



KEY ELEMENTS OF HOSPITAL ORIENTATION

Barrow Regional Medical Center would like to welcome you to our hospital. We would like to familiarize you with our organization, as well as provide information required by State and Federal agencies that will enable you to protect yourself from illness and injury while in our hospital.

Mission, Vision and Values

Mission: To provide quality healthcare services to our patients and their families with compassion and care without compromise; to contribute to the well being of our employees; and to establish the hospital as an integral part of the community.

Vision: To be the healthcare provider of choice for our region as we continue to meet the medical needs of our community by expanding our scope of services and providing quality care in a safe environment for patients, visitors, and staff.

Barrow Regional's Values: The employees and medical staff of Barrow Regional Medical Center will perform their duties in a way that consistently reflects the values of..... Integrity * Commitment * Compassion * Respect * Trust

Guiding Principles: We are Servant Leaders!, We do the Right Thing!, We don't Settle!

Customer Service

CUSTOMERS are: Anyone that we come in contact with such as BRMC staff, medical and allied health staff members, patient and visitors

Behavior Expectations:

- To be friendly, helpful and welcoming
- To have a positive attitude at work
- To be a team players
- To know, understand and follow the proper channels to communicate
- Be alert to patient and family needs throughout the hospital
- To be respectful to everyone they have contact with
- To meet patient care needs in a timely manner

What you want our customers to know:

- We are happy they chose us to serve them
- We want them to be satisfied
- We care about them and respect them
- We are worthy of their trust

How to listen effectively to our customers

- Ask open minded questions to get clarification
- Don't think about your answer while the other person is talking
- Give occasional feedback

Use of body language:

- Smile
- Maintain eye contact
- Lean forward and listen

Remember these communication tools when interacting with customers:

- Preserve the other person's self esteem and self confidence
- Concentrate on the facts, issues, problems and not the person
- Encourage the other person to participate in the discussion.
- Make sure the other person understands what was said.

Telephone Etiquette:

- Always answer the phone:
 - Hello
 - Department name
 - This is (give your name)
 - May I help you
 - If the caller needs transferred, tell why and where you will transfer them to
 - Ask the callers permission before putting him/her on hold and tell them how long they will be on hold

Points to remember:

- Value the customer
- Value other employees as customers
- Do everything possible to make customers feel important

Customer complaints:

What to do when accepting a customer complaint:

- Approach as accepting instead of defensive
- Listen and watch body language
- Think about customers needs

What to do to resolve a customer complaint:

- Find out the facts
- Agree on the problem
- Restate the problem using an understanding response
- Review the possible solution
- Have customer accept the solution

What to do if you cannot resolve a customer complaint:

- In all instances where staff/associate cannot immediately resolve the complaint; the staff / associate shall document the information provided by the patient. Whenever possible the complaint shall be documented on the complaint / grievance form.
- The individual who receives the complaint will inform the complainant that the complaint will be reviewed through the hospital complaint process. Inform the director of the unit and/or the supervisor.

Orientation to the Facility

The orientation process at BRMC includes the following components:

Hospital Orientation for New Employees

- For ALL new employees

- Introduces employees to history, mission, values, vision, customer service and quality, cultural diversity and human interaction, benefits and pay practices, and safety issues.
- Becomes part of the permanent record through education record system.

Departmental Orientation

- First day in your Department
- Includes tour, introductions, and opportunity for questions

Job-Specific Orientation

- First few days to several weeks
- May work with a preceptor or trainer
- Reviews job duties
- Documentation that an employee can perform core and essential duties of the job prior to being released to work independently. This is the initial competency documentation.

Evaluation of Performance (Competence)

- Competency evaluation is on-going
- Begins upon hire
- Updated annually on date of hire or at Annual Update
- Annual Review includes:
- Age specific competencies for employees with direct patient or family contact, possibly skill check-offs, equipment or procedure check-offs, annual training, Review of extent to which employee performs job duties. Age-specific care Competence in age-specific, appropriate care is required for all employees with direct patient/family contact. You should focus on requirements of the age group when addressing patient needs. This includes: Physical, Cognitive, and Psychosocial

Hospital Orientation for Medical Student

- For ALL Medical Students rotations
- Completed by the Medical Staff Office to ensure that the students are oriented to the facility and their rotation areas
- Medical Students will be reviewed and monitored in accordance with Hospital Facility and the School's Contract in force at the time of student's rotation.

Hospital Orientation for Physicians and Allied Health Professionals

- For ALL Physicians and Allied Health Professionals
- Completed by the Medical Staff Office and/or Physician Relations Coordinator to ensure that the providers are oriented to the facility and their specialty areas
- Will be continuously monitored through the FPPE/OPPE policy and procedures of the Hospital Facility.

YOUR RIGHT TO KNOW

The following pages provide information that every healthcare representative should know. In your role in our hospital, you are involved in helping people directly or indirectly. In doing that, you need to protect yourself and the patients in our hospital.

We use many medical gases and hazardous chemicals on a routine basis. Because certain dangers are associated with these materials when they are handled improperly, OSHA has developed the Hazard Communication Standards (HazCom). It requires employers to inform employees of work place hazards, giving you the "right to know" how to protect yourself against them. HazCom requires chemical manufacturers, employers, and employees to take steps so everyone who works around hazardous chemicals:

- Understand their specific hazards
- Has the information and equipment to prevent safety and health problems

HazCom requires employers to develop a written hazard communication program that informs employees:

- About the HazCom rule and how it's requirements are applied in the workplace
- How to recognize, understand and use labels and material safety data sheets (MSDS)
- How to work safely when using hazardous materials

In compliance with OSHA's Hazcom standard, we have a written hazard communication program. Every department should have access to the MSDS on-line program on the intranet. Click on Reference, and then go to MSDS online.

In the event of a hazardous chemical spill, each person should remember the acronym: **C.A.R – Contain, Alert, Read MSDS**

Chemical Spill Response Team: When a large amount of a chemical has been spilled, do not attempt to clean it yourself. Call engineering right away in order to activate the BRMC Chemical Spill Response Team. The code for a chemical spill is a code orange. Follow all procedures outlined below:

- 1) Notify people in the immediate area
- 2) Dial x5555 to report chemical, amount spilled, and location
- 3) Block off area, direct people to leave
- 4) Stand by spill until response personnel arrive.

INFECTION PREVENTION AND CONTROL / STANDARD PRECAUTIONS (BLOODBORNE PATHOGENS)

Infection control policies including the Exposure Control Plan for Bloodborne Pathogens and Tuberculosis are found on the Barrow Regional's Intranet and available 24hours a day in the Nursing Administration Office.

The Spread of Diseases:

The spread of infection requires the following to occur:

- A GERM must be present to cause an infection
- The germ must have A PLACE TO LIVE called its reservoir. Germs can live on/in people on surfaces or equipment, in the air, water, or food.
- Germs travel through the ROUTE OF TRANSMISSION. This can be by Contact, Droplets, and Airborne.
- A SUSCEPTABLE HOST is what germs are looking for which means a person that has conditions that put them at higher risk for infections.

Concept of Prevention:

Protecting our patients, staff, and visitors is one of your most important jobs in the healthcare environment. It is important to take the time to do what is necessary to help prevent the development of transmission or infections to your patients, to others, and yourself.

HAND HYGEINE

Hand washing or hand decontamination is the single most important means of preventing the spread of infections.

HANDWASHING STEPS FOR SOAP AND WATER:

1. Apply soap to wet hands.

2. Lather and vigorously rub hands together covering all surfaces of hands, fingers and fingernails for at least 20 seconds.
3. Rinse thoroughly under a stream of warm water.
4. Dry completely with a disposable paper towel.
5. Use disposable towel to turn off water.

DECONTAMINATION STEPS FOR WATERLESS ALCOHOL BASED HANDWASH:

1. Dispense product into palm of hand
2. Rub until dry taking care to apply to all surfaces of fingers and hands.

OTHER KEY POINTS OF HAND HYGIENE:

1. Keep nails clean
2. Do not wear artificial fingernails, extenders, nail jewelry, etc. if you have direct patient contact, or if you handle sterile instruments, food or drink, or equipment for patient care.
3. Use appropriate lotion to minimize the occurrence of irritant contact dermatitis, drying, cracking. Healthcare workers that provide patient care and/or wear latex gloves should use the lotion provided by the facility. It is formulated for compatibility with healthcare soaps, antiseptics, and does not break down latex.
4. Bar soap is not used by healthcare professionals for handwashing.

Standard Precautions is a program designed to protect healthcare workers from exposure to blood borne pathogens {i.e. human immunodeficiency virus (HIV) and hepatitis B virus (HBV)}. Since often it is not known who is infected with a bloodborne pathogen, all patients should be considered potentially infectious. Standard precautions are to be used with all patients and with all body fluids regardless of the diagnosis or presumed infections. Standard precautions incorporate the use of hand hygiene, personal protective equipment (PPE), containing secretions and safe work practices to prevent the spread of infection from/to all patients.

Exposure to such bloodborne pathogens (BBPs) can occur through:

- Contact with broken, chapped or cut skin
- Needlestick injury
- Contact with the mucous membranes

Personal protective equipment (PPE) should be worn when you are at high risk of exposure to blood, body fluids or tissues. Read the STOP SIGN on the patient/resident's door for important information about the type of precautions you must take.

PPE may include:

- Gloves
- Gowns / Aprons
- Mask with goggles and/or face shield
- N-95 Respirator Mask
- Resuscitation bags or other ventilation devices
- Disposable single-use gloves are the most common type of PPE.

Replace PPE as soon as practical if contaminated or immediately if torn or punctured and no longer offering barrier protection.

- Wash hands properly before and after each patient contact, and when gloves are removed.
- Wash hands immediately if they become contaminated with blood or body fluids.

