



ONE

Great Place to Work!



Dependant Health Professionals (DHP) Orientation Manual

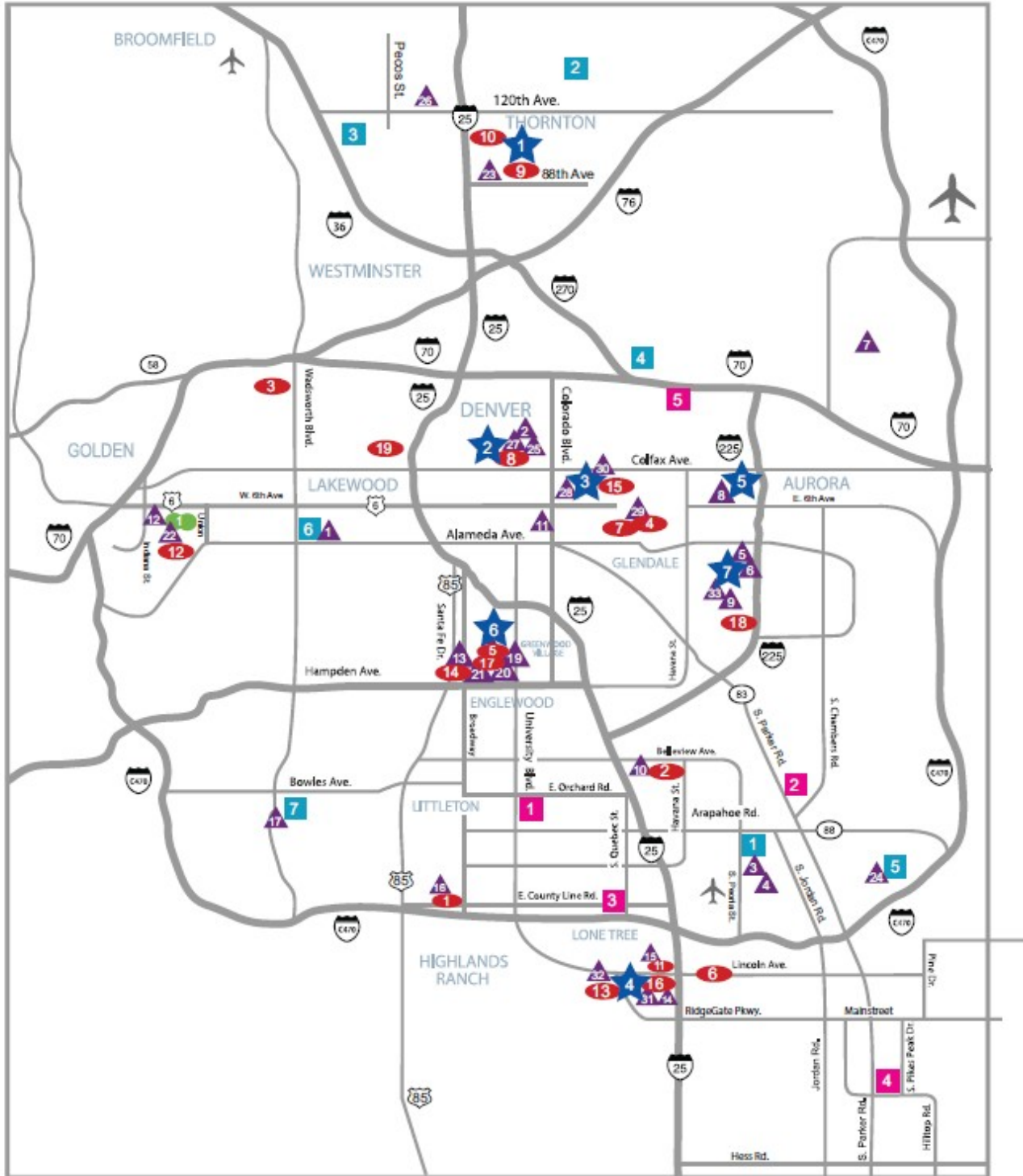


HealthONE



LEADING HOSPITALS.
TRUSTED CARE.

Dependent Health Professionals (DHP) Orientation Manual



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Hospital

1. North Suburban Medical Center & Rocky Mountain Hospital for Children at NSMC
2. Presbyterian/St. Luke's Medical Center: Rocky Mountain Hospital for Children at P/SL: & Spalding Rehabilitation at P/51..
3. Rose Medical Center & Rocky Mountain Hospital for at Rose
4. Sky Ridge Medical Center & Rocky Mountain Hospital for Children at Sky Ridge
5. Spalding Rehabilitation Hospital
8. Swedish Medical Center & Rocky Mountain Hospital for Children at Swedish
7. The Medical Center of Aurora & Rocky Mountain Hospital for Children at Aurora

Stand-Alone Ambulatory Surgery Centers

1. Clear Creek Surgery Center
2. Clear Creek Surgery Center
3. Denver Endoscopy Center
5. Focus Hand & Ann Surgery Center
6. Inova Surgical Center
7. YS. Surgery Center
8. Mi-Soig:cial Ce- G*
10. North & b..fban Surgery Center
11. Sky Ridge Surgery Center
12. Red Surgery
13. Ridge, Endoscopy Center
14. Ridge, Surgery Center
15. Ridge, Surgery Center
16. Ridge, Surgery Center
17. South Denver Endoscopy Center
18. Surgery Center of the Rockies
19. The Urology Surgery Center of Colorado

Free Standing Emergency Department

1. Clear Creek Medical Plaza
2. North Suburban ER
3. North Suburban ER
4. Rose ER
5. Sky Ridge ER
11. Bemar ER
7. Swedish ER

Radiation Oncology

1. Radiation Oncology at Sky Ridge

CareNow Urgent Care Clinics & Occupational Medicine

1. Orchard and University
2. Plover and Chambers
3. Quebec - Colorado
4. Pitier Read and Hltcip Ro.id
15.

Medical Imaging

1. Bemar ER (260 S Wadsworth Blvd)
2. Clear Creek Imaging - P/SL
3. Colorado Bte.ast Care at CenturUI
4. Centennial Outpatient Imaging
5. Colorado Advanced MRI (1444 S. Polomio St #110)
6. Colorado Breast Care at The Medical Center of Aurora
7. Grwn Valley Ranc:ti magiog
8. Inova The Medical Center of Aurora. North Campus
9. Inova Saly. -"8
10. Inova Saly. -Centron (Sun 300 E. :ZOOE & 124C)
11. Saly. -Cherry C<e8
12. Saly. -GaOI<n'l.a- (SuiOI t30)
13. In-Mlon Sily. - Plao
14. Sky Ridge C:..-
15. Inova Saly. Jobe Lone Tree
16. Inova Saly. - Sky Ridge
17. Inova Saly. - Sky Ridge
18. Inova Saly. Jobe at Swedish
19. Inova Saly. Centers at Swedish Medical Center (ellt E Hampden. St. i1e 100)
20. Inova Saly. Centers at Swedish Medical Center (ellt E. Hampden)
21. Inova Saly. - Sky Ridge
22. PET/CT Red
23. Inova Saly. - Sky Ridge
24. Inova Saly. - Sky Ridge
25. Outpatient Medical Imaging at P/SL
26. Inova Saly. - Sky Ridge
27. Inova Saly. - Sky Ridge
28. Inova Saly. - Sky Ridge
29. Inova Saly. - Sky Ridge
30. Inova Saly. - Sky Ridge
31. Inova Saly. - Sky Ridge
32. Inova Saly. - Sky Ridge
33. The Medical Center of Aurora

• Not in town on map



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CareNow.
Urgent Care

A
Rocky Mountain
Hospital for Children

INTRODUCTION



HealthONE Mission, Vision, and Values

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

Vision- *To bring exceptional health, to all human beings.*

Values-

Integrity: *Doing the right thing, even when no one is watching*

Compassion: *Be empathetic to the needs of others and sympathize with their situation*

Accountability: *Take ownership of how actions impact outcomes*

Respect: *Value others and embrace diversity*

Excellence: *Take personal pride in exceeding expectations*

Welcome and thank you for your interest in HealthONE 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. The beginning of the document will walk you through the basics of checking in and out for your shift. From there we will review the patient safety and regulatory requirements. At the back of the document, you will find facility specific information including maps and where to park! 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.

Thank you.

**GENERAL INFORMATION
FOR DEPENDANT HEALTH PROFESSIONALS**

Criteria	Description
<i>Location of parking facilities</i>	Please see map and description located under specific facility section at back of this document.
<i>First Shift Worked</i>	ALL DEPENDANT HEALTH PROFESSIONALS: HealthONE facility issued IDs must be worn at all times. Nursing units sign in and out of facility at the Nurse Staffing Office prior to reporting to the assigned unit. All other staff will sign in and out in their work area or staffing office.
<i>HealthONE Smoking Policy</i>	ALL HEALTHONE FACILITIES AND GROUNDS ARE TOBACCO-FREE, VAPING-FREE, AND MARIJUANA-FREE ENVIRONMENTS. Our tobacco free, vaping free, and marijuana free policies prohibit all health care members, customers and visitors from using tobacco products on HealthONE property. If you observe anyone using tobacco, vaping, or marijuana products while on campus, they should politely inform the individual of the policies. If the individual refuses to comply, become belligerent or agitated, you should notify their supervisor or Security.
<i>Policy and Procedures</i>	HEALTHONE POLICIES AND PROCEDURES CAN BE FOUND ON THE HEALTHONE FACILITY INTRANET. Should you have questions regarding access to these systems, please contact the Charge Nurse/Supervisor on your assigned department.
<i>Conflict Resolution Occurring in the Patient Care Setting</i>	Dependant Health Professionals should report incidences in a professional manner to the Charge Nurse, Supervisor, Manager, Director and/or Administrative Supervisor at the facility.
<i>Occurrence Reporting should be completed in Meditech QM/RM Module as soon as possible and/or within 24 hours of any safety events involving, or reported to the Charge Nurse/Supervisor.</i>	What is reportable? Preventable adverse events, near misses or close calls to our patients including injury or safety events (both actual and near misses) to employees and visitors.

Criteria	Description
<i>Occurrence Reporting Cont.</i>	<p>Standard Patient Notification Types that are available:</p> <ol style="list-style-type: none"> 1. Behavioral Issue 2. Blood Administration 3. Treatment Related or Medical Comp 4. Complaint / Privacy Issue 5. Fall 6. Infection Prevention Issues 7. Medication 8. Invasive Procedure 9. Patient Injury/Non-Procedural 10. Diagnostic 11. Property or Security 12. Equipment / Device 13. Perinatal 14. Patient Grievance
<i>Performance Evaluation</i>	<p>The HealthONE facility is responsible for completing a performance evaluation annually. Original evaluation forms remain at the facility. Dependant Health Professional staff is responsible to assure the evaluation form is completed and faxed to PWMS @ 913-345-9227.</p>
<i>Fire Safety</i>	<p>In the event of fire, all employees are to practice R.A.C.E. and P.A.S.S. as outlined below.</p> <p>R.A.C.E. R=Rescue any person who is in immediate danger. Close the doors to the area of the fire and adjacent doors to the area. A= Activate the nearest pull station or have someone do it for you. DIALS XXXX (check at the facility). Give your exact location, location of the fire, your name and if the fire is contained. C=Confine the fire by closing all doors and windows in the area. E=Extinguish the fire with a fire extinguisher if possible.</p> <p>P.A.S.S. P=Pull the pin on the Fire Extinguisher A=Aim the extinguisher nozzle or horn at the base of the fire. S=Squeeze or press the handle. S=Sweep the extinguisher side to side at the base of the fire until it goes out. Shut off the extinguisher. Watch for the Re-Flasher and reactivate the extinguisher if necessary.</p>

GENERAL INFORMATION

Equipment Safety

Always inspect equipment before use. DO NOT use the equipment if:

- Has a plug that does not fit properly in the outlet
- Feels unusually warm to the touch
- Smells like it is burning, makes an unusual noise
- Has a power cord longer than 10 feet
- Gives inconsistent readings
- Has a loose knob or switch
- Is missing a grounding pin on the plug
- Has a frayed cord.

The *Safe Medical Devices Act of 1990* is a federal law established to protect patients and/or staff from medical devices that may fail or cause injury. Medical devices include IV pumps, defibrillators, monitors, implantable devices, beds, syringes, bandages, wheel chairs, and almost anything used in patient care or diagnosis that is not a drug. A Medical Device Report (MDR) incident occurs when:

- A device contributes to or results in the death of a patient or staff member.
- A device causes or could potentially cause serious illness or life-threatening injury.
- A device causes permanent injury.

Electrical Safety

To prevent electrical injury, follow these simple safety rules:

- NEVER unplug an object by pulling on the cord
- Use only approved extension cords/ approved power strips
- Do not roll over cords with beds or equipment
- Do not use electrical equipment around water or fluid
- All electrical equipment brought in to the hospital needs to be inspected prior to use.

In the event of an electrical outage, hospitals have emergency generators that switch on automatically. Some of the overhead lights, elevators and outlets are connected to the emergency generator, but not all.

RED outlets are designated as the emergency outlets and are connected to the emergency generator. Only these outlets will function during an electrical outage. Essential equipment should always be plugged into these **RED outlets**. During an electrical outage, turn off or unplug all non-essential equipment to protect from power surges.

Back Safety

The following guidelines are designed to make safe use of the body as a lifting device:

- Assess your need for lifting assistance before starting
- Assure a firm footing and a clear path
- Tighten your stomach muscles

- Bend your KNEES, not your waist
- Hold the object close to your body
- Avoid twisting

Hazardous Materials- MSDS

Each person is responsible for knowing the chemicals used in a work setting. Even common substances such as bleach, cleaning supplies, mercury, and White Out can be considered dangerous. **Always read the label before use.**

Hazardous materials and waste should be kept in a clearly labeled container made of an appropriate material and stored in a cabinet or area approved for the material.

- Cleaners and disinfectants should not be stored in unmarked plastic spray bottles.
- Bio-hazardous (infectious) waste should be contained in red bags and placed in impervious plastic containers marked with the bio-hazardous symbol.
- If a chemical spill, exposure or poisoning occurs, the MSDS = Material Safety Data Sheet must be obtained. To obtain a MSDS any time of day, contact the 3E Company at 1-800-451-8346.

OSHA

BLOODBORNE PATHOGENS

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a likelihood of occupational exposure to blood or other potentially infectious materials. All contaminated items will be cleaned and disinfected with a hospital approved disinfectant before use on another patient. Spills of blood or body substances must be cleaned up immediately and the area disinfected with a hospital-approved disinfectant.

