplace

SS.001

The work environment is to be free from the threat of violence and theft. All personal belongings should be protected by keeping them out of sight or inaccessible. The hospital is not responsible for the loss or theft of personal items. Supplies, equipment, material, or property belonging to the facility, other employees, patients, volunteers, contractors, visitors or customers may not be removed from the premises by an employee without authorization. Facility Administration has the authority to search any facility property (parking lots, offices, desks, file cabinets & lockers) or personal property which has been brought onto the premises (vehicles, handbags, briefcases, packages, & clothing). Weapons of any kind are strictly forbidden on the premises. Every specific or implied verbal or physical threat of violence, or act of violence will be treated seriously. Employees are asked to be alert to unauthorized persons in any area of the facility. Employees are urged to offer assistance in directing or escorting the person to his/her destination. All threats will be promptly investigated. Behavior that may be a sign of a potentially dangerous situation:

- ▶ Discussing weapons or bringing them to the workplace.
- ▶ Displaying overt signs of extreme stress or agitation.
- ▶ Making threatening remarks.
- ▶ Displaying irrational, intimidating, aggressive or inappropriate behavior.

STATEMENT OF COMPLETION FOR
CAPITAL DIVISION DHP GENERAL ORIENTATION

My attestation indicates that I *have* received training on the following and *have* been given the opportunity to ask questions. I understand that I may obtain more information by contacting the appropriate facility resource person.

- Introduction to HCA Capital Division / Division Mission / Vision statement
- General Information
 - Identification Badge
 - HCA Smoking Policy
 - Policy & Procedures - Compliance 360
 - Conflict Resolution
 - Occurrence Reporting
 - HCA Ethics / Code of Conduct
 - Performance Evaluations & Competencies
 - Fire Safety
- Equipment Safety
- Electrical Safety
- Back Safety
- Hazardous Materials SDS
- OSHA
 - Bloodborne Pathogens
 - PPE
 - TB
 - CDIFF
 - MRSA
- Disaster Preparedness
- HIPPA
- Cultural Competence
- Patient Safety
 - No Pass Zone
 - Fall Prevention
 - Verbal Orders
- Assessing and Managing Pain
- Reporting Care Concerns
- EMTALA
- Patient Rights
- Language Translation
- National Patient Safety Goals
- Infection Control Overview
 - Hand Hygiene
 - Fingernail Guidelines
- Signs of Abuse and Neglect
- Emergencies and Emergency Care
- Core Measures
- SBAR
- Key Words at Key Times
- Texas False Claims Act Summary
- General Emergency Codes Overview

**Please attest via your eDHP account <https://staffrx.app.medicity.net/StaffDHP.Net/>

2017 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

- NPSG.01.01.01 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 correct medicine and treatment.
- NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

- NPSG.02.03.01 Get important test results to the right staff person on time.

Use medicines safely

- NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.
- NPSG.03.06.01 Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

- NPSG.06.01.01 Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

- NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.
- NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.
- NPSG.07.05.01 Use proven guidelines to prevent infection after surgery.
- NPSG.07.06.01 Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks

- NPSG.15.01.01 Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery

- UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- UP.01.02.01 Mark the correct place on the patient's body where the surgery is to be done.
- UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.



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.