- When using an alcohol based hand rub, apply product on the palm of one hand and rub hand together, covering all surfaces of hands and fingers, until hands are dry.
- Wear gloves when your hands are likely to be in contact with blood or body fluids, mucous membranes, skin that has open cuts or sores, or contaminated items or surfaces. The use of gloves does not eliminate the need for hand hygiene.
- Wear a protective gown or apron when you are likely to soil your clothes with blood or body fluids.
- Use caution when handling contaminated sharps. Dispose of them immediately after use in a puncture-resistant container.
- Wear gloves when you are handling laboratory specimens and tubes of blood. Check to see that the specimen is sealed.
- While performing procedures, use techniques that minimize the splashing or spraying of body fluids. Use protective eyewear and mask as needed.
- Never eat, drink, apply cosmetics or lip balm, or handle contact lenses in work areas.
- Don't store food in refrigerators where blood or other potentially infectious materials are kept.
- Use a pocket mask or other ventilatory device when giving CPR.
- Place anything touched by body fluids in leak proof, approved containers for sterilization or disposal.
- Clean, disinfect or sterilize contaminated equipment between uses and before sending equipment for repairs.
- If your job duties pose a reasonable potential for exposure to blood or body fluids, get the hepatitis B vaccine. Be sure to be up to date on all your vaccinations.
- Report any blood or body fluid exposures promptly to the department director, or the infection control nurse.
- Clean up potentially infectious spills immediately and thoroughly.
- Never recap, remove, bend, shear, or break needles, unless required by a medical procedure. If you must recap a needle use the one-handed technique.
- Report full sharps and waste containers-see that they are covered, removed and replaced.
- All medical waste should be placed into a red bag, which in turn is picked up by our medical waste contractor.

FOR ANY EXPOSURE

- Wash the area immediately with soap and water
- If splashed in the eyes, mouth, or nose have them properly flooded or irrigated (minimum of 10-15 minutes)
- Notify (the unit) supervisor immediately
- Complete an occurrence report
- Employees may follow-up with Employee Health Services or contact the Nursing Supervisor if after hours.
- Students may follow up with School Administration and Health Services at their facility
- Physicians and AHPs may seek treatment in the Emergency Department

One major component of infection control is isolation. There are three categories of isolation at Barrow Regional's.

AIRBORNE PRECAUTIONS (small droplet nuclei)

The major diseases found in this category are tuberculosis (MTB), measles, and chickenpox.

- N95 particulate respirator should be worn when entering the patient's room.
- Surgical mask should be worn by the patient when being transported (transporter does not need to wear a mask).
- Airborne precautions sign should be placed on patient's door and chart.
- Hands should be washed when entering and leaving the room.
- Patients should be encouraged to cover their mouths and noses if they sneeze, even when they are alone.

DROPLET PRECAUTIONS (large particle droplets)

The major diseases found in this category are pertussis, mumps, rubella, and meningitis.

Surgical mask should be worn by healthcare provider when within three feet of patient.

- Surgical mask should be worn by patient when being transported (transporter does not need to wear a mask).
- Droplet precaution sign should be placed on patient's door and chart.
- Hands should be washed when entering and leaving the room.

CONTACT PRECAUTIONS

This category is used for specified patients known or suspected to be infected with epidemiologically important microorganisms. This category includes patients with *Clostridium difficile*, multi drug-resistant organisms, lice and scabies.

- Gloves when entering the room (non-sterile gloves are adequate).
- Gowns when the entering the room if:
 - You will be having substantial contact with the patient
 - Patient is incontinent or has diarrhea.
 - Coming in contact with environmental surfaces or items in the patient's room.
- Always remove isolation gowns and gloves before leaving the patients room.
- Contact precautions sign should be placed on patient's door.
- Hands should be washed when entering and leaving the room.
- When possible, dedicate the use of non-critical patient care equipment to a single patient. If this is not possible, clean and disinfect the equipment before use with another patient.

GOOD HANDWASHING IS ONE OF THE MOST IMPORTANT THINGS YOU CAN DO TO PREVENT THE SPREAD OF INFECTION. IT KEEPS YOU FROM TRANSFERRING HAZARDOUS MATERIALS FROM YOUR HAND TO OTHER AREAS OF YOUR BODY, PATIENTS OR THE ENVIRONMENT.

Influx of Patients in the Event of an Outbreak

In the event of an outbreak we will use the most up-to-date documents from sites of reference as guidelines for the management of the patients, laboratory specimen handling, cleaning, etc. We will use routine surveillance, isolation and triage practices until the patient load or circumstances begin to dictate otherwise (i.e. cohorting on one unit, restricting visitation, etc.) Refer to the Influx of Patients with Infectious Disease Plan, Emergency Response policy, Internal/External Disaster Response (Code Triage) for implementation of the Emergency Incident Command Center.

The home page website of CDC (continuously updated information regarding outbreaks, bioterrorist events, etc., information, and guidelines) have been made accessible, with the appropriate links, to all Barrow Regional Medical Center employees on the Intranet home page at "CDC Information"-<http://www.cdc.gov/>. The physicians also have access to the internet on the hospital computers to obtain information from WHO and Ga Dept of Public Health.

Multi-Drug Resistant Organisms (MDRO's) & Hospital Acquired Infections (HAI's)

We follow CDC Guidelines for Reduction of MRDO's. Screen to be performed for MRSA and/or VRE per protocol in high risk patients at admission or admitted to a high risk area.

To help prevent HAI's we use daily monitoring of Microbiology results, physician and/or staff reports of potential cases. Electronic, manual, and verbal reporting of reportable diseases as required. We also have Bundles in place for VAP, CLABSI, CAUTI, and SSI's

VAP Bundle (Ventilator Associated Pneumonia)

- Head of the Bed 30° unless contraindicated
- Daily Sedation Vacation and daily assessment of readiness to extubate
- PUD Prophylaxis

- DVT Prophylaxis Co Ag therapy
- Teds/SCDs started within 24 hrs.
- VAP bundle on chart.
- CXR.
- Sedation Protocol signed scale given by MD weaning mechanics done daily 7am.
- Mouth care q4hr and PRN
- Turn patient q 2hr

Central line Bundle (CLABSI)

- Hand hygiene before insertion/manipulation
- Maximal barrier precautions during insertion
- Chlorhexidine (CHG) skin antisepsis
- Optimal site selection
- Prompt removal of unnecessary lines

Bladder Bundle to prevent Catheter Associated Urinary Tract Infections (CAUTI)

- Bladder Aseptic insertion and proper maintenance is paramount
- Ultrasound may avoid indwelling catheterization
- Condom or intermittent catheterization in appropriate patients
- Do not use the indwelling catheter unless you must!
- Early removal of the catheter using reminders

SSI Bundle (Surgical Site Infections)

- **Administer antimicrobial agents for prophylaxis with a particular procedure or disease according to evidence-based standards and guidelines for best practices.**
- **Administer intravenous antimicrobial prophylaxis within one hour before incision** to maximize tissue concentration (two hours are allowed for the administration of vancomycin and fluoroquinolones).
- **Discontinue the prophylactic antimicrobial agent within 24 hours after surgery** (within 48 hours is allowable for cardiothoracic procedures).
- **When hair removal is necessary, use clippers or depilatories. Note: Shaving is an inappropriate hair removal method.**
- **Maintain normothermia (temperature >36.0°C) immediately following colorectal surgery.**
- **Control blood glucose during the immediate postoperative period for cardiac surgery patients.**

Barrow Regional Medical Center has adopted an educational tool that has been provided by the U.S. Department of Health & Human Services. In addition to the review of the above materials, providers will review “Partnering to Heal” which is a computer-based, video-simulation training program on infection control practices for clinicians, health professional students, and patient advocates. The training highlights effective communication about infection control practices and ideas for creating a "culture of safety" in healthcare institutions. In addition to watching the video, providers are encouraged to take part in the role play scenarios at their convenience. The “Partnering to Heal” video and role play exercises can be found at: <http://www.hhs.gov/ash/initiatives/hai/training/>. For more information concerning infection control practices at BRMC, you may contact the Infection Preventionist @ 770-307-5451.

Influenza Measures

Patients admitted at BRMC are assessed for pneumococcal and/or influenza vaccination status and are offered pneumococcal vaccine and/or influenza vaccine as appropriate. Vaccinations are offered to all employees, physicians and allied health professional staff annually. To schedule a vaccination, you may contact the Employee Health Nurse @ 770-307-5308.

TUBERCULOSIS

During the mid 1980's Tuberculosis began to increase and appears to be related to the spread of HIV infection. Tuberculosis is a serious disease caused by Mycobacterium Tuberculosis and is spread when an infected person coughs or sneezes, spreading infected droplets. Tuberculosis falls into 2 categories: Latent TB which means that the person who carries the germ does not look or feel sick and cannot infect others; and Active TB in which signs of the illness are usually present. The patient may present with:

- Cough (for 3 weeks or more)
- Weakness
- Fever
- Weight loss
- Loss of appetite
- Night sweats
- Cough up blood, or have chest pain when coughing

Tuberculosis is screened through the use of a skin test. The test is not always foolproof; so further screening such as a chest x-ray could be needed.

Tuberculosis cannot be contracted through touching bed linen, utensils or clothing. People with an unhealthy immune system have a higher chance of developing TB. Young children, the elderly also have a higher risk.

All patients with suspected TB who enter the hospital will go into isolation for airborne precautions, until a diagnosis can be confirmed and they are no longer infectious. Doors to the isolation room must remain closed. The room must include negative air pressure, which means that air escaping an isolation room is vented outdoors, where TB cannot survive. All persons entering the room must wear an approved respirator.

Patients should be encouraged to cover their mouths and noses if they sneeze, even when they are alone, and they must wear masks if they leave isolation for tests or other procedures.