PROTECTIVE PERSONAL EQUIPMENT (PPE)

Gowns, gloves, masks, eyewear, and other protective apparel are available and must be worn whenever there is reasonable anticipation of exposure to blood or other potentially infectious materials. Clothing penetrated by blood or other potentially infectious materials must be removed immediately.

TUBERCULOSIS

Quick identification, evaluation and treatment of potential tuberculosis patients is essential to minimize exposure of other patients, staff and families. Patients with known or suspected TB must be kept in a negative pressure room and respiratory precautions maintained at all times. The door to the isolation room must be closed to maintain negative air pressure. All persons entering the room must wear a TB mask or respirator. Masks may vary from one facility to the next. Special fit testing and a fit check must be done before wearing the respirator. Please see facility Employee Health office or unit designee for fit testing.

CDIFF

Clostridium difficile [pronounced Klo-STRID-ee-um dif-uh-SEEL], also known as “*C. diff*” [See-dif], is a germ that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:

- Watery diarrhea

- Fever
- Loss of appetite
- Nausea Belly pain and tenderness

Who is most likely to get C. diff infection?

The elderly and people with certain medical problems have the greatest chance of getting *C. diff*. *C. diff* spores can live outside the human body for a very long time and may be found on things in the environment such as bed linens, bed rails, bathroom fixtures, and medical equipment. *C. diff* infection can spread from person-to-person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

What are some of the things that our hospitals are doing to prevent C. diff infections?

To prevent *C. diff* infections, healthcare providers should:

- **Clean their hands** with soap and water before and after caring for every patient. This can prevent *C. diff* and other germs from being passed from one patient to another on their hands.
- Carefully **clean hospital rooms and medical equipment** that have been used for patients with *C. diff*.
- Use **Contact Precautions** to prevent *C. diff* from spreading to other patients. Contact Precautions mean:
 - Whenever possible, patients with *C. diff* will have a single room or share a room only with someone else who also has *C. diff*.
 - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
 - Visitors may also be asked to wear a gown and gloves.
 - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.

MRSA

Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or “*Staph*” is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood. Antibiotics are given to kill *Staph* germs when they cause infections. Some *Staph* are resistant, meaning they cannot be killed by some antibiotics. “*Methicillin-resistant Staphylococcus aureus*” or “MRSA” is a type of *Staph* that is resistant to some of the antibiotics that are often used to treat *Staph* infections.

Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as “community-associated MRSA” infection, is available from the Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov/mrsa>

What are some of the things our hospitals are doing to prevent MRSA infections?

To prevent MRSA infections, healthcare providers should:

- **Clean their hands** with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully **clean hospital rooms and medical equipment**.
- Use **Contact Precautions** when caring for patients with MRSA. Contact Precautions mean:
 - Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
 - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.

Disaster Preparedness

HealthONE Facilities have developed and maintain emergency preparedness plans for events that may occur internal or external to the facility. Specific plans are available at each facility.

Critical components of the plans include:

- Communication Plans
- Direction of key personnel to specific areas or tasks
- Evacuation procedures
- Restricted access to the facility – Wearing your HealthONE issued ID badge is essential!

In the event of an internal or external disaster, please report to the unit/department supervisor, lead or Charge Nurse for direction.

HIPAA

Health Insurance Portability and Accountability Act of 1996, called HIPAA, is federal law enacted by Congress. It is healthcare reform and impacts all healthcare industries. Compliance to HIPAA is mandatory. Failure to comply may result in civil and criminal penalties. Health insurance plans, health care clearinghouses, physician offices, hospitals, clinics, and self-insured employers are examples of “covered entities” that must comply with HIPAA regulations.

Intent

HIPAA touches on many aspects of healthcare. This includes:

- Protecting health insurance coverage and improving access to care
- Reducing the incidence of fraud and abuse
- Improving the quality, efficiency, and effectiveness of healthcare
- Protecting privacy and security of patient health information
- Reducing healthcare administrative costs

How HIPAA Protects Patient Privacy

- Establishes standards giving patients new rights and protection against the misuse and disclosure of their health information
- Sets boundaries on others for the use and release of medical information Provides
- resources if privacy protections are violated, including civil and criminal penalties to those who knowingly violate HIPAA regulations.

You can learn more about health information privacy by going to the web site:
www.hhs.gov/ocr/hippa.

Information that HIPAA Protects:

- Protected Health Information (PHI) may be individually identifiable if any of the following are present:
 - Name
 - Address including street, city, county, zip and geo-codes
 - Names of relatives
 - Name of employers
 - Birth date
 - Telephone numbers
 - Fax numbers
 - Electronic e-mail addresses
 - Social security number
 - Medical record number
 - Health plan beneficiary number
 - Medical Records
 - Medical history interviews
 - Telephone calls
 - Vehicle license number, certificate, or other device serial number
 - Account number
 - Web Universal Resource Locator (URL)
 - Finger or voice prints
 - Photographic images
 - Any other unique identifying number, characteristic, code

What does this mean to the healthcare worker?

- Facilities must identify a process for patient's family members/friends, designated by the patient to obtain clinical information.
- You may still share information without patient authorization as it relates to TPO (Treatment, payment or business operations.)
- Required validation of fax numbers and pre-programmed fax numbers when possible, to ensure appropriate recipients for patient information.
- Additional safeguards to practice include the use of a 3/3 mnemonic, privacy screens, screens facing in to the nursing station, pre-programmed fax numbers, sign-in sheets with removable labels, and calling patients by only the first or last name in a waiting room.

Cultural Competence

The HCA Code of conduct defines cultural competence as “having the knowledge and ability to recognize and respond appropriately to our similarities and differences and use that knowledge and understanding to make better decisions. It’s a skill that all of us are responsible for developing.”

Culture is a system of shared beliefs, values and rituals that are learned and passed on.

Diversity is the condition of being different or having differences.

Respect is showing appreciation and regard for the rights, values and beliefs of others.

Cultural Competence is the development of skills for improving interactions across cultures. This requires an attitude of compassion, curiosity, and responsiveness to the needs, values, and expressed preferences of individuals. Culturally competent professionals see every cross-cultural interaction as an opportunity to learn about the cultures of others and to grow personally.

"Cultural competence" encompasses both interpersonal and organizational interventions and strategies for overcoming those differences.

Health care providers take many approaches to bridge barriers to communication that stem from racial, ethnic, cultural, and linguistic differences. Lack of awareness about cultural differences can make it difficult for both providers and patients to achieve the best, most appropriate care. When cultural perspectives or customs are not understood, conflicts can arise. Despite all our similarities, fundamental differences among people arise from nationality, ethnicity, and culture, as well as from family background and individual experiences. These differences affect health beliefs, practices, and behavior on the part of both patient and provider, and also influence the expectations that patient and provider have of each other.

Often in the medical community (and the community in general) there is lack of awareness of these differences and their impact. This most likely result from a combination of factors that may include:

- **Lack of knowledge** - resulting in an inability to recognize the differences
- **Self-protection/denial** - leading to an attitude that these differences are not significant, or that our common humanity transcends our differences
- **Fear of the unknown or the new** - because it is challenging and perhaps intimidating to get to understand something that is new, that does not fit into one's world view
- **Feeling of pressure due to time constraints** - which can lead to feeling rushed and unable to look in depth at an individual patient's needs

Research has shown that effective communication (including cross-cultural communication) is directly linked to improved patient satisfaction, adherence, and subsequently, health outcomes.

Cultural Considerations should include:

- Use of interpreters: – family may withhold important information
- Role of family: Numerous family staying with the patient
- Time Orientation: Specific prayer times
- Personal space: Can female patient have a male caregiver?
- Eye contact: Is it offensive to look the patient in the eye.
- Diet: Is pork or beef allowed.

PATIENT SAFETY

NO PASS ZONE

In order to support our clinicians in implementing intervention strategies, our HealthONE facilities have agreed to implement the "No Pass Zone" concept which reinforces that fall reduction is a responsibility of all you in the hospital. The concept is simple, if you should come across an unanswered call light, he/she must respond as appropriate and not pass up the

opportunity to assist the patient. This concept also supports our strategic initiative to improve staff responsiveness which is reflected in our satisfaction scores.

Purpose of “No Pass Zone” is to decrease falls, increase patient safety, increase patient satisfaction and experience and increase team work.

FALL Prevention

- Patients **at risk for fall** will be designated by the color yellow.
- Patients **at high risk for fall** should have the following
 - Low bed
 - Bed alarm
 - Chair alarm
- Educational materials regarding falls should be explained to the family when falls precautions are initiated and reinforced every shift.
- If your patient does experience a fall, the following should be documented:

Dependant Health Professional Expectations

- Always address an alarming call light, any alarming equipment and any patient request for help.
- Perform ongoing assessment and intervention (s) required for potentially unsafe situations.
- If you come across a patient need that you cannot address, notify the clinical staff and stay with the patient until additional staff arrives.

Verbal Orders

Verbal orders for medication and/or treatment shall be acceptable if dictated by duly authorized persons functioning within their scope of practice. In improving patient safety the communication of orders from a physician must be written on a Physician Order Sheet by the licensed person receiving the order, the date and time the order was received, the name of the physician and the name and title of the person writing the order. The licensed employee receiving the order must read back the verbal order to the physician to assure accuracy and safety for the patient. The order will then note verified and documented.

Assessing and Managing Pain

- All patients admitted to inpatient units and presenting to the emergency department will be assessed as to whether they are experiencing pain. Ambulatory patients need not be assessed for the presence of pain unless: pain is commonly associated with the condition for which they are seeking care, **or** pain may be induced by subsequent treatments or interactions (for example, patients undergoing an outpatient invasive procedure or potentially painful therapy).
- An age and ability-appropriate comprehensive initial pain assessment is conducted for any patient reporting or suspected of having pain. The details of the initial pain assessment may vary depending on the clinical presentation and setting.
- The intensity of a patient’s pain should be recorded using the age- and comprehension specific scales reflected in the facility’s current pain education program. It is acceptable to document the absence of pain without using a pain scale.
- Patient Education: When indicated by the patient’s condition or assessed needs, the patient and family/significant others will be educated in the risk for pain, the

- importance of effective pain management, the pain reassessment process, and methods for pain management.
- Pain is documented in the Meditech documentation system per the facility documentation policy.

Reasons for poor pain management

1. Lack of adequate assessment
2. Physician's under-prescribing pain medications
3. Nurses under medicating
4. Patient under-reporting pain

Comprehensive Pain Assessment

1. Intensity (using an age-appropriate pain scale when practical and available),
2. Site(s), and
3. Nature (e.g. dull, sharp, throbbing, stabbing, and radiating).
4. What increases or exacerbates the pain
5. What alleviates or decreases the pain

Reassessment of Pain (Evaluation)

1. At a minimum reassessment will be each shift.
2. With complaint of pain.
3. Following interventions intended to lessen the patient's pain, e.g. administration of pain medications, application of cold packs, or repositioning.
4. Within a clinically appropriate time frame (e.g. within a half hour of intravenous doses or within an hour of an oral dose). **Follow facility policy regarding reassessment documentation in Meditech.

Reporting Care Concerns to The Joint Commission

The Joint Commission standards provide for each accredited facility to educate its staff and patients on the following:

- Any employee, patient or concerned party who has concerns about the safety or quality of care provided in the hospital may report these concerns to The Joint Commission.
- No disciplinary or retaliatory action can be taken against an employee or patient when they do report safety or quality concerns to The Joint Commission.
- The Joint Commission's Office of Quality Monitoring is interested in the details of every complaint, although they cannot serve as complaint mediators, they can use the information provided to identify possible noncompliance with accreditation or certification standards.
- For direct resolution of any identified safety or quality complaint, you may want to bring your issue to the attention of the health care organization's leadership.

EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) was part of 1986 COBRA law. The purpose of the law was to prevent patient dumping because of inability to pay. EMTALA is a much larger scope. It applies to all individuals who present to the Emergency Department or anywhere in the hospital grounds and request examination and treatment of an

emergent medical condition. An appropriate medical screening examination must be performed by a qualified medical practitioner to determine if an emergency medical condition exists. A triage assessment by a nurse is not considered an appropriate medical screening examination. The patient must be seen by a qualified medical practitioner qualified to perform the medical screening examination. If a patient asks about insurance, payment or specific clinical services offered, tell the patient that our facilities will provide an appropriate medical screening examination and treatment regardless of the patient's ability to pay or insurance. If the patient has an emergency medical condition, there is a duty to stabilize the patient. If the patient is transferred, an appropriate transfer must be made. An appropriate transfer includes:

- Medical treatment to minimize any risks of transfer;
- The receiving facility accepts the patient prior to the patient leaving the hospital; transfer is effected with qualified personnel; appropriate transportation, and any medically appropriate life support measures or equipment;
- A memorandum of transfer is completed; and copies of all medical records relating to the patient's emergency condition available at the time of transfer are sent.

A supervisor must be notified of any patient transferring from our facilities to another outside facility and must be arranged through the HealthONE Transfer Center.

Patient Rights

All patient care and patient-related functions will be performed with an overriding concern for the patient and his dignity as a human being. Healthcare providers and service providers in the HCA Continental Division Health System Facilities will at all times and in all acts observe and respect the moral and legal rights of each patient as set forth in the Patient Bill of Rights. Each patient is provided with a written statement of patient rights and notice of privacy practices. These statements include the rights of the patient to make decisions regarding their medical care, the right to refuse and accept treatment, the right to informed decision making, and the patient's rights related to his or her health information maintained by the facility.

Language Translation/Sign Language

The HealthONE Facilities provide an environment that enables patients and individuals with special communication needs to fully and equally participate in and benefit from the services, education, facilities, privileges, and accommodations of our facilities. Each facility has the availability of language translation/sign language services at no cost for communication with our patients. Please review the facility specific policy regarding who to notify for accessing the appropriate translator.

Infection Control Overview

There is an effective HealthONE facility wide program for the surveillance, prevention and control of infection. A coordinated process is used to reduce the risks of endemic and epidemic hospital associated infections in patients and health care workers, which is based on sound epidemiologic principles and research. The key to reduce the spread of infection is the practice of hand hygiene. Wherever you work you can protect your patients and yourself from hospital acquired infections by washing your hands or using alcohol-based hand sanitizer.