There are certain drug resistant strains of tuberculosis that cannot be cured by standard TB drug therapy. If patients begin standard TB drug therapy they must complete treatment or otherwise a small number of TB germs may remain in the body and can mutate in a way that allows them to survive standard TB drugs. That's why patients must complete **ALL** of their medicine. Patients are usually not infectious after 1-3 weeks of therapy, but treatment for TB commonly takes about 6-12 months, sometimes longer. Patients need to be reminded that they are isolated only until they are no longer infectious.

All BRMC employees, auxiliary, security, students, youth apprentices are screened annually by having a TB skin test placed and interpreted in Employee Health Services. Licensed independent practitioners may contact Employee Health Services for TST (TB Skin Test) and N 95 fit testing. Our Employee Health Nurse may be contacted at 770-307-5308.

BODY MECHANICS

LIFTING SAFELY TO PROTECT YOUR BACK

Back injuries are the most common type of injuries among health care workers in hospitals and nursing homes. You can prevent them by learning about your back and using your body correctly to lift and move patients and objects.

SAFE LIFTING TIPS

- Never reach above your shoulders-use a step stool or ladder
- When reaching down, support your upper body with one arm
- Always stay close to the load without leaning forward
- Push rather than pull whenever possible
- When bending, kneel down on one knee
- Bend your knees and hips-not your back
- When leaning forward, move your whole body, not just your arms

TIPS FOR LIFTING AND MOVING PATIENTS

- Always stand with your feet slightly apart
- Bend your knees, not your waist
- Lift with your legs and keep the patient close to your body to reduce strain
- Lower patients slowly, bending at the knees
- Work as a team with co-workers for large or heavy patients
- Use mechanical aids whenever possible

TIPS FOR A HEALTHY BACK

Keep you back pain free by following these general tips:

- Learn proper lifting techniques
- Plan ahead and take precautions
- Never twist
- Lift or carry only what you can handle safely
- When standing for long periods of time, balance your spine by placing one foot on a low stool, bend your knees slightly and keep your pelvis tilted forward
- When sitting, use a chair that allows both feet to be flat on the floor
- Always maintain good posture-slouching puts strain on you vertebrae
- Use lumbar support cushions for your lower back if you sit a lot

ENVIRONMENT OF CARE (EOC)

Our goal is to provide a safe, functional, and effective environment for patients, staff, and other individuals. The “environment of care” includes all buildings, grounds, equipment, and people.

To provide a safe and functional environment requires that we:

- Plan for space, equipment, and resources, to safely provide our services
- Educate staff
- Develop standards to measure and improve our performance
- Implement plans to manage the environment

Seven Plans (doing the right thing, the right way)

- Safety
- Life Safety
- Security
- Hazardous materials and wastes
- Emergency preparedness
- Medical equipment
- Utilities/power/water/telephone

These seven plans help BRMC ensure that we maintain safe conditions for all.

Updated 3/6/2012

The Environment of Care Committee

- Meets monthly
- Assists in the management of safety plans
- Recommends actions to improve the environment of care
- Is multidisciplinary in membership
- Is chaired by the Safety Officer. The BRMC Safety Office can be contacted @ 770-307-5233.

FIRE SAFETY

Fire prevention refers to our activities and plans to prevent fires in our organization, as well as special features of our buildings (alarms, etc.) that help prevent fires and allow us to respond quickly and correctly in the event of a fire. This includes keeping hallways free of clutter when supplies or equipment is not currently in use.

What you do during the first two to three minutes of a fire is more important than what you do over the next two or three hours. Prepare yourself before fire strikes in the workplace. Memorize all exit and emergency routes. Identify all alarms. Learn how to operate fire extinguishers. To respond rapidly and effectively, memorize the acronym: **RACE**

- R- Remove patients**
- A- Activate the alarm**
- C- Confine/contain the fire**
- E- Evacuate or if safe to do so, Extinguish**

When you discover a fire, rescuing patients in immediate, life-threatening danger is always your top priority. This means you should always stop to investigate any unusual odor at once. If you smell smoke coming from behind a door:

- Feel the door with the back of your hand before opening it
- If it's too hot to touch, don't open it
- If it's touchable, open it slowly
- If you must enter the scene of the fire to rescue a patient, stay low, remember that smoke and heat rise to the ceiling. Crawl beneath them.

Using a fire extinguisher is as easy as P-A-S-S:

P- Pull the pin between the two handles. Some units require the release of a lock latch, or other motion.

A- Aim at the base of the fire.

S- Squeeze or press the handles together.

S- Sweep from side to side at the base of the fire. Evenly coat entire area of the fire.

EVACUATE

- If a fire can't be extinguished and smoke, fumes or flames threaten patients' safety, you may have to evacuate. Total evacuation of patients will begin only upon verbal orders of the president, administrator on call, vice president of Nursing, Nursing supervisor, safety officer, or the Athens-Clarke Fire Department representative.
- Move patients horizontally. Get patients out of their rooms, through the next set of fire doors and into a safe area on the same floor. Always ensure that the patient's chart is accompanying the patient during the move.
- If you can't move horizontally because smoke or flames block your way, proceed vertically. Work your way down to a lower level. Don't move patients to a higher floor unless absolutely necessary.
- Never use elevators to escape.

- Evacuate ambulatory patients first to reduce confusion and hallway congestion. Wheelchairs should be moved next. Stretcher and Helpless patients should be moved third. Stay calm. Give clear and exact directions.
- Direct firefighters to the fire and to any patients still on the unit.

ELECTRICAL SAFETY

- If you notice a potential electrical hazard (equipment with cracks, broken switches, torn or frayed cords, bent plugs, or if liquid has been spilled on it, etc.) remove the equipment from service immediately
- Use only three prong plugs (no adapters)
- Never stack papers or books on electrical equipment
- Grasp plug, not cord when disconnecting equipment
- Use of electric razors on patients receiving oxygen is prohibited
- If a piece of equipment is dropped, notify the Bio-Med department because it must be inspected before being put back into use
- All electrical equipment must be inspected by the Bio-Med or Engineering department before being used in the hospital
- Never use extension cords unless they are approved by engineering and never bend plugs to make them fit into outlets
- Report defective electrical outlets and equipment so they can be repaired or replaced.

If a piece of equipment does not work properly, disconnect it, remove it from the patient care area, attach a “Remove from Service” tag and call Biomedical Engineering for repair. If a piece of equipment is dropped it must be inspected before being put back into use.

Use of electric razors on patients receiving oxygen is prohibited.

EMERGENCY POWER AND TELEPHONE

Barrow Regional has an emergency standby generator to provide emergency power for essential services. This generator is capable of providing power during outages, storms or other disasters. If normal power fails, the generator will automatically start and assume the load of all circuits on emergency power. Emergency power sources are identified by *red* receptacles located in patient rooms and nursing stations. Use these outlets for emergency equipment. For areas outside the main hospital building, consult each department’s procedures.

HOW TO REPORT AN EMERGENCY

1. Non-Hospital dial “911”
2. In Hospital Dial “5555”. State your name and title.
3. State the emergency (Code Red, Code Blue, etc)
4. State your location
5. For Code Red, state what is burning.
6. DO NOT hang up until the operator has repeated the information back to you.

HOSPITAL CODES AND RESPONSIBILITIES

When calling a code, dial 5555, give the code and location. Off Site offices should dial 911

<u>CODE RED</u> Fire	<ul style="list-style-type: none"> ▪ All hospital personnel will respond to fire drills ▪ In case of fire follow “R.A.C.E.” guidelines
<u>CODE ADAM</u> Kidnapping / Infant Abduction	<ul style="list-style-type: none"> ▪ Staff available should report to all exits for observation signs noted in the policy ▪ Staff who are suspicious should contact 5555 to notify Public Safety immediately ▪ Staff should not confront individual
<u>CODE PURPLE - Alert</u> Bomb Threat	<ul style="list-style-type: none"> ▪ If call is received by you, obtain and write down all the facts. A form is available in the Emergency Operations Plan ▪ Dial 5555 immediately and report the information received.
<u>CODE ORANGE</u> Chemical Materials spill	<ul style="list-style-type: none"> ▪ Notify personnel in the immediate area ▪ Evacuate nonessential personnel from area ▪ Confine the area in which the spill occurred (if external – stay inside)
<u>CODE BLUE</u> Cardiac Arrest / Medical Emergency	<ul style="list-style-type: none"> • Basic Life Support started by staff present • Code Blue Team responds (ER Physician, Anesthesia, Hospitalist, Respiratory Care, Supervisor, and Pastoral Care) to code blue emergencies • All staff, other than those required, should stay away from the immediate area
<u>CODE BLACK</u> Watch / Warning / Take Cover	<ul style="list-style-type: none"> • All available personnel • Assist in getting patients, visitors, etc to safe areas
<u>CODE TRIAGE</u> Community Disaster Plan	<ul style="list-style-type: none"> • Report to your department for instruction • Refer to “Emergency Response Procedures”
<u>RAPID RESPONSE</u> Rapid Response Team	<ul style="list-style-type: none"> • Anyone can call a rapid response by dialing 5555 and giving location of need • The assigned Rapid Response Team will report to the location specified
<u>CODE GRAY</u> Security	<ul style="list-style-type: none"> ▪ Assist in the movement of patients out of the hallway, Remain with patients ▪ Stay clear of the area • Call 5555 and report the situation

EMERGENCY OPERATION PLAN (EOP) ASSIGNMENTS OF HOSPITAL STAFF

When the emergency operation plan for Barrow Regional Medical Center has been activated, employees should follow the facility’s emergency operations plan. This information can be found on the facility’s intranet G drive.

EMERGENCY OPERATION PLAN (EOP) ASSIGNMENTS OF PHYSICIANS

When the emergency operation plan for Barrow Regional Medical Center has been activated, the hospital staff present may be unable to handle the immediate and emergent patient needs. As according to the Medical Staff Bylaws and Rules/Regulations for the facility’s Disaster Plan, physicians may be assigned to posts, and it is their responsibility to report to their assigned stations. The Chief of Staff and the Chief Executive Officer will work as a team to coordinate activities and directions. In cases of evacuation of patients from one section of the Hospital to another or evacuation from Hospital premises, the Chief of Staff or the Chief Executive Officer during the disaster will authorize the movement of patients. All policies concerning direct patient care will be a

joint responsibility of the Chief of Staff and the Chief Executive Officer. In their absence, the Vice Chief of Staff and Chief Operating Officer are next in line of authority, respectively.

TRIAGE AREA: All available physicians in the immediate area will report to Incident Command Center (Physician Lounge). The Chief of Staff and/or designee will send physicians to the ED to assist the ED physician as needed. The Emergency Department physician on duty or his/her designee will be directly responsible for physicians reporting to the ED. He/she will designate assignments as necessary to cover all areas and will be responsible for immediate patient admission from the triage area. He/she will act as expeditor taking care of area problems as they arise.

OPERATING ROOM:

- Priority to surgical patients will be made by the Surgical Services Committee Physician Chair or his/her designee. He/she will evaluate surgical candidates and prioritize surgical procedures as required by patient's conditions. The staff surgeons will perform surgery as designated as well as acting as consultants. The Chair of the Surgical Committee will be responsible for the Recovery Room as well and may assign surgical staff as necessary to ensure a smooth patient flow.
- Anesthesiologists and/or CRNAs will be expected to report. They will evaluate patients' condition for anesthesia and administer anesthesia. The Chair of the Surgical Committee and/or his designee will be responsible for the assignment of anesthesia personnel.

ALL OTHER MEDICAL STAFF DEPARTMENTS: The Chief of Staff and/or MEC Physician Department Committee Chairs and/or his/her designee will be responsible for the following:

- Review dismissal and potential patient transfer list prepared by patient care units. Evaluates patients and determines if transfer and/or dismissal are appropriate.
- Will give medical care to patients on the nursing units if the private physician is not available.
- Assist with and act as consultants regarding medical care of emergency/disaster patients admitted to the units.

Physicians are encouraged to review the emergency operation plan on the facility's intranet G Drive and/or in the physician's lounge. Physicians may also review this procedure in detail with the Medical Staff Office and/or Administration at any time.

RADIATION SAFETY

Everyone is exposed to small doses of ionizing radiation from space called cosmic radiation. Mobile x-ray machines and radionuclide's (the source of radiation used by nuclear medicine and oncology) are the two sources of radiation you are most likely to come in contact with in the hospital.

Liquid radionuclide's are also called radiopharmaceuticals, and require special precautions when being used. Always wear gloves and wash hands, and dispose of all contaminated materials in a specially labeled container. Blood, urine, saliva, and perspiration from a patient who has received a radiopharmaceutical drug are considered radioactive.

Mobile X-ray machines only generate radiation during the exposure. Time, distance and shielding are the three precautions to take around X-ray machines and you should always tell your supervisor if you might be pregnant. You should always stand 6 feet or more away from a mobile X-ray unit when an exposure is being made. If you must remain in the room during an exposure, a lead apron must be worn.

MRI SAFETY

Magnetic Resonance Imaging (MRI) scanners use powerful magnets to obtain highly detailed images. The magnet is 1.5Tesla, or 1.5 times the magnetic pull of the earth. Extreme caution should be used when entering the MRI scan room. Always consult with the MR technologist before entering the room. Ensure that all credit cards, debit cards, work ID badge, cell phones, etc have been removed from your pockets and ensure that you are never carrying anything that is ferrous...scissors, hemostats, screwdrivers, etc. Life threatening injuries can occur to anyone in the path of a ferrous object that has entered the magnetic field and grabbed by the magnetic force of the scanner.

GENERAL SAFETY

- Keep everything in its proper place
- Clean up or report spills immediately
- Watch out for wet floors
- Report loose or worn flooring or torn carpet
- Correct problems or report any unsafe condition immediately
- Stay attentive
- Don't daydream or take shortcuts
- Place waste in appropriate receptacles

SIGNS OF IMPAIRMENT

Samples

- Chronic absenteeism or tardiness
- Abnormal or erratic behavior
- Slurring of speech
- Difficulty in recalling/following instructions
- Errors
- Forgetfulness
- Mood swings
- Diminished personal appearance

WORKPLACE VIOLENCE GUIDELINES

1. Stop Violence Before It starts

A. ACT TO PREVENT IT:

- Store anything that could be used as a weapon (syringes, scissors, etc.)
- Trust your feeling about people and situations. Your feelings are vital warning signs. Better to be proven wrong than to be hurt unnecessarily.
- Treat everyone with respect. Common courtesy can help calm angry feelings.
- Report any poorly lit halls, stairs, or parking area, unauthorized personnel, and other situations that could invite robbery and possible violence.
- Don't leave purses or other personal belongings in view.

B. BE ALERT FOR WARNING SIGNS THAT A PERSON MAY BE LOSING CONTROL:

For example, watch for people who are:

- Acting drunk or under the influence of other drugs.
- Making threats, insults or unreasonable demands.
- Shouting or swearing.
- Pacing or restless

C. IF A PERSON SHOWS SIGNS OF LOSING CONTROL:

- Stay calm, alert staff by dialing 5555 and have operator page **Code Gray** if weapon is viewed.
- Keep 2-3 arm lengths away from the person. Give yourself room to escape.
- Offer to help the person, let him/her talk while you listen.
- Give the person choices. Use soft, but firm tone of voice.
- Look for weapons but avoid touching the person.

D. IF VIOLENCE OCCURS:

- Protect yourself first, and then sound the alarm or warning code.
- Help nearby patients and visitors stay calm and escape to safety.
- Give the person what he or she wants if possible.
- Do not use restraints by yourself- follow hospital policy.

E. IMMEDIATELY AFTER THE INCIDENT

- Report it promptly to the Supervisor or Risk Management Director.
- Review it with other staff members.

AGE/POPULATIONS SERVED SPECIFIC GUIDELINES

DEVELOPMENTAL STAGE	PSYCHOSOCIAL	TEACHING
<i>INFANT (BIRTH-1 YEAR)</i>	<i>Significant persons are parents Develops a sense of trust and security if needs are met consistently and with degree of predictability Fears unfamiliar situations</i>	<i>Keep parent in baby's view if possible, involve parents in procedures. Use distraction</i>
<i>TODDLER (1-4 YEARS)</i>	<i>Asserts independence & develops a sense of will, has temper tantrums Attached to security objects and toys</i>	<i>Use firm direct approach Use distraction techniques Give one direction at a time Prepare child shortly before a procedure Emphasize those aspects that require the child's cooperation</i>
<i>PRESCHOOLER (4-6 YEARS)</i>	<i>May be physically aggressive Behavior is modified by rewards and punishment Increasing independence and beginning to assert self</i>	<i>Explain procedures, unfamiliar objects Encourage child to verbalize Use doll/puppets for explanations when performing procedures Involve the child whenever possible Offer a badge of courage</i>
<i>SCHOOL AGE (6-12 YEARS)</i>	<i>Significant persons are peers, family, teachers Prefers friends to family Behavior is controlled by expectations, regulations and anticipation of praise or blame Belonging and gaining approval of peer group is important Fears losing control</i>	<i>Explain procedures in advance using correct terminology Explain equipment Allow child to have some control Provide privacy Promote independence Use visual aids; be concrete and specific</i>
<i>ADOLESCENT (13-18 YEARS)</i>	<i>Interested and confused by own development Often critical of own features and concerned with physical appearance Compares self to peers</i>	<i>Supplement explanations with rationale, encourage questions regarding fears, present explanations in logical manner and use visual aids. Offer educational materials to suit the patients' preferred method of education. Do not talk <u>about</u> the patient in front of them. Allow adolescent to maintain control, in decision making and care.</i>
<i>ADULTHOOD (19-65 YEARS)</i>	<i>Emotional stress due to mate selection, vocational selection, assuming occupational roles, marriage, childbearing, financial pressures, and independence. Time of emotional stress and conflict.</i>	<i>Communication: Involve family in patient's care and education. When educating adult patients, explain the benefits of adhering to treatment plan, otherwise education may not be effective.</i>
<i>GERIATRIC (65 AND BEYOND)</i>	<i>Concern for health increases Acceptance of death Decreased authority and autonomy Children leave home, become</i>	<i>Explain any instructions well to the patient and family Don't assume, ask lots of questions to verify understanding. Explain all instructions well.</i>

grandparents, reestablish as a couple
Retirement/may pursue second career,
hobbies
Depression related to decreased physical,
motor and cognitive abilities
Concern related to limited income
Slowing of mental functions

ABUSE AND NEGLECT

Every patient has the right to have access to protective services. Possible victims of abuse and neglect are identified using objective criteria. Anyone who reasonably believes that the physical or mental health or welfare of a patient of a department or the facility, who is receiving medical services, has been, is/or will be adversely affected by abuse or neglect by a person shall as soon as possible report it.

Abuse and neglect includes the following:

- **Physical Assault:** The violent physical or verbal attack or use of physical force resulting in physical and/or emotional harm.
- **Domestic Abuse:** The intentional violent or controlling behavior in the context of an intimate relationship, resulting in physical and/or emotional harm.
- **Rape:** The unlawful sexual intercourse, by force, against a person's will.
- **Sexual Assault:** An unlawful sexual act (fondling, masturbation, unclothing, oral and/or genital contact) or the use of objects for physical stimulation performed upon another without consent.
- **Child and Elder Abuse and Neglect:** To willfully inflict bodily harm and/or to passively or actively withhold medicine, food, clothing, treatments, basic hygiene and emotional support from a person age 60 years and older or a child under age 18 by a spouse, child, family member, legal guardian or caregiver.