Practice Hand Hygiene

WHAT: Soap and Water WHEN:

- Whenever hands are visibly soiled
- Before entering a room for patient care.
- Between Patient Contacts
- After touching environmental surfaces or equipment
- After sneezing, coughing, or blowing your nose
- After using the bathroom
- Before and after eating, handling food, or smoking

WHAT: Alcohol based Instant Hand Sanitizer WHEN:

- Before entering a room for patient care.
- Between patient contacts
- After touching environmental surfaces or equipment
- After sneezing, coughing or blowing your nose
- After using the bathroom
- Before and after eating, handling food, or smoking

National Patient Safety Goals 2017

Goal 1: Improve the accuracy of patient identification.

Policy: SRMC-FAC.RI.163

- Use at least 2 patient identifiers: patient name and date of birth, when administering meds, blood collecting samples and providing treatments. **Label in front of the patient. STOP** anytime the patient information doesn't match!
- With blood transfusions use a 2 person verification process with one person being the qualified transfusionist.

Goal 2: Improve the effectiveness of communication among caregivers.

Policy: SRMC-FAC.PC.251.5, FAC.PC.233, FAC.PC.298.3, FAC.IM.1002

- Communicate all critical test results to providers within 30 minutes and document in Meditech. Evaluate the timeliness of reporting.
- SRMC utilizes a standard "hand-off" approach by using SBAR for handoffs. Allow time for questions.
- White Board utilization, Bedside Report, No Passing Zone, Medication Side Effect Communication and Hourly Rounding are several tactics that our staff has implemented to improve communication.

Goal 3: Improve the safety of using medications and Medication Reconciliation.

Policy: SRMC-MM 8.00; MM 7.10; MM 3.00; MM 1.02; PHARTXM.004

- Always label medications, medication containers, or solutions on and off the sterile field in peri-operative and other procedural settings.
- Compare the home medication information with the medications ordered.
- 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.
- Medication Reconciliation should be performed on all patients on admission, with every transfer and at discharge and included in SBAR Hand-off.

Goal 6: Improve the safety of clinical alarm systems.

Policy: FAC.EOC.802

- Identify the most important alarm signals to manage based on: Input from staff, risk to patient, published best practices and need for alarms.
- Assess daily for continued need; Perform alarm hygiene on all monitored patients every shift or as needed.
- Alarm Algorithms are utilized by the Tele Techs for all telemetry or SpO2 alarms to improved response times.
- Leaders establish alarm system safety as a hospital priority.

Goal 7: Reduce the risk of healthcare associated infections.

Policy: SRMC-IC 1221; IC 1226; IC 1245; FAC.PC.1245; FAC.PC.305; FAC.PC.252

- Our Infection Preventionist monitors infections to watch for trends, issues, and special situations with active monitoring of MDRO (multidrug-resistant organisms) which includes MRSA, C-Diff and device related infections and surgical site infections.
- Patient Education has renewed effort with early Foley removal and surgical site care.
- Every CDiff order is reviewed by IP for appropriateness. The UVDI Robot is utilized by EVS to further decrease the spread of infection.

Goal 15: Identify safety risks inherent to its patient population.

Policy: SRMC-FAC.PC.210.1; FAC.PC.213

- An assessment which focuses on suicide risk is completed upon admission; patients on suicide prevention will have a 24/7 watch.
- A Suicide Safe Environment Readiness Checklist should be performed once per shift by nursing staff and sitter.
- Nursing staff or Security shall search and remove belongings of patients on strict suicide precautions and remove items deemed hazardous.
- When the patient leaves the care of Sky Ridge, suicide prevention information is provided to the patient and family.

Universal Protocol Policy:

SRMC-FAC.PC.284

- The Universal Protocol is mandatory in surgical departments or any area where invasive procedures are done - chest tubes, GI Lab procedures, etc.
- Time Out procedures include a briefing, a time out and a de-briefing. Conduct a pre-procedure verification process. Mark the procedure site.
- A physician-led time-out is performed immediately prior to starting ANY procedure, in ANY area of the hospital. Patients will be actively involved.



WELCOME TO SWEDISH

Swedish Medical Center is located in the south metro Denver area where it has been a proud member of the community for more than 100 years. Annually, Swedish cares for more than 200,000 patients with a team of 1,600 dedicated employees, 500 volunteers and more than 1,300 physicians. Swedish offers patients the highest quality care and the most advanced technologies and treatments in nearly every medical specialty.

FIND YOUR DOCTOR

Let us help you find a primary or specialty care provider for your family.

Contact us at www.swedishhospital.com or call **1-866-779-3347**.



CENTERS OF EXCELLENCE

TRAUMA AND BURN CENTER

- Level 1 trauma center for the south Denver metro area and the Rocky Mountain region
- Dedicated burn and reconstructive center includes comprehensive inpatient and outpatient services for adults and children

NEUROSCIENCES CENTER

- A leader in neurological disease treatment and trauma care
- Care for brain and spinal cord tumors, aneurysm and vascular disease, seizures and movement disorders
- Affiliation with the Colorado Neurological Institute for research, education and rehabilitation expertise

EMERGENCY SERVICES

- Three location with 24/7 services: Englewood, Lakewood and Littleton
- Pediatric services provided by experts from Rocky Mountain Hospital for Children

PREGNANCY AND CHILD BIRTH

- The Birthplace at Swedish featuring beautiful labor, delivery, recovery and postpartum (LDRP) suites for you to welcome your new family
- Rocky Mountain Hospital for Children Level III neonatal intensive care unit (NICU) to care for critically ill newborns

ORTHOPEDICS

- Center for Advanced Joint Reconstruction specializing in total joint replacement including ankle, hip, knee and shoulder
- Fellowship-trained specialists in orthopedic and pelvic trauma

STROKE CENTER

- Colorado's first Certified Stroke Center named by the Joint Commission
- Average arrival to treatment times are just 22 minutes, compared to national goal of 60 minutes
- Treating more patients throughout Colorado and the Rocky Mountain region than any other hospital

SARAH CANNON CANCER INSTITUTE AT SWEDISH

- Commission on Cancer accreditation
- Comprehensive services including brain & spinal cord, breast, gynecologic, liver & pancreas, skull base tumor, lung, prostate and skin cancers

HEART CENTER

- Cardiovascular care from leading experts
- Joint Commission certifications for coronary artery disease, heart attack care, coronary artery bypass graft and heart failure

THREE CONVENIENT LOCATIONS



LAKWOOD



260 WADSWORTH BLVD



ENGLEWOOD



501 E HAMPDEN AVE

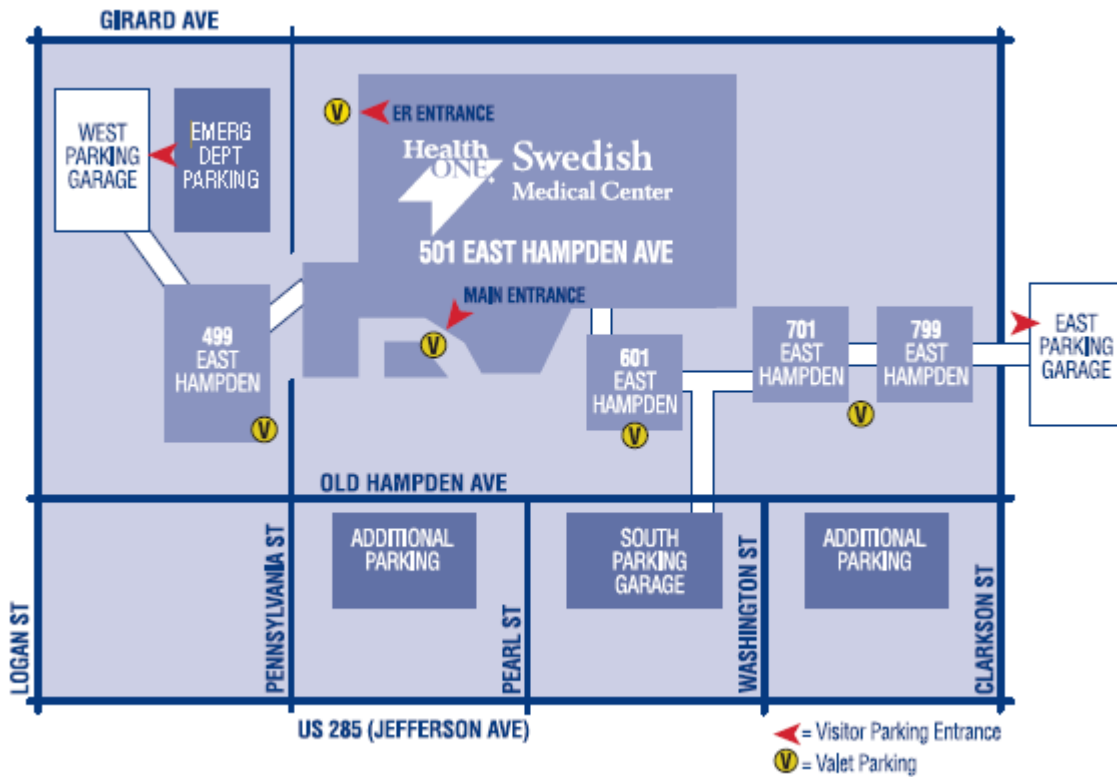


LITTLETON



6196 S AMMONS WAY

Parking



Smoking

We are a smoke-free institution. Smoking is not permitted in the buildings or on the grounds.

Safety Information

Dial 5555 (Emergency Line) for:

- Fire Alarm Fire
- Code Blue Medical Emergency
- Security Response Immediate Security Assistance
- Rapid Response Rapid Response
- Bomb Threat Bomb Threat
- Missing Infant, Child, or Patient Missing Infant, Child, or Patient
- Active Threat Weapon Situation
- Code White Obstetrical Hemorrhage
- Tornado Warning Tornado Warning
- Weather Alert Weather Alert
- Security Lockdown Security Lockdown



VISION, VALUES AND STANDARDS OF BEHAVIOR

Mission

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

Vision

To bring exceptional healing, to all human beings.

Integrity: Doing the right thing, even when no one is watching

- Prioritize the safety of our patients, guests, colleagues, and staff above everything else.
- Advocate for patients and others regardless of my role.
- Be honest, genuine and consistent with my words and actions and keep my promises.
- Act and treat others as if I am being observed by patients, guests and colleagues at all times.
- Refrain from using electronic devices for personal use in the presence of patients and guests.
- Treat company resources as if they were my own.

Compassion: Be empathetic for the needs of others and sympathize with their situation

- Care for our patients and treat others as if they are our family, actively listen to their needs, and make no one feel like an interruption.
- Create an environment that inspires trust, safeguards dignity, and promotes healing.
- Be nonjudgmental in my interactions with others.
- Use a positive tone, sit down when appropriate, use appropriate touch, and respond in a timely manner to patient and family needs.
- Make patients and families feel that they are included in decision-making and informed about their care. I will participate in hourly rounding, bedside shift report and completion of patient care boards.

Accountability: Take ownership for how actions impact outcomes

- Stay informed about organization, facility, and department initiatives.
- Present a clean and professional image.
- Keep my workplace clean and safe; I will pick up trash, report safety hazards, and seek repair of broken items.
- Take the time and accept the responsibility to help. If I cannot personally assist, I will find someone who can.
- Arrive on time and be ready to focus on assigned duties.
- Take ownership of issues and maintain a high standard for my individual performance.
- Use open communication and AIDET in all interactions.
- Use key words at key times to ensure customer satisfaction.

Respect: I will value others and embrace diversity

- Honor individual differences, cultural beliefs and embrace the communities we serve.
- Speak respectfully of others, acknowledge the vital role each of us plays in providing care to our customers, and promote a climate of trust.
- Give honest, timely, constructive feedback and graciously accept feedback as an opportunity to improve.
- Honor commitments and meet deadlines.

Excellence: Take personal pride in exceeding expectations

- Practice safety precautions to ensure excellent patient care is provided every time as well as keeping fellow colleagues safe in the work environment.
- Value and use teamwork to provide excellent customer service.
- Seek opportunities for professional development to stay current in my field of expertise.
- Engage patients and guests in such a way that they have positive stories to share about their experience.

Dress Code

Prospective employees will adhere to our dress code policy and wear appropriate uniform/dress and identification. Swedish Medical Center dress code guidelines include but are not limited to:

ID Badge

The identification badges provided by the hospital must be worn by all employees while on duty. Names and pictures must be clearly visible and worn above the waist. Employees may only wear certification, hospital issued or academic pins or buttons while on duty.

Hair/Nails

- ◆ Clean and well-groomed hair is expected. Hair must be secured in a fashion that does not interfere with patient care, work function or safety.
- ◆ Beards, mustaches, and sideburns must be neat, trimmed, and well groomed.
- ◆ Extreme hairstyles, those that distract from the professional culture and exotic colors or materials (for example feathers) are not acceptable.

Jewelry/Cosmetics

- ◆ Jewelry should be professional in appearance. The amount of jewelry worn should not be excessive.
- ◆ Ear gauges are not acceptable. Ear gauges must be replaced by flesh or clear plugs
- ◆ Body piercing (including tongues), that is not covered by appropriate clothing is not acceptable, exception: ear lobes.
- ◆ Any piercings (not covered by clothing) other than ear lobes, must be removed. Flesh colored or clear piercing plugs may be utilized. These plugs must be flat to the surface of the body.
- ◆ Jewelry should not come in contact with patients, the work area, or be such that it may cause a safety issue.
- ◆ Make-up, if worn, should be worn in moderation.

- ◆ Fragrances can be worn if lightly applied due to sensitivity and allergies of internal and external customers.
- ◆ Heavy scent of tobacco, food, or body odor may be offensive and is not acceptable.

Fingernails

- ◆ Artificial Fingernails: nails or extenders that are attached to native nails and have been shown to harbor gram negative bacilli and yeasts leading to hospital-acquired infections for patients. Examples of artificial nails include, but are not limited to, extenders, bonding, acrylic tips, appliques, wrappings (i.e. silk), tapes, inlays or jewelry (glued or pierced).
- ◆ Natural fingernails should be short and well-kept and no longer than ¼” in length.

Tattoos

- ◆ Visible tattoos and or body art must be covered to the greatest extent possible.

Footwear

- ◆ Footwear must be clean, in good repair and appropriate for the work duties and responsibilities performed, meeting the safety needs of the environment.
- ◆ Hose or socks must be worn at all times for employees described in Patient Care Areas (Please refer to Section #5: Patient Care Areas) This includes, but is not limited to Nursing Services, Case Management, Respiratory Therapy, PT/OT/SP, tray delivery staff from FANS, Radiology, Cardiac Testing, Cath Lab, Surgical Services, any employee or director having direct patient contact.
- ◆ Footwear may be worn without socks or hose, in areas other than those mentioned above if wearing pants.
- ◆ Sandals or flip flops are not acceptable.

Footwear selection must be determined by safety, comfort, uniform expectations and business appearance concerns.

Staff have an important role in complying with the Health Insurance Portability and Accountability Act (HIPAA). Patients are not to be discussed in public areas like the cafeteria, hallways or elevators. If there is a breach of confidentiality, the pre-hire observer will be dismissed from the clinical setting.

<p>Introduction At Swedish Medical Center, privacy of patient information has always been considered a basic right</p> <ul style="list-style-type: none"> ✓ What can happen when protected health information is inadvertently exposed? Personal harm to individuals, embarrassment, community mistrust, lawsuits, etc. 	<p>“Don’t be Curious”</p> <ul style="list-style-type: none"> ✓ Situation: You like to look at the patient directory or surgery schedule to see if you know anyone. ✓ This is not within the scope of your experience at this facility. ✓ You are in violation of HIPAA laws.
<p>Need to Know</p> <ul style="list-style-type: none"> ✓ A good way to determine if you should share patient data is to ask yourself...“Do I or others need this information to do the job?” Use this little test before you look at patient information or share it with others. ✓ Sometimes you may inadvertently hear or see information that you don’t need to know. If so, just keep it to yourself. 	<p>Dispose of PHI Properly</p> <ul style="list-style-type: none"> ✓ Trash and garbage bins are another place that might contain PHI. Be sure to dispose of patient lists and other documents that contain PHI in the appropriate bins. ✓ If you see PHI in the trash in public areas, notify the supervisor immediately.
<p>Protected Health Information</p> <ul style="list-style-type: none"> ✓ Protected Health Information (PHI) is about patient information - whether it is spoken, written, or on the computer. It includes health information about our patients. It can be information as simple as their name. ✓ Certainly we can share PHI when it is part of our job to do so, but beyond that you may have broken the law if you share patient information. 	<p>Respect the Privacy of Patients</p> <ul style="list-style-type: none"> ✓ Situation: You are working in an area where caregivers are discussing health information with a patient, a family member, or another caregiver. ✓ You can ask if you need to leave the area. ✓ You may quickly finish your task and leave. ✓ You must keep any health information you overhear to yourself.
<p>What is PHI</p> <p>Any oral, written or electronic individually identifiable health information collected or stored by a facility and includes:</p> <ul style="list-style-type: none"> ✓ Name, address, birthdate, phone number ✓ Name of employer, relative, email, SSN ✓ Fingerprint, photos, drivers license or plate number ✓ IP address, Insurance ID, MR # ✓ Any other unique identifying number 	<p>Protect Information in Your Possession</p> <ul style="list-style-type: none"> ✓ Situation: During your time here, you use a list that contains patient names information. ✓ You should make sure that it is protected from others who would not need the information. ✓ You can turn it over so the information can’t be viewed. ✓ Make sure when you are finished with the information that you have disposed of it properly.



[The Medical Center of Aurora](#), the first community hospital in the Denver Metro area to receive two-time Magnet designation for nursing excellence by the American Nurses Credentialing Center (ANCC), is a 346-bed acute care hospital located in Aurora, Colorado. The Medical Center of Aurora is comprised of six campuses in Aurora and Centennial, Colo., including the Main Campus, located at Interstate 225 and Mississippi, the North Campus [Behavioral Health and Wellness Center](#), [Centennial Medical Plaza](#), [Saddle Rock ER](#), [Spalding Rehabilitation Hospital](#) and a medical office building at Green Valley Ranch. The Main Campus facility is a Level II Trauma Center with Primary Stroke Certification and Chest Pain Center accreditation, serving the eastern metro area and I-70 corridor. The Medical Center of Aurora received ‘A’ grades from The Leapfrog Group (Fall 2015, Fall 2016, and Fall 2017) and was named Colorado’s only 2016 & 2017 Leapfrog Top General Hospital.

Emergency Codes:

Black	Bomb Threat
Blue	Cardiac/Respiratory Arrest
Orange	Event/Chemical Release/Spill
Pink	Infant/Pediatric Abduction
Red	Fire
Silver	Weapon Situation/Hostage/Active Shooter
White	OB Hemorrhage
Yellow	Patient Fall
Paul Bunyan	Out of Control Patient/Visitor/Employee
Operation Locksmith	Controlled access or total lockdown

In Case of a Fire:

- **Rescue, Alarm, Contain, Extinguish**
- **Pull, Aim, Squeeze, Sweep**

Infant/Pediatric Abduction Response:

- To report an Infant/Pediatric Abduction, Dial *35555 from any facility phone
 - Be prepared to give information about the child to include age, sex, and then location of abduction. Be prepared to stay on the phone.

- Overhead paging will be announced for abductions or attempted abductions

Staff Action during Abduction:

- GO to the Nearest EXIT.
 - Be able to identify persons entering or exiting the area.
- WATCH for any person carrying a bag or bundle that may be holding a child. ASK to look in any bags. EXPLAIN to the person why you want to look in their bags.
- WATCH for any person leading a child by the hand.
- NEVER approach a suspicious person alone, always do so with a group of people.
- CALL Security at ext. *38000 from any facility phone.
- HAVE description, location and travel direction of person
- NEVER ATTEMPT TO TOUCH OR SUBDUE A POSSIBLE ABDUCTOR. THINK OF THE SAFETY OF THE CHILD AND YOURSELF.
- Use only verbal commands and requests to get the abductor to comply.
- If the abductor abandons the child and flees, the primary concern should be that of the child.

Security Actions:

- Please be aware that Security Officers will be responding to pre-determined locations during the incident.
- AVOID contacting Security during an abduction with questions or inquiries about the situation.
- DO contact Security at ext. *38000 if you have information about the abduction.



**The Medical Center of
Aurora
1501 S. Potomac St.
Aurora, CO 80012**



Health ONE Spalding Rehabilitation Hospital



Spalding Rehabilitation Hospital has been in the business of rebuilding lives and renewing hope for more than 45 years. A 100-bed licensed rehabilitation hospital, Spalding specializes in treatment of conditions such as stroke, brain injury, amputations, orthopedic injuries, neurologic conditions and other disabling injuries or medical conditions. The purpose of rehabilitation is to restore some or all of the patient’s physical, sensory, and mental capabilities that were lost due to injury, illness, or disease. We also assist the patient to compensate for deficits that cannot be reversed medically. Rehabilitation addresses the physical, psychological, and environmental needs. Each rehabilitation program is tailored to the individual patient’s needs and can include one or more types of therapy.

Emergency Codes (Dial *3800):

Black	Bomb Threat
Blue	Cardiac/Respiratory Arrest
Orange	Event/Chemical Release/Spill
Red	Fire
Silver	Weapon Situation/Hostage/Active Shooter
Yellow	Patient Fall
Paul Bunyan	Out of Control Patient/Visitor/Employee
Operation Locksmith	Controlled access or total lockdown

In Case of a Fire:

- **R**escue, **A**larm, **C**ontain, **E**xtinguish
- **P**ull, **A**im, **S**queeze, **S**weep

Spalding Hospital Locations:

Spalding Rehabilitation Hospital
 900 Potomac St.
 Aurora, CO 80011
 (303) 695-2600

Spalding Unit at P/SL
 1719 East 19th Avenue
 Denver, CO 80218
 (303) 695-2600



Sky Ridge Medical Center *Orientation*



Health **Sky Ridge**
ONE **Medical Center**
Beyond Your Expectations



Parking Map

Garage Concierge: 720-383-0660

**Lone Tree Link
Monday – Friday
6:00 a.m. to 7:00 p.m.**





Standards of Behavior

Integrity- Doing the right thing, even when no one is watching.

Compassion- Be empathetic to the needs of others and sympathize with their situation.

Accountability- Take ownership for how actions impact outcomes.

Respect- I will value others and embrace diversity.

Excellence- Take personal pride in exceeding expectations.



I C A R E

Integrity • Compassion • Accountability • Respect • Excellence



Health
ONE

Sky Ridge
Medical Center
Beyond Your Expectations



Sky Ridge Executive Team

Welcome to Sky Ridge Medical Center
from the Executive Team



Susan Hicks,
Chief Executive Officer



Marian Savitsky,
Chief Nursing Officer



Craig Sammons,
Chief Financial Officer



Kirk McCarty,
Chief Operating Officer



Jim Ritchey,
VP of Human Resources





Current Status: *Active*

PolicyStat ID: 3956801

Origination: 08/2003
Last Approved: 12/2017
Last Revised: 12/2017
Next Review: 12/2018
Owner: *Kitti Ploughman: Supervisor Engineering*
Policy Area: *Environment of Care*
References: [Policy](#)
Applicability: *Sky Ridge Medical Center*

FAC.EOC.843 Infant/Child Security and Access Control Policy

PURPOSE:

To promote the security of newborns.

SCOPE:

All staff, vendors, practitioners, volunteers of Sky Ridge Medical Center.

The infant Security and Access Control Plan policy shall be followed at all times as outlined in the policy. Access to Labor and Delivery, Post Partum, Neonatal Intensive Care Nursery (NICU), Amenity Suites, And Pediatric Units will promote the security of newborns. Infant abduction deterrence should include a whole facility approach.

Physical security, written protocols, policies, and procedures, as well as staff education and training should be seamlessly interfaced with campus, facility, and unit security as well as the local community law enforcement to provide total security integration.

PROCEDURE:

Gap Assessment:

Annually or when significant changes occur to the Perinatal and Neonatal units, an infant security self-assessment provided by the National Center for Missing and Exploited Children and a gap analysis with an action plan based on findings will be completed.

Hospital and Unit Security Procedures:

15. Training for all hospital employees is completed within the first seven days of hire. Additional training for employees involved in the care of newborns is completed prior to or during the employee's first shift in the patient care area.

- Training will include risks of infant/child abduction and preventative measures.
- Assessing individuals for suspicious behaviors (casing units, lingering, asking specific procedural questions) and notification of security
- Actions to take in the Event of a Code Pink event.

d. For Perinatal, Neonatal and Pediatric units, training on infant security system, cameras, and the Infant/Child Security and Access Control Policy.

- Access to Perinatal and Neonatal care units is limited. Proximity locks with card swipe access are used on all stairwell doors, Nursery and NICU doors.
 - Perinatal and Neonatal unit access doors have "door ajar" alarms and are access controlled. Staff elevators have access control for the perinatal and neonatal units. Visitor lobbies have access control for perinatal and neonatal units.
 - Only Clinical and non-clinical staff that conduct routine business within the department should have electronic access to the department. Access is to be reviewed on an annual basis by security and facility leadership.

- Staff that resign from the unit will have their access revoked immediately after their last shift and key pad access codes are changed.
- Access codes to units where neonates and/or infants are located are changed at irregular intervals and at least annually.
- Educate staff regarding not allowing tailgating/piggy-backing onto secured units.
- A CCTV system with remote door release/intercom system is used in the Nursery, NICU, Mom Baby, Labor and Delivery, Pediatric inpatient unit, and Pediatric Emergency Department to identify parents or others seeking access to these units. Staff will only release the door for authorized parents and staff after appropriately identifying them.
- Visitors who are unable to identify the mother or father of the infant/child will not be granted access to the unit.
- Perinatal and Neonatal Unit Specific ID Badges
 - All hospital staff, including administrative and ancillary staff, presenting on the Perinatal and Neonatal unit(s), must wear a hospital- issued photo ID badge.
 - Perinatal and Neonatal unit staff providing patient care which may involve transporting infants (including agency and traveling nurses) will have a distinctive, hospital-issued Perinatal and Neonatal unit badge to identify them as a member of that unit and having the authority to transport neonates and/or infants.
 - Perinatal and Neonatal Medical Staff and Advanced Practice Clinicians providing patient care will have a distinctive, hospital-issued ID badge.
 - Ancillary and support staff to Perinatal/Neonatal units will be expected to wear a hospital-issued ID badge and are required to notify unit staff of the purpose for presence to unit.
 - Students, contracted staff (i.e., audiology services, photography services, etc.) providing additional healthcare services will be expected to wear accompanying school/company ID badge and provided a temporary unit-issued badge with facility logo indicating unit access permission per hospital policy (visitor badge or DHP badge).
 - Non-healthcare service providers (i.e., vendors, consultants and construction workers, etc.) will be expected to wear accompanying company ID badge and provided a temporary hospital-issued badge with facility logo indicating hospital access permission per hospital policy. Vendors will sign into DHP system to obtain a badge and facilities/IT contractors will get a temporary ID badge from the Facilities Maintenance office. Badge compliance will be strictly enforced.
- All ID badges are worn visibly on the chest area to ensure picture, name, and facility logo are facing outward and unobstructed by pins, decals, or other devices (i.e. double sided badges or a stationary badge may be used).
- ID badge compliance will be strictly enforced.
- Perinatal and Neonatal ID Badge Control and Inventory
 - There will be a control and inventory process for issuance, tracking, and subsequent retrieval of hospital-issued, unit-issued, permanent and/or temporary distinctive ID badges, patches, etc. for Perinatal and Neonatal units.
 - Perinatal and Neonatal distinctive badges, including temporary issued badges, patches, etc. will be turned in upon termination, resignation or when the individual is no longer associated with the facility.

Upon termination staff/contractors that resign will have their badge system access, infant security system access and other computer system access removed. Human resources will be notified of termination to remove badge access. Perinatal and Neonatal managers will remove access to all other computer systems.

- Perinatal and Neonatal Unit-Specific Uniforms
 - Perinatal and Neonatal unit staff should be required to wear unit or hospital specific attire, according to facility dress code, and is limited to current employees.
 - Attire is unique to perinatal/neonatal unit or hospital by magnet, patches, embroidery, stamps, or watermark) which are easy to identify by staff and patients.
 - There will be a control and inventory process for issuance, tracking, and subsequent retrieval of hospital-issued, unit-issued permanent and/or temporary distinctive uniforms, patches, etc. for the Perinatal and Neonatal units.
 - Hospital-owned perinatal specific scrubs that are stored on site is kept in a secured environment, with access limited to unit employees and other essential personnel with processes to manage inventory. Visitor and vendor scrubs are distinctive and are disposed of or returned at the end of each visit.
- Newborn identification of well born neonates must include:
 - Four-part mother-father-baby identification bands are applied in the delivery room where newborn condition allows. See Identification of the Newborn Infant policy NSY.RX.313.
 - Application of the electronic infant security device will occur in the delivery room, where newborn condition allows.
 - Pediatric patient's parents will be given the opportunity to request electronic security device application at the time of their child's admission.
 - Activation of the electronic infant security device takes place at the moment the infant is within the security zone (i.e., at delivery, upon transitioning from OR to Perinatal and Neonatal Unit, etc.), where newborn condition allows.
 - If application and/or activation of the electronic security system device is delayed due to physical plant or system default, the infant will transported by an authorized staff member wearing the authorized Perinatal and Neonatal distinctive badges and uniform using direct, line-of sight supervision.
 - Upon discharge, electronic security device will be removed immediately prior to exiting the perinatal/

neonatal unit. If removal and/or deactivation of the electronic security system device is performed prior to the family exiting the unit, the infant will remain supervised while on the unit by authorized staff members wearing the authorized Perinatal and Neonatal distinctive badges and uniform using direct, line-of sight supervision until physically discharged from the hospital.