GUIDELINES FOR ABUSE AND NEGLECT

GUIDELINE	CHILD	ADULT	ELDERLY
Subnormal weight loss	X		
Fall off growth velocity	X		
Weight or height < 5 th percentile	X		
Weight loss	X	X	X
Signs of malnutrition	X	X	X
Poor hygiene	X	X	X
Skin breakdown/decubitus ulcers	X	X	X
Bruise or burn in shape of object	X	X	X
Bite marks	X	X	X
Burns suggestive of immersion injury	X	X	X
Scars in shape of object	X	X	X
Scarring of skin without adequate explanation of injury	X	X	X
Traumatic hair loss	X	X	X
Unexplained dental or mouth injuries	X	X	X
Bilateral black eyes with history of single fall or burn	X	X	X
Fractures in excess of injury described	X	X	X
Conflicting stories about an injury from patient/parent or caretaker inconsistent with history	X	X	X

GUIDELINE	CHILD	ADULT	ELDERLY
Multiple fractures	X	X	X
Chronic abdominal or perineal pain with cause unidentified	X	X	X
Injury or complaint of pain in genitals or rectum	X	X	X
Scarring of perineum	X	X	X
Rectum prolapse	X	X	X
History of refusal of pelvic exam or hyper-anxiety with pelvic exam	X	X	X
History of substance abuse		X	X
History of prostitution		X	X
Bruises in various states of healing or in more than one part of the body	X	X	X
Marks on skin from straps, rope, or hand	X	X	X
Cigarette burns	X	X	X
Scalding or submersion injuries	X	X	X
Untreated medical conditions	X	X	X
Injured or ill child/adolescent not comforted by parent/guardian	X		
Presence of habit disorder (sucking, biting, rocking, etc.)	X	X	X
Presence of sleep disorder	X	X	X
Presence of speech disorder	X	X	X
Difficulty walking or sitting	X	X	X
Torn, bloody clothing	X	X	X
Precocious sexuality or fear of adults	X		
Denial of services or placement by persons controlling resources	X	X	X
Tangible assets disappeared or cannot be accessed	X	X	X
Allegations by child adolescent or adult	X	X	X

CULTURAL DIVERSITY

- We must always consider a patient’s culture when giving care or addressing patients or families in the hospital.
- A patient may belong to ethnic, regional, religious, and other groups, where there are values and beliefs and practices, which possibly affect how a patient views health care.
- Treat each patient as an individual.
- Avoid stereotyping and learn about each patient’s unique views on health care.
- Each patient has the right to be treated with respect, which promotes a better response to their care.

PREVENTION OF INFANT/CHILD ABDUCTION

Actions for Suspected Infant/Child Abduction

In the event of a suspected abduction the unit should contact Security and/or Protective Services

The operator will page “**CODE ADAM**” immediately.

All public exits must be manned until the police arrive to avoid anyone leaving.

All requests for information outside the hospital must to be directed through the Administrative Representative.

Identifying BRMC Pediatric Patients

Wristbands or ankle bands are worn throughout the entire hospital stay and should be replaced immediately if they are removed for any reason.

PATIENT SAFETY

Everyone has a role in making health care safe- physicians, health care executives, nurses, ancillary, everyone. Health care organizations across the country are working to make health care safety a priority. Each person can play a vital role by becoming an active, involved member of the healthcare team.

So what is being done to improve patient safety and reduce risks to patients?

- Recognizing and acknowledging the risks to patient safety and the potential for medical and health care errors;
- Being proactive instead of reactive and initiating actions to reduce risks;
- Not hiding problems but reporting what has been found and the actions taken;
- Looking at hospital processes and systems;
- Minimizing individual blame if involved in a medical or health care error;
- Learning everything we can about medical/health care errors;
- Sharing knowledge to effect behavioral changes;

What can you as a healthcare team member do?

Immediately report any potential patient safety issue to your supervisor and document the finding on an event report. The event report will be submitted to the risk manager according to policy.

Patient safety is an interdisciplinary process. We cannot care for patients alone. Think about it. Who is involved in the care of patients? **EVERYONE.**

DO NOT USE ABBREVIATIONS

Abbreviations can be harmful: The following are prohibited abbreviations at Barrow Regional for all orders, preprinted forms, and medication-related documentation: U, u, IU, Q.D., QD, q.d., qd, Q.O.D., QOD, q.o.d., qod, Trailing zero (X.0 mg), Lack of leading zero (.X mg), MS, MSO4, MgSO4. Barrow Regional has a P&T Committee that is utilized as an informative communication tool between the Medical Staff and the Pharmacy. The committee identifies the drugs and formulations required for use in the hospital, review the therapeutic regimen in case of adverse drug events, and provide necessary guidance to the clinicians for prevention and/or safeguards of such events. Hospital employees will be monitored by hospital policy and procedures. The Medical Staff's adherence to this requirement will be monitored and addressed through the Medical Staff Services FPPE/OPPE policy and procedure process.

ASSESSMENT AND CARE OF THE PATIENT:

- Is the process used to determine the care required to meet the patient's initial needs and the patient's response to care
- Initial assessments are completed within 24 hours of admission, or as stated by specialty area
- Physicians, family members, and others with knowledge of the patient may participate in the assessment process
- Patients should be reassessed when:
 - There is a significant change in condition or diagnosis
 - During the course of treatment
- Assessment should be age specific

Factors that should be included during patient assessment: (* = Focused on by TJC Joint Commission)

- Physical
- Educational
- Psychological*
- Self-care status
- Safety*
- Nutritional*
- Spiritual*
- Cultural*
- Functional*
- Social*
- Pain*
- Age specific*
- Suicide Risk*
- Pain

PERFORMANCE IMPROVEMENT (PI)

The Performance Improvement plan at Barrow Regional's is a way for us to improve our patient's care. The methodology we use for performance improvement activities is:

- P** Plan the improvement
- D** Do the improvement
- C** Check the results through data collection and analysis
- A** Act to maintain the change and continue improvement

Staff is involved in Performance Improvement through a variety of ways:

- Data collection
- Monitoring activities
- Identifying processes for improvement
- Support of fellow employee improvement activities
- Participation on a team
- Participation in performance improvement education activities
- Participation in community meetings
- Participation in department meetings
- Participation in employee and physician satisfaction surveys

Performance Improvement: Measure the process outcomes, Assess and evaluate process and outcomes, Prioritize improvement initiatives, Improve, design or redesign the process

Target areas include (Customer satisfaction, patient safety, regulatory standards or operational efficiency.) Performance improvement programs ensure that efforts to fulfill the Mission, Vision, and Strategic Goals are organization wide and collaborative with physicians, nurses, and all hospital employees. It ensures that a quantitative facts based decision-making process is used. It ensures that the focus is always on patient. The hospital's current Performance Improvement priorities include:

- Fall Prevention initiatives
- Universal Protocol initiatives
- Restraints initiatives
- Infection Prevention initiatives
- Hand Hygiene
- VAP prevention
- CLABSI prevention
- CAUTI prevention
- MDRO prevention

- Pressure Ulcer Prevention initiatives
- Medication error prevention initiatives
- Blood transfusion initiatives
- Myocardial Infarction initiatives (core measures)
- Congestive heart failure initiatives (core measures)
- pneumonia initiatives (core measures)
- surgical care improvement project initiatives(core measures)

Barrow Regional's Performance Improvement plans are approved annually and are managed through the Quality Management Committee (QMC) which include includes hospital staff and medical staff

HIPAA / CONFIDENTIALITY

What is HIPAA? (Health Insurance Portability & Accountability Act of 1996). HIPAA focuses on patient privacy and confidentiality. It is illegal to release information to unauthorized individuals or fail to adequately protect health information from being released.

Our patients expect and deserve privacy. They expect to be physically separated from strangers and employees when they consult or interact with their doctors, nurses and others taking care of them, and they expect that their private information will not be shared with people who don't have a need to know.

The hospital must notify a patient how their confidential information may be used (treatment, payment and healthcare operations) through what is call the "Notice of Privacy". The patient with authorization voluntarily agrees to let us disclose or use the protected information about them for a particular request or need. They can revoke the authorization at any time.

The patient may request special privacy considerations, such as choosing not to be listed in the hospital directory or asking that mail sent from the hospital be mailed to their place of business, rather than to a home address. The hospital does not have to grant the request, and the patient may choose not to be treated at the hospital.

All personal health, billing and demographic information, in any format (oral, paper or electronic) created or held by a covered entity is protected. Confidential Information includes patient identity, address, age, social security number, the reason the person is sick or in the hospital, the treatments he or she may receive and information about his or her condition or past health conditions, etc.

All members of the workforce at the hospital contribute to the care of the patient, but that doesn't mean everyone needs to see health information about patients. Employees, physicians and allied health professionals have access to the minimum amount of information necessary to perform their job. If you do not need to know confidential information to do your job, you will not be given access to it, either verbal, through the computer, medical record or on paper.

What can you do to protect patient privacy and confidentiality?

- Protect health information at nurses' station by keeping PHI off of countertop or areas where public can view or access.
- Use fax coversheet
- Keep fax machine and computer screen away from public.
- Use privacy curtains or doors when necessary.
- Do not discuss patient issues where they could be overheard or in any public area.

- Close room doors or draw privacy curtains.
- Knock before entering a room.
- Question anyone you feel might be looking at confidential information for the wrong reasons.

Protection of Passwords:

Passwords and access to confidential patient information is set up based on each individual's role within the facility. Each individual is given access to review information based on their responsibilities as a primary caregiver. Passwords are not, under any circumstances, to be shared. If you think that someone has accessed your password, please contact the Help Desk so that it can be reset. Audits will be run periodically to monitor password access to patient information. Inappropriate access of patient information is a serious offense. If you have knowledge of a password breach, please contact the Help Desk and/or the Privacy Officer as soon as possible.