- Newborn foot prints will be obtained as soon as possible following delivery where newborn condition allows. The foot prints become a part of the medical record.
- Documentation of the initial newborn assessment in the delivery room, followed by a more detailed assessment within two hours of birth, where newborn condition allows.
- All newborns will be photographed with a digital image of the newborn as part of their security process will obtain image within twenty-four (24) hours of birth, after obtaining parental consent.

a. Sky Ridge Medical Center does not take photographs or video of infants.

- Newborn cord blood specimen and any other blood specimen are placed on hold in the hospital laboratory until the day after the newborn/infant's discharge.
- Identification of premature or compromised neonates should mirror the processes of the well-born once the baby has been stabilized.
- Bassinets and cribs on Perinatal and Neonatal units should be placed on the side of mother's bed and away from the doors for added security. The same applies for NICU infants undergoing care-by-parent(s)

or rooming-in.

- Transportation and possession of newborn infants:
 - Perinatal and Neonatal units should minimize the number of times the newborn or infant is removed from the mother's room or a staff supervised unit (Nursery, NICU, Post Partum, etc.). Testing, procedures and assessments of the infant will be performed in the mother's room, or on the unit when able.
 - Only parents, and significant others whose ID matches the infant and staff with a pink striped ID badge shall transfer newborns to and from the Nursery or mother's room. Parents will be instructed to give their newborn only to staff with these unique badges.
 - Transport should occur in a bassinet, not by carrying the infant in the parent's or staff's arms. The only exception to this is that newborns can be transported to the Nursery in the arms of the mother, father or significant other after delivery when escorted by clinical staff. Otherwise anyone carrying an infant in the hallways shall be questioned by the floor staff.
 - Infants may remain in mother's room with door closed to hallway. The mother will be instructed to keep the infants bassinet positioned on the side of her bed that is farthest from the room door.
 - If another support person is not in the room the mother is strongly encouraged to return the baby to the Nursery when showering or toileting.
 - If mother is medicated or unable to care for the infant, and no other support person is present, the infant will be attended by authorized staff or returned to the nursery.
 - Infants in the Nursery will be attended by authorized staff **AT ALL TIMES**. Infants shall be attended by authorized staff **AT ALL TIMES** during transport.
- Perinatal and Neonatal unit staff should perform random security checks throughout the shift (i.e., checking empty rooms, badges, security of doors, etc.). Security will also conduct random security checks on these units during their shift
- Empty or unoccupied patient room doors should be left open at all times unless the fire marshal or Authority Having Jurisdiction (AHJ) requires otherwise. In the event of a fire, empty or unoccupied patient room doors should be closed. If doors are equipped with a self-closing mechanism, their operation must not be impeded with devices such as manual hold open devices, furniture, wedges, etc. Self-closing doors should be equipped with automatic hold open devices that are of appropriate design and connected to the fire alarm system, which ensures closure upon activation of the fire alarm
- Vendor access will be restricted and allowed only for necessary patient care and safety. Vendor credentials will be verified, and vendor access will be renewed each day through the Vendor ID system.
- External vendors and/or agency representatives who are required to interact with the infant and or parents must be appropriately identified upon arrival to unit, and introduced to parents/primary caregivers by the primary care nurse.

- Upon entrance to Perinatal and Neonatal units, all visitors shall be greeted and validated. Hospitals should restrict and monitor visitor entrance, especially within restricted areas on the Perinatal and Neonatal units, such as ORs, Well-Nurseries and NICUs. Visitors shall be given the patient room number only after the patient's name has been provided. Information regarding the newborn or mother will not be shared with visitors.
- The Hospital does not support the placement of birth announcements in the newspaper, and provides information warning parents of the danger, including an explanation of the risks of birth announcements in the form of yard signs or outside decorations, or of placement of birth announcements with complete names and addresses in a newspaper.

Parent Education

D. Parent Education- Parents will be educated on security awareness, identification of hospital personnel, primary care staff for the shift, and communication regarding unit activities and any procedures involving the newborn or infant. Parents/primary caregivers will sign a form acknowledging an understanding of infant security education provided and shared responsibility for maintaining infant security during hospital stay. Documentation will be included in the patient's medical record (Attachment A). Language and cultural barriers may interfere with the understanding of, or compliance with, infant security education. Therefore, efforts should be made to achieve optimal understanding by the parent and documented in the medical record.

E. Visitors receive a distinctive name tag allowing entry to the unit. Name tag will be removed upon check out of the unit.

F. Based upon home-care needs of the infant at the time of discharge, parents/primary caregivers will be educated regarding in-home care vendors and other out-patient clinical services.

Home Care education will include:

- Vendor/agency name
- Purpose of visit
- Anticipated arrival
- Expected vendor/agency representative identification
- Advisory to parents to remain present with the infant in the home during the vendor/agency representative's visit.

G. Parent educational tours will be scheduled and conducted by the parent education staff. No tours will be done without prior scheduling. Individuals participating in tours will be required to show a photo ID.

H. Refer to Attachment A – Parent Infant Security Competency Validation.

Infant Abduction-Drills, Potential and Actual

- Infant abduction drills will involve the entire campus and will be conducted at a minimum of once per quarter. The drills will involve each shift, as well as during shift change. The goal is to provide each employee an opportunity to participate in a drill on an annual basis.
- Hospital staff should be alert to any unusual behavior they encounter from individuals. The alert process should include the recommendations provided by the National Center for Missing and Exploited Children¹ and generate a communication and action plan based on observation and findings.

- To assist in the timely identification of an abducted infant and/or an abductor, the hospital response for infant abduction includes:
 - activating Code Pink the abduction of a newborn or infant
 - performing a hospital-wide overhead page notification, which should include the unit from which the infant was abducted, gender and age of the infant, and a description of abductor, if available
 - Security will be the designated representative responsible for communicating with Law Enforcement agencies, relaying and updating information, as well as receives communication from Law Enforcement for further instructions.
- Refer to Code Pink Plan in Emergency Operations Plan Annex.

Technology

Sky Ridge Medical Center uses the approved HCA vendor McRobert's Security Technologies, My Child 5 infant security system. If a new system is considered HCA maintains a list of preferred vendors that meet specific requirements. Refer to Technology section of HCA Infant Security policy, CSG.WCS.001.

- High volume/high traffic units with multiple exits or blind areas should have an electronic infant security system. Appropriate staff should receive formal system training during orientation. The system should be linked to the hospital security team.
- For Perinatal and Neonatal units, the device must be attached to the newborn and activated in the delivery room as clinically acceptable.
- Security system must support a device that can only be removed by cutting the band or requires a special removal apparatus, or use skin sensor technology.
- Infant security band should be adjustable to accommodate weight loss of newborn.
- Any adjustments to or replacement of security devices required to accommodate weight loss/gain, care requirements, etc. should be done in the presence of the mother or primary caregiver, as clinically acceptable.
- Security system must integrate with electromagnetic locks, elevators and annunciators.
- Security system should have the capability to identify infant or child by name, mother/primary caregiver, assigned room and device/tag I.D. number, as well as log date and time of events, archive activities, and create reports.

FAC.EOC.843 Infant/Child Security and Access Control Policy. Retrieved 12/27/2017. Official copy at <http://hca-skyridgemedcenter.policystat.com/policy/3956801/>. Copyright © 2017 Sky Ridge Medical Center

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- Receiving antenna should not be affected by antenna orientation.
- Battery backup system in event of power outage.
- System should have the capability of self-supervision and the ability to visually identify any problems with the system through trouble alarms. Computers supporting running the system should have the "mute" function disabled from the desktop and keyboard. Audible alarms should be located throughout the unit, and not rely on only the computer speakers.

- One year active transmitter; must be waterproof; expiration date permanently engraved; pulse rate at least 1 time every 10-16 seconds and minimally affected by the application of aluminum to interrupt transmission of security signals.
- Computer interface with programmable entry codes. Staff that resign from the unit should have their access code revoked immediately after their last shift.
- Anti-tailgate feature with auto re-arm capability when door closes.
- Delayed egress capability; continuous door status; perimeter alarm and elevator lockout capability.
- Security system must be installed and maintained by manufacturer or their representative.
- Service agreements should support maintenance and updates.

- Company should have track record of strong customer support.
- Contracts with the supplier shall require the supplier and the manufacturer to have general liability insurance for bodily injury, death and property loss and damage (including coverage for product liability, completed operations, contractual liability and personal injury liability) in amounts of \$5 million per occurrence and \$10 million in the aggregate with HCA Inc. listed as an additional insured.
- Monthly, technology is evaluated for propensity of false alarms and dead spaces. The evaluations should occur through a collaborative effort involving facility plant operations, security, information technology, nursing management and security system vendor.
- In the event electronic security systems (i.e., badge access, electronic infant tags, remote door releases, etc.) experience downtime or temporary malfunction, application of physical controls and safeguards (i.e., Security Officer placed at the entrance of the perinatal/neonatal unit) should be implemented immediately.
- Monitoring of access/egress from perinatal/neonatal and pediatric units is augmented through the use of closed-circuit TV (CCTV) with the goal of capturing a face shot of all persons leaving the unit. The system is video recorded to assist in the investigation of inappropriate conduct/suspicious persons. CCTV also serves as a deterrent to person contemplating infant/child abduction.
- CCTV monitors are located at the Mom Baby, Labor and Delivery, NICU and Pediatrics main nurse's station, as well as in the security office.

REFERENCES:

- National Center for Missing and Exploited Children (2014). For Healthcare Professionals: *Guidelines on Prevention of and Response to Infant Abductions*, 10th ed. @ http://www.missingkids.com/en_US/publications/NC05.pdf
- National Center for Missing and Exploited Children (2014). *Self Assessment for Healthcare Facilities* @ http://www.missingkids.com/en_US/publications/NC05assessment.pdf
- The Joint Commission (January 1, 2012). *Comprehensive Manual for Hospitals (CAMH)*. EC.02.01.01 (PDF attached)

Emergency Management Codes

Code	What it means...
BLUE	Cardiac/Respiratory Arrest
ORANGE	Hazardous Spills
BLACK	Bomb Threat
RED	Fire Plan
PINK	Infant Abduction
SILVER	Weapon Situation
TORNADO WARNING	Tornado
PAUL BUNYAN	Emergency Assist
LOCKSMITH	Facility Lockdown

Dial 5555 to call a code or initiate the STAT team

Dial 8000 to call security

- Personal escorts to vehicle
- Manage patient valuables
- Patrol of buildings and grounds
- Help to manage internal emergency response

All Safety and Disaster Policies located in RED binders in each department as well as on the Sky Ridge Intranet





Sky Ridge Values



1. Safety: Creating a safe environment is everyone's job.



2. Courtesy and Compassion: Creating memorable experiences for our patients and their families.



3. Show and Presentation: Looking our personal best and showcasing the campus are critical to building patient confidence.



4. Efficiency: Seeking ways to improve processes, but not at the expense of patient comfort or satisfaction.





Stroke Alert – F.A.S.T

Signs and symptoms of a stroke

Facial droop or numbness

Arms weak or numb

Speech slurred or garbled

Time is brain... Activate Stroke Alert!

Inpatient activation of stroke alert

- No physician present – dial 5555, initiate STAT TEAM
- Physician present – dial 1900, request Stroke Alert, and give room number



STANDARDS
of BEHAVIOR

**EMPLOYEE
HANDBOOK**



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

Vision: To bring exceptional health to every human being.

Values: Integrity, Compassion, Accountability, Respect, and Excellence

Standards of Behavior

INTEGRITY – *Doing the right thing, even when no one is watching. I will always:*

Prioritize the safety of our patients, guests, colleagues, and staff above everything else.

Advocate for patients and others regardless of my role.

Be honest, genuine and consistent with my words and actions and keep my promises.

Act and treat others as if I am being observed by patients, guests and colleagues at all times.

Refrain from using electronic devices for personal use in the presence of patients and guests.

Treat company resources as if they were my own.



Our Culture of Excellence



QUALITY: Ensure Superior Clinical Care

PEOPLE: Drive Workforce & Community Engagement

FINANCE: Ensure Operational & Financial Strength

GROWTH: Grow & Protect Centers of Excellence

SERVICE: Beyond Your Expectations Experience

Values: Integrity, Compassion, Accountability, Respect and Excellence

Our Vision: To bring exceptional healing, to all human beings.

COMPASSION – *Be empathetic to the needs of others and sympathize with their situation. I will always:*

Care for our patients and treat others as if they are our family, actively listen to their needs, and ensure that they are highly valued and appreciated.

Create an environment that inspires trust, safeguards dignity, and promotes healing.

Be nonjudgmental in my interactions with others.

Use a positive tone, sit down when appropriate, use appropriate touch, and respond in a timely manner to patient and family needs.

Ensure that patients and families are included in decision-making and informed about their care. I will participate in hourly rounding, bedside shift report and completion of patient care boards.



ACCOUNTABILITY – *Take ownership for how actions impact outcomes. I will always:*

Stay informed about organization, facility, and department initiatives.

Present a clean and professional image.



- Keep my workplace clean and safe; I will pick up trash, report safety hazards, and seek repair of broken items.
- Take the time and accept the responsibility to help. If I cannot personally assist, I will find someone who can.
- Arrive on time and be ready to focus on assigned duties.
- Take ownership of issues and maintain a high standard for my individual performance.
- Use open communication and AIDET (Acknowledge, Introduce, Duration, Explain, Thank You) in all interactions.
- Use key words at key times to ensure customer satisfaction.

***RESPECT – I will value others
and embrace diversity.
I will always:***

- Honor individual differences, cultural beliefs and embrace the communities we serve.
- Speak respectfully of others, acknowledge the vital role each of us plays in providing care to our patients, and promote a climate of trust.
- Give honest, timely, constructive feedback and graciously accept feedback as an opportunity to improve.
- Honor commitments and meet deadlines.



4 **EXCELLENCE** – *Take personal pride in exceeding expectations.*

I will always:

Ensure excellent patient care is provided at all times.

Value and use teamwork to provide excellent customer service.

Seek opportunities for professional development to stay current in my field of expertise.

Engage patients and guests in such a way that they have positive stories to share about their experience.

Follow the 10-5 rule. I make eye contact and smile as I approach someone within 10 feet of me. I greet people when they are 5 feet from me, and I will guide others to their destination if needed.

Take personal responsibility for the success, image, quality and reputation of the company.



SAFETY...*providing an optimal environment for patients, visitors and our workforce through an unwavering focus on safety, quality and continuous improvement.*



HOUSE-WIDE SAFETY

- I find the courage to speak up if I see inappropriate behavior or something that could put a patient at risk such as an unsafe medical practice or an inadequate timeout.
- I respond to safety hazards such as spills and parking lot conditions by reporting these to the Safety Officer or calling Safety at *6738 or facilities at *6166.
- When entering a patient room, I use good hand hygiene, every time.
- I am prepared for emergencies, know the correct action to take for all codes and give the situation my undivided attention.
- I demonstrate excellence with patient safety initiatives such as patient identification, identification of patient risk factors, proper hand hygiene, etc.
- I report all accidents, incidents or injuries promptly and properly through the chain of command.
- Each time I leave a patient room, I ask, "is there anything I can do for you or tell your nurse?"

- I will only use an approved badge holder (a P/SL RMHC, HCA, HealthONE or department approved version) and ensure that my badge is in good condition and not faded.
- When I wear a lanyard, it must be in the shoulder/neck area so my patients and colleagues can read my name.
- I will ensure that work security keys do not cover my photo or name.

BEDSIDE/PATIENT CARE SAFETY

- I honor no pass zones and respond to call lights. I will not walk past any call light.
- If I cannot address a patient request myself, I find someone who can.
- I use critical thinking when administering patient medications.
- I will inform patients of the medication they are taking, describe its purpose and communicate its side effects.
- I demonstrate care and concern in patient handoffs, and use the Situation, Background, Assessment, Recommendation (SBAR) tool.
 - I round hourly during the day and every two hours during the night on all my patients to ensure that their needs are addressed, or as per department protocol.
 - I use patient boards to communicate with my colleagues at shift change.
 - I use the patient communication boards to narrate the great care we provide at Presbyterian/St. Luke's Medical Center & Rocky Mountain Hospital for Children and will involve patients as I am updating the content.



COURTESY *and* **COMPASSION**... *earning patient, workforce and community loyalty through kindness, consideration and remarkable experiences.*

HOUSE-WIDE COMPASSION & ETIQUETTE

- I follow the 10-5 rule. I make eye contact and smile as I approach someone within 10 feet of me. I greet people when they are 5 feet from me.
- I engage patients and guests in such a way that they will have memorable stories to share about their care.
- I am cheerful, courteous and helpful to my colleagues.
- I coach others to adhere to our standards of behavior.
- I adhere to patient privacy laws. When entering patient rooms, I always knock and ask permission to enter.
- I ask permission from my patients before discussing care when others are present.
- I treat everyone as if he or she is the most important person by listening carefully and not interrupting.
- I look up from any activity or work to acknowledge the guest or colleague as he or she enters my area.
- When introducing myself, I always use AIDET – Acknowledge, Introduce, Duration, Explanation, Thank – to ensure



- effective communication and understanding on the part of the patient or visitor.
- I acknowledge the contributions of my colleagues and thank them for their work.
- I know about Presbyterian/St. Luke's Medical Center & Rocky Mountain Hospital for Children activities and community events and volunteer when I can.
- I assist patients and guests to their destination on my own, or to the assistance of a Red Coat.

HALLWAY/ELEVATOR ETIQUETTE

- When walking in hallways, parking lots, anywhere on campus or on elevators, I use it as an opportunity to make a positive impression on patients, colleagues and guests through my friendliness, smile and greeting.
- When in an elevator, I use it as an opportunity to engage in conversation with the guests.
- I do not gossip, discuss personal matters or hospital business in the presence of patients and guests.
- I always provide patients and those with disabilities primary access through doors, elevators and hallways.
- When anyone appears lost, I stop and ask if I can help. I then escort them to their destination or find someone who can.



PHONE/CELL PHONE ETIQUETTE

- I always greet the caller by introducing myself, my department and Presbyterian/St. Luke's Medical Center & Rocky Mountain Hospital for Children.
- I treat every caller with respect and speak slowly with a smile on my face.
- I use please and thank you in all conversations.
- I explain the use of wireless phones (iMobile) to patients and families.
- I explain any delays or clarify to the caller if I have to put him or her on hold and ensure that I am transferring the caller to the appropriate department the first time.
- I refrain from making personal calls or sending personal texts while "on stage" in the presence of patients and guests.



Show and Presentation... creating exceptional surroundings and amenities that showcase our professionalism at every touch point through our appearance, friendliness and inspiring attitudes.

HOUSE-WIDE SHOW AND PRESENTATION

- I treat Presbyterian/St. Luke's Medical Center & Rocky Mountain Hospital for Children as if it were my own property and do everything I can to ensure it is a

clean, safe and undamaged environment for my patients, guests and colleagues.

- I ensure that my badge is in good condition and replace it when it is worn.
- I follow the 10 foot rule by picking up trash within 10 feet of me, whether inside or outside the facility.
- I help promote a tobacco-free campus and ask my colleagues and visitors to refrain from smoking while on campus.
- I inform the appropriate people when equipment or furniture is broken or needs to be replaced.
- I am “always on stage” with the understanding that how I act and treat others is being observed by patients, guests and colleagues at all times.
- I seek opportunities to recycle, reduce and reuse.
- I take pride in working at Presbyterian/St. Luke’s Medical Center & Rocky Mountain Hospital for Children and am an ambassador about our amenities, services, exceptional workforce and clinical excellence.
- I keep my work area neat and tidy, and do not have food at my work station.



DRESS CODE AND PERSONAL APPEARANCE

- I follow the Presbyterian/St. Luke's Medical Center & Rocky Mountain Hospital for Children dress code every day.
- I always wear my designated uniform at work and ensure it is clean and presentable.
- I only wear approved accessories (P/SL RMHC vests, jackets, shirts).
- I am mindful of my body language and facial expressions.
- I know and respect that I represent Presbyterian/St. Luke's Medical Center & Rocky Mountain Hospital for Children when I am in public settings.



EFFICIENCY...*hardwiring best practices and technology to provide patients and caregivers with rapid, accurate, comprehensive results and services that minimize wait times and maximize productivity.*

HOUSE-WIDE EFFICIENCY

- I honor commitments, meet deadlines and am up-to-date on required education.
- I seek solutions rather than assume someone else will take care of the problem.

- I work efficiently every day by knowing my job well and maximizing my time as well as my colleagues' time.
- I am responsible for reviewing communications such as the department communications board, stop light reports, newsletters, town hall summaries and updates on the employee website. I take responsibility to stay informed.
- I practice regulatory readiness at all times.
- I take personal responsibility to clock in and out correctly.

MEETING/EMAIL ETIQUETTE

- I limit the length and frequency of meetings to respect my colleagues' time.
- I ask if I am needed at all meetings and refrain from attending those at which I am not.
- I ask to be excused from meetings when they do not pertain to my scope.
- I follow our email etiquette guidelines.
- I silence my cell phone/pager during meetings.

WORK FLOW/PATIENT FLOW

- I provide time estimates to patients and families, keep them informed of any delays and make them comfortable as they wait.
- I anticipate my customers' needs and offer services before they are requested.
- I react quickly to solve problems and use the chain of command when necessary.
- I understand our efficiency metrics such as ED wait times, on time OR starts, time to admitting, throughput and discharge time.

Origination: 03/2014
Last Approved: 07/2017
Last Revised: 07/2017
Next Review: 07/2018
Owner: Sarah Hall-Shalvoy: Director of Professional Development & Innovation
Department: Plans
Facility:
Applicability: Presbyterian/St. Luke's Medical Center

Infant/Child Abduction Response Plan

PURPOSE:

POLICY:

departments serving a population which includes persons under the age of full legal

To promote the security and safety of the pediatric population.

SCOPE:

All P/SL and RMHC responsibility. Infants in Labor & Delivery, Mother/Baby, and NICUs will be covered by the Infant Security policy.

P/SL and RMHC promotes the security of pediatric patients. Pediatric security should include a whole facility approach. Physical security, written protocols, policies, and procedures, as well as staff education and training should be seamlessly interfaced with facility as well as the local community law enforcement to provide total security integration. Additionally, every child reported missing will be considered at risk until significant information to the contrary is confirmed.

DEFINITIONS:

16. **Missing** refers to a person whose whereabouts are unknown to those responsible for their wellbeing.

17. **Pediatric:** A pediatric patient is defined per current state law.

18. **At risk** when one or more of the **risk factors** noted in paragraph 3 are present.

19. **Risk factors**² refer to a child who is:

- 13 years of age or younger. *This age was designated because children of this age group have not established independence from parental control and do not have the survival skills necessary to protect themselves from exploitation on the streets or*

- Has mental or behavioral disabilities.
- Cognitively impaired (medications, anesthesia, dementia)
- Is in Emergency detention
- Is in the company of others who could endanger his/her welfare.
- Is absent in a way inconsistent with established patterns of behavior and the deviation cannot be readily explained.
- Is involved in a situation causing a reasonable person to conclude the child should be considered at risk.

5. **Zone of Safety** refers to cognitive deficits. An individual's mental processes (e.g. knowledge, judgment, and reasoning) that lead to the acquisition of information and knowledge, and drive how an individual understands and acts in the world.

PROCEDURE:

Gap Assessment:

Annually or when significant changes occur to Pediatric unit or units where pediatric patients are admitted; the unit will complete a self-assessment and develop a gap analysis with an

(Appendix D). This assessment activity will also support compliance with The Joint Commission Standard EC.

- for facility identification and management of its security risks.
- Pediatric specific training for all facility employees is completed within the first seven days of hire. Additional training for employees involved in the care of pediatrics is completed prior to or during the employee's first shift in the patient care area. Refresher training should be conducted on an annual basis for all staff.
- ***Pediatric Security Assessment***
 - At the time of admission, the admitting nurse will ask the patient/ parent/ guardian if there is any personal circumstance that the facility should be aware of, especially as it relates to a family situation that might place the parent guardian or child at risk.
 - If the patient/ parent/ guardian expresses that such problems exist, the following interventions are considered and implemented at the discretion of the patient's clinical staff:
 - Making patient confidential/ "no information" status
 - Request parent/ guardian to stay with patient at all times
 - Placing patient in room closest to nurses station
 - Increase frequency of observation
 - Posting a description / picture of people to watch out for at nurses station

- Posting a security guard/ safety attendant at the patient's room or on the unit
- The admitting nurse asks the patient/ parent/ guardian to identify, in writing on the Pediatric Security Consent and Education form, who may accompany the patient outside of the room (Appendix A).

- ***Access to Pediatric care units is limited.***

- Proximity locks with badge or card swipe access is recommended on department doors.
- Only clinical and non-clinical staff that conduct routine business within the department should have electronic access to the department. Access is to be reviewed on an annual basis by facility security department and hospital leadership.
- Staff that resign from the unit will have their access revoked immediately after their last shift and key pad access codes are changed.
- Access codes to units where pediatric patients are located are changed at irregular intervals and at least annually.
- Pediatric unit (s) access doors have "door ajar" alarms.
- Educate staff regarding not allowing tailgating/piggy-backing onto secured units.
-

- ***Pediatric Unit Facility ID Badges***

- All facility staff, including administrative and ancillary staff, presenting on the Pediatric unit(s), will wear a facility- issued photo ID badge.
- Pediatric unit staff (including agency and traveling nurses) providing patient care which may involve transporting pediatric patients will have a distinctive, facility-issued Pediatric unit badge to identify them as a member of that unit and having the authority to transport pediatric patients. Only staff wearing this distinctive Pediatric badge can remove a child from their room.
- Pediatricians, Advanced Practice Clinicians, Licensed Independent Practitioners providing patient care will have a distinctive, facility-issued ID badge.
- Ancillary and support staff for Pediatric units will be expected to wear a facility-issued ID badge and are required to notify unit staff of purpose for presence on the unit.
- Students and Contracted Staff (i.e., audiology services, photography services, etc.) providing additional healthcare services will be expected to wear accompanying school/company ID badge and provided a temporary unit-issued badge with **unique facility logo** indicating unit access permission per facility policy.
- Non-healthcare service providers (i.e., vendors, consultants, construction workers, etc.) will be expected to wear accompanying company ID badge and provided a temporary facility-issued badge with **unique facility logo** indicating facility access permission per facility policy.

- All ID badges are worn visibly on the chest area to ensure picture, name, and facility logo are facing outward and unobstructed by pins, decals, or other devices (i.e., double sided badges or a stationary badge may be used).
- ID Badge compliance will be strictly enforced.

- ***Pediatric ID Badge Control and Inventory***

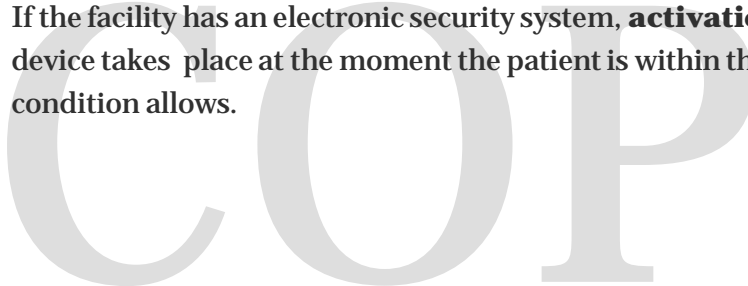
- There will be a control and inventory process for issuance, tracking, and subsequent retrieval of facility-issued, unit-issued, permanent and/or temporary distinctive ID badges, patches, etc. for the Pediatric unit(s).
- Pediatric distinctive ID badges, patches, etc. will be turned in upon termination, resignation or, when the individual is no longer associated with the facility.
- Temporary-issued ID badges issued to students, contractors, etc. are returned to a designated individual on the Pediatric Unit at the end of shift, contracted work hours, etc. For students, the badges will be collected by the Clinical Scholar at the end of each shift.

- ***Pediatric Unit-Specific Uniforms***

- Pediatric unit staff should be required to wear unit or facility-specific attire according to their facility's dress code policy.
- The addition of a second unique identifier such as magnet, patches, embroidery, stamps, or watermark is recommended to allow staff and patients to more readily identify staff.
- There will be a control and inventory process for issuance, tracking, and subsequent retrieval of facility-issued, unit-issued permanent and/or temporary distinctive uniforms, patches, etc. for the Pediatric units.
- Facility-owned pediatric specific scrubs that are stored on site are kept in a secured environment, with access limited to unit employees and other essential personnel with processes to manage inventory. Visitor and vendor scrubs are distinctive and are disposed of or returned at the end of each visit.