Destruction of Protected Health Information (PHI):

- All PHI must be shredded if thrown away
 - Papers with name, demographics, treatment, diagnoses, etc.
 - Locked shredder bins are located throughout the building.
- IV Bags/Med Labels
 - Peel off label – place in designated container to shred
 - Blackout with marker (patient name, med, etc.)
 - Red bag if necessary for compliance

High Risk Areas:

- Sensitive health information (HIV, psych notes, abuse situations).
- E-mails (do not use for sending any PHI unless no other method available).
- Inappropriate disclosure to family/friends (not directly involved with care of patient).
- Business Associates (transcription companies, collection agencies, release of information companies).
- State laws (make sure it is the law) i.e. reporting of communicable diseases, police, deaths, abuse, etc.
- Destruction of PHI (shred it, not just in regular trash).

Reporting Violations:

- We expect all employees, physicians and allied health professionals to adhere to the privacy and confidentiality policies, but we know there may be times when the policy is violated.
- You need to report violations or suspected violations to your Privacy Officer. You may report anonymously, if you wish. You will not be retaliated against if you report a privacy violation. It is part of your job to report instances where you suspect policies are being broken.

Privacy Officer and Contact:

- Your Privacy Officer is the contact person for all HIPAA privacy-related concerns, complaints or questions.
Barrow Regional Medical Center
CONTACT: HIM Director
316 North Broad Street, Barrow Regional Medical Center, Winder, Ga 30680
Phone: 770-307-5209

FALSE CLAIMS ACT

Barrow Regional Medical Center is committed to proper and timely documentation of all services prior to billing to ensure that bills are submitted only for services ordered, and actually performed, and that appropriate documentation supports all claims. In furtherance of this commitment, BRMC and Health Management Associates (HMA), has established a Corporate Compliance and Ethics Program and detailed policies and procedures. As more fully described in the Corporate Compliance Code of Conduct and compliance policies and procedures, BRMC's Corporate Compliance and Ethics Program consists of designated Compliance

Officers, training, audits, anonymous reporting mechanisms, and an investigative process designed to minimize the risks of fraud, abuse, and mistakes, including the filing of false claims.

The Federal False Claims Act (“FCA”) helps the federal government combat fraud and recover losses resulting from fraud in federal programs, purchases, or contracts. Actions that violate the FCA include: (1) submitting a false claim for payment, (2) making or using a false record or statement to obtain payment for a false claim, (3) conspiring to make a false claim or get one paid, or (4) making or using a false record to avoid payments owed to the U.S. Government.

An individual (“whistleblower”) can sue for violations of the FCA. An individual cannot file a lawsuit based on public information, unless he or she is the original source of the information. The FCA contains important protections for whistleblowers. Employees who report fraud and consequently suffer discrimination are entitled to all relief necessary to be made whole, including two times their back pay plus interest, reinstatement at the seniority level they would have had except for the discrimination, and compensation for any costs or damages they have incurred.

BRMC and HMA has established a False Claims policy to provide all employees, contractors and agents with detailed information about the FCA, including the penalties for submitting a false claim and applicable whistleblower protections. The federal and state false claims acts play a significant role in preventing and detecting fraud, waste and abuse in federal health care programs, such as Medicare and Medicaid.

BRMC’s employees, contractors, and agents have an affirmative obligation to report suspected misconduct, such as false claims, to their supervisor, BRMC’s Compliance Officer, or through one of the anonymous reporting mechanisms.

At your request, Barrow Regional’s Corporate Compliance Officer can provide you with more detailed information regarding the Barrow Regional’s Corporate Compliance and Ethics Program and policies designed to protect federal and state health care programs from fraud, abuse, and mistakes. **Barrow Regional Medical Center’s Compliance Officer may be contacted @ 770-307-5354. The Corporate Compliance Hotline can be reached at 888-462-0380 and/or mail @ Health Management Associates, Inc., PO Box 770621, Naples, FL 34107.**

PROPER IDENTIFICATION

All employees, physicians, allied health professionals, volunteers and students are required to wear the identification badge at all times while on duty. The badge is to be worn above the waist, with the photo visible to patients, employees and guests.

LICENSE, CERTIFICATION, REGISTRATION

Certain job classifications require a license, registration or certification. It is the employee, physician and allied health professional’s responsibility to maintain a current license, registration or certification required for the job. If the employee, physician, or allied health professional allows the license, certification or registration to expire, they will be removed from the schedule as per policy and/or bylaws requirements.

PATIENT RIGHTS AND RESPONSIBILITIES & ETHICAL ISSUES

The hospital has an ethical responsibility to the patients and community it serves. To fulfill this responsibility, ethical care, treatment, and service practices and ethical business practices must go hand in hand. Each patient is provided a copy of their rights on admission to the hospital. It is our responsibility as employees or affiliates of the hospital to assure that the rights of each patient is protected.

Barrow Regional endeavors to respect the rights of each patient and to recognize that each patient is an individual with unique healthcare needs. The following reflects each patient's rights.

Patients have the right to --

- a prompt and reasonable response to questions and requests.
- know who is providing medical services and who is responsible for your care.
- know what patient support services are available, including whether an interpreter is available if you do not speak English.
- know what rules and regulations apply to your conduct.
- be given by the healthcare provider information concerning your diagnosis, planned course of treatment, alternatives, risks and prognosis.
- appropriate assessment and management of pain.
- refuse treatment, except as otherwise provided by law.
- be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- (if eligible for Medicare) know, upon request in advance of treatment, whether the healthcare provider or healthcare facility accepts the Medicare assignment rate.
- receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- receive a copy of a reasonable, clear and understandable itemized bill and upon request, to have charges explained.
- impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap or source of payment.
- treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research.
- express grievances regarding any violation of your rights, as stated in Georgia law, through the grievance procedure of Barrow Regional's and the appropriate state licensing agency.
- be treated with courtesy and respect, with appreciation of your individual dignity and with protection of you need for privacy.
- provide a designated person that is allowed 24 hour access to patient's room to assist them with their personal needs.

Patients are responsible for --

- providing to Barrow Regional Medical Center, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- reporting unexpected changes in your condition to Barrow Regional Medical Center.
- reporting to Barrow Regional Medical Center whether you understand a contemplated course of action and what is expected of you.
- following the treatment plan recommended by Barrow Regional Medical Center healthcare providers.
- keeping appointments and, when you are unable to do so for any reason, for notifying the healthcare provider or healthcare facility.
- your actions, if you refuse treatment or do not follow the healthcare provider's instructions.
- assuring that the financial obligations of your medical care are fulfilled as promptly as possible.

- following Barrow Regional Medical Center rules and regulations affecting your care and conduct.

RISK MANAGEMENT

Barrow Regional's Risk Management program monitors all unusual events/incidents to prevent or correct processes or practices that has or could lead to patient, staff, or visitor injury. When an unusual event/incident occurs, the person with the most knowledge is responsible for completing an Event Report. Event Reports should be completed within 24 hours of an event/incident and sent to the Risk Manager for review. The Risk Manager is responsible for sending the Event Report to the appropriate department for follow-up and action.

Types of events/incidents that should be reported include but are not limited to: falls, medication errors, hospital acquired pressure areas, hospital acquired infections, wrong site surgery, transfers to higher level care, complaints.

An **adverse event** is an unintended injury to patients resulting from a medical intervention.

A **sentinel event** is an occurrence that has caused death or serious injury to the patient. Serious injury specifically includes loss of limb or function. A **near miss** is defined as any process variation for which a recurrence would carry a significant chance of a serious adverse outcome (as in "or the risk thereof"). When a sentinel event occurs, the director of Risk Management must be notified immediately. Sentinel events may be investigated through the completion of a **Root Cause Analysis**. This is a comprehensive evaluation of the process involved and will include all staff members that provided care related to the incident.

EMTALA (Emergency Medical Treatment and Active Labor Act) refers to Sections 1866 and 1867 of the Social Security Act, 42 U.S.C. Section 1395dd, which requires hospitals with emergency departments to provide an appropriate medical screening examination within the capability of the hospital's emergency department to any individual who comes to the emergency department and requests examination or treatment, regardless of the individual's ability to pay. The law prohibits hospitals with emergency departments from refusing to examine or treat individuals with emergency medical conditions or women in labor. EMTALA It is also referred to as the "anti-dumping" statute. EMTALA's purpose is to ensure that all patients receive medical care as soon as possible. Among other things, this law requires:

- The hospital to provide to any person coming to the hospital requesting emergency services an appropriate medical screening examination by individuals qualified to perform such examination to determine whether an emergency medical condition (an "EMC") exists.
- The hospital to **either** provide necessary stabilizing treatment for any EMC or labor within the hospital's capability and capacity **or** transfer the individual appropriately to a hospital that has the capability and capacity to stabilize the EMC.
- A patient must be stable for transfer. "Stable" or "to stabilize" means to provide such medical treatment of the EMC necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility; or, in the case of a woman in labor, that the woman has delivered the child and the placenta.
- The transferring physician must identify a facility with a receiving physician that will accept the transfer and had corresponded directly with the transferring physician on the patient condition. The transferring physician has to determine, within reasonable clinical confidence, that the patient is expected to leave the hospital and be received at the second facility, with no material deterioration in his/her medical condition; and the transferring physician reasonably believes the receiving facility has the capability to manage the patient's medical condition and any reasonably foreseeable complication of that condition.

Barrow Regional's Risk Manager is the contact person for any risk related questions. Risk Management may be reached at 770-307-5354.

2012 HOSPITAL NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. Each year the Joint Commission issues the National Patient Safety Goals and Recommendations. During a survey we can expect many questions about how we have implemented the goals and recommendations here at BRMC. The following list the recommendations applicable to hospitals. Please review how you meet these recommendations in your area.

The Goals focus on problems in health care safety and how to solve them.

Identify patients correctly 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 medicine and treatment meant for them.

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

Improve staff communication Quickly get important test results to the right staff person.

Use medicines safely Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.

Take extra care with patients who take medicines to thin their blood.

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

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

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

Use safe practices to treat the part of the body where surgery was done.