- ***Pediatric identification should include:***

- Application of parent/ guardian identification bands upon admission, or as soon as safely possible. Banding for all pediatric patients aged 13 and under is initiated as soon as is safely possible unless the parent/guardian signs a waiver to not have an identification band applied to the patient.
- If the facility has an electronic pediatric security system, **application** of the electronic security device should be applied upon admission to the Pediatric Unit.
- If the facility has an electronic security system, **activation** of the electronic security device takes place at the moment the patient is within the security zone when condition allows.



- If the facility has an electronic security system, and removal and/or deactivation of the electronic security system device is required at time of discharge, the child will remain supervised while on the unit by authorized staff members wearing the authorized Pediatric distinctive badges and uniform using direct, line-of sight supervision until physically discharged from the facility. Upon discharge, electronic security devices should be removed immediately prior to exiting the pediatric unit.
- If the facility does not have an electronic security system, or application and/or activation of the electronic security system device is delayed due to physical plant or system default, the pediatric patient will be transported by an authorized staff member wearing the authorized Pediatric distinctive badges and uniform using direct, line-of sight supervision.

- ***At Risk Patient Response to Risk***

- Response to Risk: If a patient is determined to meet "At Risk" criteria, the following response and interventions will be implemented as appropriate:
 - Move patient closer to nursing station, increase nursing surveillance
 - Increase security rounds
 - Assess need for a sitter
 - Encourage parental/family support.
 - If patient is being transported, help ensure safety by specifically stating in the hand off communication that this patient is considered "at risk" and the nature of the risk (i.e. abduction, elopement or harm to themselves.)

- ***Visitors***

- The admitting nurse asks the patient/ parent/ guardian to identify, in writing, visitors who are not approved to visit. This list is to be kept on the unit until discharge and updated as needed.
- Upon entrance to Pediatric unit, all visitors will be greeted and validated. Facilities should restrict and monitor visitor entrance, especially within restricted areas on the Pediatric units.
- Vendor access will be restricted and allowed only for necessary patient care and safety. Vendor credentials will be verified and vendor access will be renewed each day.
- External vendors and/or agency representatives who are required to interact with the pediatric patients and/or parents should be appropriately identified upon arrival to unit and introduced to parents/primary caregivers by the primary care nurse.

- ***Discharge Procedures***

- Pediatric patients are released only after the discharge nurse checks the patient's identification with the bracelet.
- The discharge nurse requires the parent/guardian to present their ID band to validate identification. If no ID band is available, staff are to validate with government issued picture ID.

- ***General Security Procedures***

- Bassinets and cribs on the Pediatric units should be placed furthest away from the doors for added security.
- Pediatric unit staff should minimize the number of times the pediatric patient is removed from the room or a staff supervised unit.
- Pediatric unit staff should perform random security checks throughout the shift (i.e., checking empty rooms, badges, security of doors, etc.)
- Empty or unoccupied patient room doors should be left open at all times unless the fire marshal or Authority Having Jurisdiction (AHJ) requires. If doors are equipped with a self-closing mechanism, their operation should not be impeded with devices such as manual hold open devices, furniture, wedges, etc. Self-closing doors should be equipped with automatic hold open devices that are of appropriate design and connected to the fire alarm system, which ensures closure upon activation of the fire alarm. In the event of a fire, empty or unoccupied patient room doors should be closed.

- ***Outpatient Services/Pediatric ED***

- All pediatric patients should be accompanied by a parent/ guardian
- At no time should a pediatric patient be left alone without supervision by a parent and/or guardian, except if a medical procedure prohibits this. During medical procedures, facility staff will remain with the patient at all times.
- In the event a pediatric patient is left unsupervised, an attempt shall be made to contact the parent(s) and/or guardian immediately. If the parent(s) and/or guardian cannot be located in a reasonable amount of time, facility security and the area-assigned case manager shall be contacted.

Parent Education

- Parents will be educated on security awareness, identification of facility personnel, primary care staff for the shift, and communication regarding unit activities and any procedures involving the pediatric patient. Parents/primary caregivers will sign a form acknowledging an understanding of pediatric security education provided and shared responsibility for maintaining pediatric security during facility stay. Documentation will be included in the patient's medical record. Language and cultural barriers may interfere

with the understanding or compliance of the pediatric security education. Therefore, efforts should be made to achieve optimal understanding by the parent and documented in the medical record.

- Pediatric Units should have a process for visitor check-in (i.e. visitor log book, visitor ID validation, visitors receive a distinctive visitor wrist band or sticker allowing entry to the unit, etc.). The wrist band will be a cut away, non-transferable disposable band.
- Parents/primary caregivers will be educated regarding in-home care vendors and other out-patient clinical services. Home Care education will include:
 - Vendor/agency name
 - Purpose of visit
 - Anticipated arrival
 - Expected vendor/agency representative identification
 - Advisory to parents to remain present with the child in the home during the vendor/agency representative's visit.

Pediatric Abduction-Drills, Potential and Actual

- Pediatric abduction drills will involve the entire campus and will be conducted at a minimum of **one per quarter**. The drills will involve each shift, as well as during shift change. Drills should be initiated from Pediatric units where Pediatric services are provided. A realistic scenario should be utilized with critique. The goal is to provide each employee an opportunity to participate in a drill on an annual basis (Appendix

- Facility staff should be alert to any unusual behavior they encounter from individuals. The alert process should include the recommendations provided by the National Center for Missing and Exploited Children¹ and generate a communication and action plan based on observation and findings.
- To assist in the timely identification of an abducted patient and/or an abductor, the facility response for pediatric abduction includes:
 - Initiating a Missing Child overhead page referencing the abduction of a pediatric patient
 - Performing a facility-wide overhead page notification, which should include the location from which the child was abducted, gender and age, and a description of child, if available
 - Having a designated representative responsible for communicating with Law Enforcement agencies, relaying and updating information, as well as receives communication from Law Enforcement for further instructions.

Technology

HCA maintains a list of preferred vendors and negotiated agreements that meet the following requirements. If the facility chooses to purchase a non-preferred product, or initiate its own agreement, the security product and agreement should meet the minimum requirements

listed below.

- High volume/high traffic units with multiple exits or blind areas should have an electronic security system. Appropriate staff should receive formal system training during orientation. The system should be linked to the facility security team.
- For Pediatric units, the device should be attached to the child and activated upon admission to the unit.
- Security system should support a device that can only be removed by cutting the band or requires a special removal apparatus, or use skin sensor technology.
- Pediatric security band should be adjustable to accommodate weight loss.
- Any adjustments to or replacement of security devices required to accommodate weight loss/gain, care requirements, etc. should be done in the presence of the primary caregiver, as clinically acceptable.
- Security system should integrate with electromagnetic locks, elevators and paging systems, video close- caption cameras, and facility security.
- Security system should have the capability to identify the child by name, primary caregiver, assigned room and device/tag I.D. number, as well as log date and time of events, archive activities, and create reports.
- Battery backup system in event of power outage.
- System should have the capability of self-supervision and the ability to visually identify any problems with the system through trouble alarms. Computers supporting running the system should have the "mute" function disabled from the desktop and keyboard. Audible

alarms should be located throughout the unit, and not rely on only the computer speakers.

- One year active transmitter; should be waterproof; expiration date permanently engraved; pulse rate at least 1 time every 10-16 seconds and minimally affected by the application of aluminum to interrupt transmission of security signals.
- Computer interface with programmable entry codes. Staff that resign from the unit should have their access code revoked immediately after their last shift.
- Anti-tailgate feature with auto re-arm capability when door closes.
- Delayed egress capability; continuous door status; perimeter alarm and elevator lockout capability.
- Security system should be installed and maintained by manufacturer or their representative. Service agreements should support maintenance and updates.
-
- Company should have track record of strong customer support.
- Contracts with the supplier shall require the supplier and the manufacturer to have general liability insurance for bodily injury, death and property loss and damage (including coverage for product liability, completed operations, contractual liability and personal injury liability) in amounts of \$5 million per occurrence and \$10 million in the aggregate with HCA Inc. listed as an additional insured.
- At least quarterly, technology should be evaluated for propensity of false alarms and dead spaces.

REFERENCES:

- National Center for Missing and Exploited Children (2009). *Self Assessment for Healthcare Facilities* @ http://www.missingkids.com/en_US/publications/NC05assessment.pdf
- National Center for Missing and Exploited Children (2011). Law-Enforcement Policy and Procedures for Reports of Missing and Abducted Children. [http://www.missingkids.com/en_US/documents/ Model_Policy_Child.pdf](http://www.missingkids.com/en_US/documents/Model_Policy_Child.pdf)
- The Joint Commission. Comprehensive Manual for Hospitals (CAMH). EC.02.01.01

Review of additional Facility Pediatric Security Policies include:

5. University of Iowa
6. Sarasota Memorial Facility
7. New York Presbyterian Facility
8. CS Mott Children's Facility

Current Status: Active

PolicyStat ID: 3340132

Origination: 06/2004
Last Approved: 03/2016
Last Revised: 12/2010
Next Review: 03/2019
Owner: Sarah Hall-Shalvoy, Director of Professional Development & Innovation
Department: Patient Care - General
Facility: Environment of Care
Applicability: Presbyterian/St. Luke's Medical Center

Missing Child Alert [Adult and Pediatric]

PURPOSE:

1. To establish a procedure for alerting hospital staff that a child is missing from a unit or is visiting and has wandered away from his/her adult caretaker.
2. To establish a procedure for searching and returning the child to the appropriate unit or caretaker.

POLICY:

Any employee or staff member notified of a missing child, patient or visitor will implement the notification and search at Presbyterian/St. Luke's Medical Center and the Rocky Mountain Hospital for Children at P/SLMC.

PROCEDURE:

1. An employee will:
 - a. Call security at 7000
 - b. Call PBX at emergency extension 5555
 - c. Provide name and description of child
2. PBX will:

Send a simultaneous message flash page to:

 1. Director / manager group
 2. Safety Officer
 3. Security Supervisor and Security Director
 4. Risk Manager
 5. Nursing Supervisor
 6. Administrator on Call
3. Employees receiving the computer alert will notify others in the unit/department, and will look for the child.
4. The individual finding the child will notify Security when the child is located.
5. Security or employee finding the child returns the child to the adult caretaker or unit.
6. If the child is not found within fifteen minutes, the Nursing Supervisor or Security notifies the Denver Police.]

Plain Language Codes

PLAIN LANGUAGE CODES

Healthcare is continuously evolving and changing to develop best practices. In the world of hospital emergency management, we are moving away from emergency codes to *plain language codes*. This adoption will help promote transparency and increase safety. It will also align the facility with national and community based emergency management systems.

Plain Language	Replaced Code
Fire Alarm + Location	Code Red
Hazardous Spill + Location	Code Orange
Severe Weather Alert+ Instructions	Tornado Warning or Watch Weather, Blizzard
Active (Type) Threat, Location Instructions	Code Silver, aggressive person with Weapon
Security Assistance + Location	Code Paul Bunyan
Bomb Threat, Location, Instructions	Code Black
*Adult Missing Person + Description + location missing from	*NEW
*Infant/Child Missing Person + Description + location missing from	Code Pink-Pediatric
Hostage Situation + Location	Code Black
Facility/Department Lockdown + department (if applicable) and instructions	Code Ace
Facility Emergency+ Description+ Directions	*NEW

WHY:

- Increases awareness of emergent situations with staff, patients, visitors and public safety within hospitals
- Pertinent information is understandable without further explanations
- Actionable Items will be communicated quickly and clearly
- Reduces "code confusion" for providers and staff working at multiple HealthONE facilities

WHO: This will impact all emergency codes within Presbyterian/ St. Lukes & Rocky Mountain Hospital for Children

WHEN: Codes will change to plain language in *mid-May*

WHAT codes will change? ALL codes will change to plain language **EXCEPT:** Code Blue

HOW will the plain language sound?

Plain language uses a phrase to identify the type of emergency + location + instructions if applicable

Example: *"Tornado Warning, please implement tornado plan."*
"Rapid Response Team, 5th floor"

The mode of communicating the codes will remain the same and can be found in each policy.

For example, if the codes is communicated via text page, it will stay via text page.

WHAT is my role?

- ✓ Familiarize yourself with plain language codes
- ✓ Share information with other providers
- ✓ Ask questions if you need clarity

WHERE can I get more information?

Your department leader(s) or

- Bryan Pender, Safety Officer (720)754-6413
- Julie Stewart, VP of Quality (720)754-6753
- Ryan Mohatt, Director of Security (720) 754-2153



Non-hospital healthcare professionals, contracted personnel and public safety workers who provide services for our patients and staff at North Suburban Medical Center are required to adhere to the same standards as hospital employees.

Resources

Many references are available on the Intranet and in the departments. See facility staff for assistance.

- Hospital Policy and Procedure Manual
- Human Resources Manual
- Infection Control Manual
- EOC/Safety Manual
- Department Specific Policies
- Formulary
- Reference Books (varies by department)

Chain of Command

Channels of Communication

If you have questions or concerns, please contact the NSMC staff or unit manager. If needed, the Department Director or Nursing Supervisor may be contacted. Any security problems should be communicated to the security department at ext. 8000.

Risk Management

If an unanticipated event occurs, staff that witness the event or are most familiar with what happened would complete the Risk Management notification process (occurrence report). Electronic Notification Reporting is done through the CPCS system. North Suburban Medical Center has a non-punitive approach focused on process improvement.

Hearing Impaired and Interpretation Services

NSMC will make every reasonable effort to provide effective communication for patients, their families and friends involved with treatment discussions and decision making. This may include: Non-English speaking, hearing or vision impaired, etc.

Services include:

- TDD phones, sign language interpreter.
- Language interpreters, CyraCom.
- Seeing-eye dogs are allowed in NSMC.

If any service is needed, contact Social Services or the Nursing Supervisor.

Restraints

North Suburban Medical Center promotes a reduced restraint environment. At times, patients become a threat to themselves or to others due to the effects of illness, injury or substance abuse.

Prior to the placement of the restraint devices, alternative interventions will be attempted.

- Companionship by family, staff or sitters
- Reduction of sound and light stimulus
- Diversionary activities
- Comfort measures
- Regular toileting
- Sensory aids (eyeglasses, hearing aids)

When caring for patients in restraints, you must receive instructions on the rapid removal of the device in emergency situations such as vomiting or fire.