Check patient medicines Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines.

Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home.

Give a list of the patient's medicines to the patient and their family before they go home. Explain the list.

Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.

Identify patient safety risks Find out which patients are most likely to commit suicide.

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

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

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

This is an easy-to-read document. It has been created for the public. The exact language of the Goals can be found at www.jointcommission.org.

NEED TO KNOW INFORMATION

NAME & DATE OF BIRTH is the two identifiers used at our hospital to identify a patient.

A “Time Out” includes:

During the time-out, the team members agree, at a minimum, on the following:

- correct patient identity
- correct site
- procedure to be done
- ***ALL ACTIVITY IS SUPPEDED DURING THE TIME OUT PROCESS***

SBAR

Hand-Off Communication Tool: This format should be used whenever a hand-off of patient responsibility occurs, (i.e. shift to shift report etc).

S- Situation: Identify yourself and the position, patient’s name and the current situation. Describe what is going on with the patient.

B-Background: State your relevant history and physical assessment pertinent to the problem treatment / clinical course summary and any pertinent changes.

A-Assessment: Offer your conclusion about the present situation.

R-Recommendations: Explain what you think needs to be done, what the patient needs and when. Verify and critical information received review the history seek clarification ask questions and read back critical test.

FALL PREVENTION:

At Barrow, patients that are identified as being at “HIGH” risk for falls have a yellow blanket on their bed that travels with them and a yellow armband. Preventing falls is everyone’s responsibility. A Fall Risk Assessment will be completed on all patients by a RN or LPN with 2 hours of admission to the unit and every shift. The BRMC staff will complete an event report immediately after a fall. Patient should be assessed for fall risk.

- On admission
- On transfer from one unit to another within the facility
- Following any change of status
- Following a fall
- At least every 12 hours

Hourly Rounding on each patient is an important fall prevention strategy

LABELING OF MEDICATIONS:

To prevent errors during surgery or invasive procedures, solutions and medications removed from their original container must be labeled with:

- Medication name
- Strength of the medication

- The date and initials of the person labeling
- This included basins bulb syringes

“Blanket Orders”: Orders such as “Resume home medications” are not accepted at our hospital. All orders must be written out. Pediatric and High Risk Medication **MUST** have a two- person at bedside identifiers.

Medication Reconciliation:

- A complete list of the patients home medication list is kept for every patient.
- Communicate complete list of medications to the patient at discharge, next level, or provider of care.

Hand Hygiene:

- A Surveyor will be watching!!!!!!

IMPORTANT FACTS TO REMEMBER

- What may and may not be stored under a sink? *Anything that could be contaminated should not be stored under a sink such as patient care supplies, linen, pillows, anything that can hold moisture, hand hygiene products (soap or alcohol rub) and paper towels. It is appropriate to store cleaning items such as: trash bags, clean mops or cleaning supplies if placed in a fluid resistant cover (plastic bag).*
- What is the acceptable storage of linen? *Cleanliness of linen must be maintained at all times. Clean linens carts must be covered at all times.*
- Do not store or place patient care items on the floor! *Items should be off the floor so contamination does not occur and products do not become damp or damaged when the floor is cleaned.*
- Most supplies have expiration dates. *Items that are frequently missed during routine checks are blood tubes, routine stock medications. Multi-dose vials should be dated when opened and discarded in 30 days.*

Possible TJC Surveyor Questions: A Joint Commission Surveyor may ask you the following questions. Joint Commission can be here at any time for a survey unannounced.

“Continuous Survey Readiness”: Answer all of the following questions if they pertain to you....

- What changes have been made to improve patient safety in your organization?
- How do you report an incident/variance?
- What measurable improvements have been made in your department over the past twelve months?
- How does your job support the organization’s mission?
- What is the best thing you can do to prevent the spread of infection?
- How do you ensure the correct patient has the correct procedure at the correct site?
- Describe the steps YOU would take if YOU should discover a fire.
- What is YOUR role in a disaster that results in the influx of patients to your organization?
- How is patient-specific information protected in your organization?
- How are patients informed of their rights?
- Who does this?
- How is the patient’s right to personal privacy ensured?
- What is the emergency phone number?
- Where are your departmental policies?
- Does the hospital have a list of unapproved abbreviations?
- Where are they kept?
- What is a MSDS and where are they kept?
- What are universal precautions?
- Where can you find the hospital’s Mission, Values, and Vision?

- What improvement activities have you been involved in on your unit?
- What are the two patient identifiers?
- What measures do you take if your patient's condition worsens?
- What is customer satisfaction?
- How do you identify yourself?
- What are the white boards in the rooms for?

PATIENT RESTRAINTS

It is the policy of Barrow Regional Medical Center to create a physical, social and organizational environment that limits the use of restraint to clinically appropriate and adequately justified situations. The term restraint includes physical restraint or a drug that is being used as restraint. The risks associated with restraint will be reduced through preventive strategies, the use of alternatives to restraint and process improvement activities. Education will be provided to ensure staff is knowledgeable about appropriate restraint use and associated risks of both use and nonuse. The approach to restraint use will be to protect the patient's health and safety and preserve his or her rights, dignity, and well-being. Physicians are encouraged to review the full policy- "Restraint and Seclusion" on the HMA intranet site at Barrow Regional Medical Center yearly. Physicians may also review this procedure in detail with the nursing staff at any time.

The purpose of the policy is to:

- ensure restraint use in any form is medically necessary and not used for the convenience of staff or as a means of coercion, discipline, or retaliation by staff;
- establish guidelines for safe and appropriate restraint use;
- address preventive strategies and alternatives to restraint use;
- define situations when restraint use is appropriate and clinically justified;
- describe the process for ordering restraint use;
- differentiate between acute medical-surgical care restraint and behavioral health care restraint;
- outline documentation of restraint use in the medical record;
- define performance improvement activities related to restraint use.

The following definitions should be reviewed when studying patient restraints:

- **Physical restraint** –Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move arms, legs, body or head freely. (CMS, 2007)
- **Drug used as restraint** –When the medication is used as a restriction to manage the patient's behavior, restrict freedom of movement, and is not a standard treatment or dosage for the patient's condition. (CMS, 2007)
- **Seclusion**– The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others. (CMS, 2007)
- **Acute medical surgical care restraint**- used to limit mobility or temporarily immobilize in relation to a medical, post-surgical or dental procedure; the patient's behavior is non-violent and non-aggressive; the patient's behavior pattern presents an immediate, serious danger to his or her safety or that of others.
- **Behavioral health care restraint**- used in an emergency or crisis situation when a patient requires restraint primarily for emotional or behavioral disorders not related to co-occurring medical-surgical care; the patient's behavior pattern presents an immediate, serious danger to his or her safety or that of others.
- **Emergency** – a situation in which a patient's behavior is violent or aggressive and presents an immediate and serious danger to the patient or others.

ASSESSING AND MANAGING PAIN

It is the policy of Barrow Regional that those patients in all care settings will receive pain assessment and management. Unrelieved pain has adverse physical and psychological effects and all patients have the right to appropriate pain management. Patients and staff will be educated about Barrow Regional's pain management program. Physicians are encouraged to review the full procedure for Pain Management at Barrow Regional yearly. Physicians may also review this procedure in detail with the nursing staff at any time.

The purpose of the policy is to provide guidelines for a systematic, interdisciplinary and collaborative approach to the assessment and management of pain. The focus of the pain management program is to provide pain control that is timely, safe, evidence-based and multimodal. This will be accomplished by:

- providing information to patients and families about pain assessment and pain management measures;
- providing a comprehensive initial assessment and regular reassessments of pain;
- educating patients and families regarding the importance of and their roles in assessing and managing pain;
- utilizing pain management techniques that consider the type and severity of the pain and are safe and effective;
- educating patients and families about the potential limitations and side effects of pain management interventions;
- involving patients and families in the plan for management of pain by giving consideration to the patient's developmental status and cultural, spiritual and/or ethnic beliefs;
- providing education to staff in pain assessment and management techniques;
- evaluating staff compliance in assessing and managing pain;
- utilizing measures to monitor pain management processes and patient outcomes.

Pain is a major focus area. Patients have a right to have pain addressed through a pain management process. Barrow uses a 10-point pain scale for patients to rate their pain. FLACC behavioral scale will be used to assess pain in pediatric and non-verbal and or unconscious patients who are unable to utilize the 0-10 Numeric/ face scale. It is **EVERY** employee's responsibility to report pain complaints to the Nursing Staff. Pain intensity will be reassessed and documented within one hour of pain relief intervention. Every employee is involved in making sure the above rights are protected everyday.

Pain should be assessed in all patients. When pain is identified, the initial assessment should include:

- Intensity (Pain scale)
- Location
- Character
- Frequency
- Duration

Remember, if you provide an intervention to relieve pain, be sure to follow-up on how effective the intervention was. DOCUMENT IT. *Not all interventions are medications. An intervention could be as simple as a pillow or change in position.

Patient and Family Education:

Document all patient education in the medical record

Patient teaching may include:

- Safe, effective use of medications and side effects
- Safe use of medical equipment
- Drug interactions
- Nutrition
- Rehabilitation techniques

- Activities of daily living
- When to get follow-up treatment

Patient Communication Deficits:

Primary language non English:

FOREIGN LANGUAGE INTERPRETERS

Contact the Charge Nurse Nursing Supervisor to get permission to access “Language line”

- Obtain speaker / conference phone
- Contact language line
- We have contracted with language line certified medical interpretation service. Each patient care area has the access number.