Behavioral Management Restraints

Used in emergency, crisis situations when a patient's behavior is aggressive or violent, presenting an immediate serious danger to his/her safety or that of others.

Acute Medical and Surgical Care Restraints

Used to improve the patient's well being during the management of the acute medical or surgical condition, to protect the patient from injuring him/herself or others, or to keep from removing life saving medical devices.

Infant Security

Unfortunately, hospitals are sometimes a target for people who want to abduct or kidnap a newborn infant. These are the safety practices at our hospital that help prevent infant abduction:

- Newborn infants who are patients in the hospital are never to be carried in the arms of someone who is walking. They must be rolled in a hospital bassinet. Parents may walk with their newborn in a bassinet on the same floor as the mother's room only.
- We want visitors to use the public elevators; do not allow visitors onto the secured elevators with you, rather escort them to the public elevators.
- If a newborn is going home from the hospital, they must be in an infant car seat or in a hospital crib. All discharge newborns and their families are escorted by a staff member to their car. *(Please note: Sometimes parents carry babies when they come back to the hospital after discharge for checkups or tests, but these babies are usually not in hospital t-shirts or blankets, and usually do not have a hospital identification tag on.)*
- Newborns and parents ID bands must be matched before newborn is given to them.
- Newborn(s) must always be in sight of staff or parents and NEVER left unattended.
- Only authorized nursing staff with pink ID badges and specific scrubs, identified physicians with pink ID badges and parents

or significant others with ID bracelets may take or transport infants.

- The parents and significant others are educated on infant security upon admission to the Labor and Delivery unit and again after their baby is born. This education is provided to the parents by the nursing staff.
- Entry doors into the nurseries are kept locked at all times. Badge access is restricted to authorized person only. Be aware of persons who may try to “piggy back” in behind you.
- Rooms which are farthest away from the nurses’ station and/or near exits are likely targets for an infant abduction.
- Be alert to unusual behavior like repeated visiting in the OB/nursery areas, questions asked about hospital procedures and the hospital layout, etc. Call Security at 8000 to report any suspicious person or persons.
- Feel free to question anyone who is carrying a newborn in their arms or behaving suspiciously after leaving the hospital on foot. Be very observant; get a good description, get help to notify Security and stall if possible. Stalling tactics may be done by saying, “Oh, let me look at the baby” and look for hospital ID band, hospital t-shirt and blanket. You may also stall by moving them to an area where there are people like other employees who can help make the call to Security.
- Abductors may conceal an infant in a bag or package – if you are suspicious, get a description to Security. Stall if possible.

Emergency Codes & Numbers

Emergency Numbers

Dial **x5555** for NSMC Security Needs (e.g. Fire, bomb threat, code white, security response needed)

Dial **x8000** for HealthONE Security Operator

Dial **x5556** for Stroke Alert

Hospital Codes Examples of How To Call Codes

- Code + Location (e.g. Radiation Incident, Nuclear Medicine)
- Code + Instructions (e.g. Tornado Warning, please implement tornado plans)
- Code + Description + Location Missing From (e.g. Missing Person, 26 year old female in black with blonde hair, from the Emergency Department)

Codes

Fire Alarm + Location

Hazardous Spill + Location

Radiation Incident + Location

Severe Weather Alert + Instructions (e.g. Tornado Warning)

Active (“Type”) Threat + Location + Instructions (e.g. Active shooter)

Security Response + Location

Lift Assistance + Location

Bomb Threat + Location + Instructions

Missing Person + Description + Location Missing From

Hostage Situation + Location + Instructions

Facility Lockdown + Location + Instructions

Code Blue + Location

CAT Team + Location

OB or Trauma Code White + Location

Condition Help + Location

Cafeteria

The North Suburban Café is available for staff and visitors. There are a variety of hot entrees, grill, sandwiches, and salads available. Café hours are posted outside the North Suburban Café.

Quick Reference

Who to Call:

In the event of an Emergency Dial 5555

Main Switchboard	303-451-7800
Administration	303-450-4404
Ethics and Compliance	303-450-4510
Facility Privacy Officer	303-450-3369
Plant Operation	303-450-4411
Media Relations/PR	303-450-4416
Risk Management	303-450-4559
Nursing Supervisor	303-450-4460
Staffing	303-450-4460
Employee Health	303-457-6759

Nurses Stations:

Telemetry	303-450-4486
2 East	303-450-8680
5th Floor/Ortho	303-450-4497
Pediatrics	303-450-3694
Women's	303-450-4489
Labor and Delivery	303-450-4491
Nursery	303-450-4493
Intensive Care Unit	303-450-4487
Emergency Department	303-450-4482
Surgery	303-450-4464
Day Surgery	303-450-4470
Radiology	303-450-4477
Laboratory	303-450-4476
Pharmacy	303-450-4540
EVS	303-450-4413
Safety	303-450-4436
Respiratory Care	303-450-4505
Security (in house)	8000

Dial "9" for an outside line.

Last 4 digits are in-house extensions.

Our Mission, Vision & Values in Action

Our Mission, Vision & Values

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

Our Vision: To bring exceptional health to every human being.

Our Values:

- Integrity: Doing the right thing, even when no one is watching.
- Compassion: Be empathetic to the needs of others and sympathize with their situation.
- Accountability: Take ownership for how actions impact outcomes.
- Respect: Value others and embrace diversity.
- Excellence: Take personal pride in exceeding expectations.



**9191 Grant Street
Thornton, Colorado 80229
(303) 451-7800**

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.

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

NPSG.01.03.01

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.

ROSE MEDICAL CENTER



ROSE MEDICAL CENTER

4567 E. 9th Ave. Denver, CO 80220
303-320-2121 | RoseMed.com



Our Programs

- Women's Health:
 - Obstetrics (Denver's "Baby Hospital")
 - Gynecology
 - Total Breast Care
 - Women's Cardiology
 - Pelvic Floor Disorders
- Total Joint Replacement & Spine Surgery
- Heart & Vascular Care
- Bariatric Surgery
- Thyroid & Parathyroid Center
- Comprehensive Cancer Care: Breast, Thyroid, Blood, Lung, Colorectal, Gynecologic
- Internal Medicine
- Amputation Prevention & Wound Care
- Sleep Center



RoseMed.com





Welcome to
Rose Medical Center!



Thank you for choosing to work at Rose Medical Center!

We are incredibly proud of our team and we are excited that you have chosen to join us. With origins in Jewish teachings, traditions and community, Rose's founders built this hospital to "serve the need of every creed."

Rose has been honored to receive many accolades over the years. In 2017 alone, Rose was named the #3 hospital in both Denver and the region by US News & World Report, Rose named among the 100 Top Hospitals® for ten years running by Truven Health Analytics™ and named by our employees as a Denver Post Top Workplace for three years. Rose also has earned Magnet® designation in recognition of our exemplary nursing care.

But it is the staff and physicians that make Rose such a special place. It is our team's unwavering commitment to high quality outcomes and excellent patient experiences that make Rose a tremendous place to work. And now, as part of the Rose staff, you are an integral part of this commitment.

If there is anything we can do to improve your job or your work experience at Rose, please let us know. We value our employees' opinions and want to continue to ensure that Rose is a place people are proud to call their workplace.

Welcome to Rose Medical Center!

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Tobin".

Ryan Tobin
President & Chief Executive Officer
Rose Medical Center



Lynne Wagner
Chief Nursing Officer



Deborah Hart
Chief Financial Officer



C. Meg Austin, MD
Chief Medical Officer

SAFETY

Safety is job #1 at Rose. All persons will provide a safe environment for our patients, visitors and staff.

- Know and adhere to all policies and procedures.
- If you see a hazard, correct it, if possible. If not, report it immediately.
- Report all accidents and incidents promptly.

PRIVACY

Rose respects the privacy of all individuals through the protection of confidential information and maintaining personal dignity.

- Never leave confidential information where it can be accessed by unauthorized persons.
- Always report any potential or suspected privacy violations.
- Avoid discussing confidential information in elevators and public areas.

"Rose and all our staff bring so much to our community. We have so many long-term employees, physicians, volunteers and return patients- that alone speaks for itself." Sharon Greer (PAS)

ATTITUDE AT ALTITUDE

Our commitment here in the Mile High City, is to portray a positive attitude by treating patients, co-workers and visitors with dignity, respect and courtesy.

- Exhibit a warm and pleasant demeanor- rudeness is NEVER tolerated.
- Recognize and embrace the diversity in everyone.
- Treat everyone you encounter with compassion, a smile and show a true interest in assisting them.

ACCOUNTABILITY

We respect each other and ourselves. We are responsible for our own performance within the organization.

- Be dependable. Consistently report for work as scheduled, on time, and prepared to make a difference.
- Be accessible and willing to help our patients, co-workers and all members of our medical community.
- Acknowledge the vital role each of us plays in providing care to our patients and customers.

COMMITMENT

We are all teammates, linked together to serve our patients and our communities.

- Express loyalty in action and communication.
- Cooperation is something we do, everyday, all day long.
- Demonstrate consistent commitment to the organizations' visions, values and goals.

APPEARANCE

We pledge to respect our customers, co-workers and visitors in the cleanliness of our facility and the professionalism of our appearance.

- Dress professionally and adhere to departmental and organizational dress code.
- Exhibit pride in the appearance of your work environment by keeping work areas clean and uncluttered.

"Rose leadership partners with the employees to create a caring work environment, with principles that emphasize commitment to us." Linda Durnall, RN (CCESC)



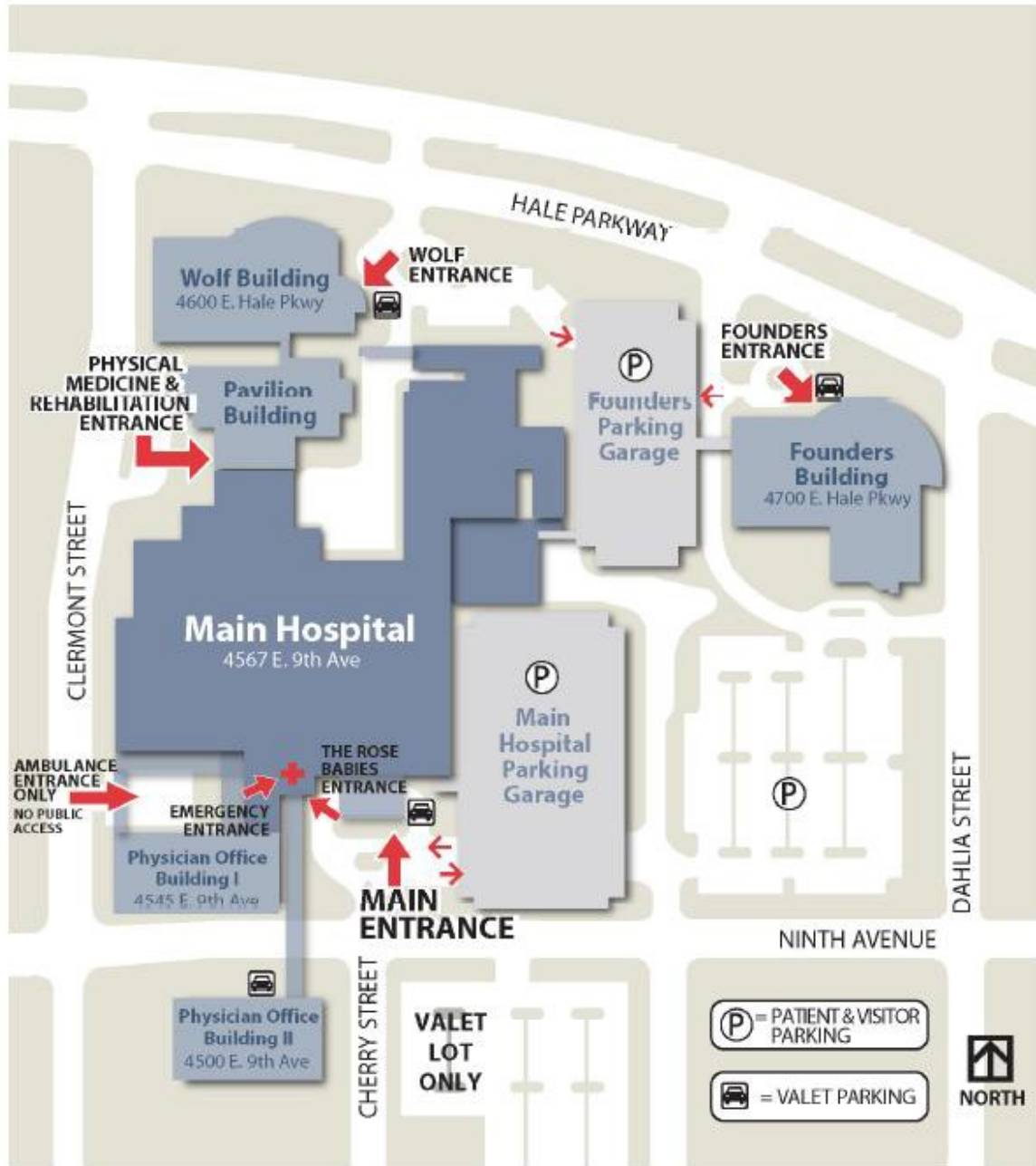
Well known as a Denver institution and a 9th Avenue landmark for nearly 70 years, Rose Medical Center has earned our reputation as Denver's "Baby Hospital" while becoming a leader in comprehensive women's care, orthopedics and total joint replacement, heart and vascular care, weight-loss treatment, cancer care, surgical services, internal medicine and emergency care.

Twenty years ago, our Executive Team created the Four Cornerstones of Rose to direct the leadership and staff maintain focus on our patients and their families and to continually reach beyond our mission and vision. These Cornerstones still guide us today.



WE ARE ROSE





VALET INFORMATION

Main Entrance: 24/7 • 303-329-4803
Wolf Valet: M-F, 5:30 a.m. - 6 p.m. • 303-320-2567
Founders Valet: M-F, 7 a.m. - 6 p.m. • 303-320-7465
4500 E 9th Ave Valet: M-F, 8 a.m. - 6 p.m. • 303-320-2564

PATIENT & VISITOR PARKING

Main Parking Garage
 Rose Founders Parking Garage
 Rose Founders Surface Lot

VALET PARKING

Main Hospital (9th Ave.)
 4500 E 9th Ave (9th Ave.)
 Rose Founders Building (Hale Pkwy.)
 Wolf Building (Hale Pkwy.)
 Emergency Dept. Entrance (9th Ave.)