Hearing impaired / deaf:

TTY/TDD MACHINE (Located in the ER Registration area in the last cabinet)

The instructions for its use are as follows:

- If only the text printer is needed, simply plug in the Miniprint 225 and turn on.
- Type the message/question. Press the return key to allow printing. Allow the patient to type the answer. Press return key to advance printer paper.
- Always make a copy of the print for the permanent record.
- If the patient needs to use the TTY to make a phone call, place the telephone handset in the acoustic cups on the Miniprint 225. Make sure the cord is on the left side.
- Turn on the Miniprint 225.
- Dial the telephone number you are calling.
- When you see an answer on the display, type a greeting. After your greeting, type GA, (Go ahead).
- If you are answering a call, put the telephone handset in the acoustic cups on the Miniprint 225. Make sure the telephone cord is on the left side.
- Turn on the Miniprint.
- Type a greeting and wait for an answer.
- When you are finished with your conversation, turn off the Miniprint 225, and replace the telephone handset.

Sign Language Interpreting Specialist Inc. 770-531-0700

ADVANCE DIRECTIVES:

What is an Advance Directive?

- A written directive of a person’s choices for medical treatment should they become incapacitated and/or designation of person to make those decisions.
- ALL patients are screened to determine if they have and Advance Directive during the registration process. If the patient has an Advance Directive we will ask for a copy.
- Assistance/Information can be given to patients that request it.

If a patient has provided a copy of their Advance Directive it will be located in the patient’s medical record.

NEEDS OF A DYING PATIENT

It is the policy of Barrow Regional to define the integration of palliative care and hospice as a key component of family-centered, compassionate care, guided by a sense of respect, empathy, and concern that addresses the

unique needs of patients and their families. The following definitions should be reviewed carefully when studying the needs of a dying patient:

- **Palliative Care**- affirms life by supporting the patient and family’s goals for the future, including their hopes for a cure or life-prolongation, as well as their hopes for peace and dignity throughout the course of illness.
- **Hospice Care** – comprehensive, interdisciplinary care for patients and families facing a life-limiting illness. The focus on the care is to address the spiritual, physical, psychosocial and emotional needs of the patient. Expertise includes but is not limited to disease-specific symptom management, pain management, supporting patients and families with issues related to end of life care and bereavement support.
- **End of Life Care** – is not bounded by a specific prognosis; rather, it involves the recognition of the irreversibility of a life-limiting medical condition(s) that will likely result in death.
- **Imminently / actively dying**- specifies the period of a patient’s illness when death can be reasonably expected to occur. Common signs/symptoms of imminent death include: sedation or delirium, congestion commonly known as “death rattle”, cessation of artificial hydration or nutrition, and no plans for further life-sustaining treatments.

Patients and staff are educated about palliative care and hospice programs as well as the needs of a dying patient. Palliative care program provides a comprehensive and structured service for patients regardless of age, diagnosis, or prognosis. Hospice Services provides an opportunity for an increased level of quality symptom management for patients, regardless of age, with a life-limiting illness. Barrow Regional’s Resource Management Department and physicians work collaboratively to meet the patient’s needs.

POINT OF CARE PROGRAM POLICY – LABORATORY

The purpose of the Point Of Care Program Policy is to provide accurate laboratory tests results of procedures used to detect the possible existence of a particular, previously undiagnosed condition which may indicate a need for subsequent confirmatory testing and medical management, or for the rapid evaluation of a response to medical management of a diagnosed condition, performed by non-laboratory personnel. All activities of the POCT program must comply with all current regulations of the Georgia Department of Human Resources Office of Regulatory Service Health Care Section, Standards for Laboratory Accreditation of the College of American Pathologists and standards of Joint Commission. The procedures approved for POCT at Barrow Regional has a general procedure outlining steps that all personnel follow when performing testing. For any questions regarding the Point Of Care Program Policy at Barrow Regional Medical Center, you may call the Laboratory Manager at 770-307-5254.

PHARMACEUTICAL CARE SERVICES

The Barrow Regional’s Pharmacy Department is committed to excellent pharmaceutical care for all patients. In addition to order entry, the department has a 797 compliant Clean Room to prepare all of our sterile products. The pharmacy department provides many clinical services to our physicians and is dedicated to improving patient care for all who enter Barrow Regional’s. The pharmacy is happy to provide orientation to all physicians regarding services that they provide ranging from Kinetics, Hyperalimentation, Renal Dosing Adjustments, and IV to PO Conversion, Coumadin Dosing, Antibiotic Stewardship Recommendations, Drug Regimen Reviews, and Drug Searches. If you have any questions concerning the pharmaceutical care department clinical services, please call our Pharmacy @ 770-307-5343.

NON DISCLOSURE AGREEMENT

Physicians and Allied Health Professionals recognize and acknowledge that the services the hospital performs for its patients are confidential and that to enable the hospital to perform those services, its patients furnish to the hospital confidential information concerning their affairs; that the good will of the hospital depends, among other things, upon its keeping such services and information confidential; and that by reason of the professional's duties, the professional may come into possession of patient information or information concerning the services performed by the hospital for its patients, even though the physician/allied health professional does not take any direct part in or furnish the services performed for those patients.

The physician and allied health professional accordingly agrees that, except as directed by the hospital, the professional will not at any time during or after his/her services by the hospital disclose any of such services or information to any person whatsoever, or permit any person whatsoever to examine or make copies of any reports or other documents prepared by the professional, or coming into his/her possession under his/her control, that have in any way to do with the patients of the hospital. The physician/allied health professional recognizes that the disclosure of information by the professional may give rise to irreparable injury to the hospital or to the owner of such information may seek any legal remedies against the professional which may be available. Disclosure of information by the professional will result in cause for immediate suspension and/or termination as required by policy and/or bylaws.

The physician and allied health professional further agrees that he/she will at all times comply with all hospital policies and security regulations in effect from time to time for all materials belonging or relating to Barrow Regional Medical Center.

QUALITY OF CARE COMPLAINT? TELL THE JOINT COMMISSION

If you have a complaint about the quality of care at a Joint Commission-accredited health care organization, including Barrow Regional's, first attempt to resolve the issue with the organization. If you are still unsatisfied, The Joint Commission wants to know about unresolved quality of care issues. Summarize the issues in one to two pages and include the name, street address, city, and state of the health care organization. When submitting a complaint you may provide your name and contact information or submit your complaint anonymously. The Joint Commission's policy is to treat your name as confidential information and not to disclose it to any other party.

Joint Commission policy forbids accredited organizations from taking retaliatory actions against employees and/or providers for reporting quality of care concerns.

If you have questions about how to file your complaint, you may contact The Joint Commission toll free at (800) 994-6610, 8:30am to 5 pm, Central Time, weekdays.

Email:

complaint@jointcommission.org

Fax:

(630) 792-5636

Office Quality Monitoring

Mail:

Office of Quality Monitoring

The Joint Commission on Accreditation of Healthcare Organization

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

ALTERNATIVES FOR INFORMATION MANAGEMENT DOWNTIME SYSTEMS

Barrow Regional utilizes Pulse, MedHost, SoftLab, PACS and MAP/HPF for its information systems. In the event of a computer downtime, all documentation will be entered on specific downtime patient record forms specific to each unit that will then be migrated into the computer system upon return of operating systems.

NOTE: In the event of a catastrophic loss of the complete hospital network, all the above mentioned applications could be offline for some time. In that unlikely event, clinical communications could require a combination of fax, phones, and potentially direct access to information in the actual datacenter. There is the potential that information will not be available in that situation. Barrow Regional's and Health Management Associates are constantly working to expand our backup and redundancy mechanisms to better assure patient safety in the event of a system failure.

**BARROW REGIONAL'S HEALTH CARE SYSTEM
KEY ELEMENTS OF HOSPITAL ORIENTATION ACKNOWLEDGEMENT PAGE**

	Place a "✓" that you have reviewed each item within the key elements orientation package and understand the information provided.
Mission, Vision, and Values page 1	
Customer Service page 1	
Orientation to the Facility page 2	
Right to Know, MSDS page 3	
Standard Precautions, Bloodborne Pathogens, Infection Control page 4	
Review of "Partnering To Heal" Module – Teaming up against HAIs page 8	
Tuberculosis page 9	
Body Mechanics page 9	
Environment of Care page 10	
Fire Safety page 11	
Electrical Safety page 12	
How to Report an Emergency page 12	
Emergency Power and Telephone page 12	
Hospital Codes and Responsibilities page 13	
Emergency Management Plan Assignments of Hospital Staff and Medical Staff page 13	
Radiation Safety / MRI Safety page 14	
General Safety / Signs of Impairment / Workplace Violence page 15	
Age Specific Guidelines page 16	
Abuse/Neglect page 17	
Cultural Diversity page 18	
Prevention of Infant/Child Abduction page 18	
Patient Safety page 19	
Do Not Use Abbreviations page 19	
Assessment and Care of the Patient page 19	
Performance Improvement page 20	
HIPAA/Confidentiality (Corporate Compliance Handbook) page 21	
False Claims Act page 22	
Proper Identification page 23	
License, Certification, Registration page 23	
Patient Rights / Responsibilities & Ethical Issues page 23	
Risk Management / EMTALA page 25	
National Patient Safety Goals page 26	
Need To Know Information (Time Out, SBAR, Fall Prevention, Labeling Meds, TJC) page 27	
Patient Restraints page 29	
Assessing and Managing Pain page 30	
Patient and Family Education, Patient Communication, Advance Directives page 30	
Needs of a Dying Patient page 31	
Point of Care Program Policy / Laboratory page 32	
Pharmaceutical Care Services page 32	
Non Disclosure Agreement page 33	
Quality of Care Complaints to the Joint Commission page 33	
Alternatives for Information Management Downtime Systems page 34	
In addition to this material, I have also received the Corporate Compliance Manual	

I have received information on all the preceding items listed, and have a good understanding of all items. I have asked questions regarding those items I do not completely understand.

Signature _____ Printed Name _____ Date _____

I have furnished information on all of the preceding items listed and offered any additional information the individual inquired about.
Hospital Representative _____ Title _____ Date _____

Acknowledgement Sheet to be placed within the Employee and/or Provider's File as record of Orientation of Key Elements has been completed.