

HCA SOUTH ATLANTIC DIVISION DHP FACILITY ORIENTATION GUIDE



South Carolina Market:

Colleton Medical Center / Grand Strand
Regional Medical Center / Grande Dunes
Surgery Center / Monks Corner Medical
Center / Summerville Medical Center /
Trident Eye Surgery / Trident Surgery
Center / Trident Regional Medical Center

Jacksonville Market:

Memorial Hospital / Specialty Hospital /
Orange Park Medical Center

PLEASE REVIEW AND ATTEST TO PAGES 2-40
of the exhibits and the facilities listed below:

South Carolina Market:

Colleton Medical Center

Grand Strand Regional Medical Center

Grande Dunes Surgery Center

Monks Corner Medical Center

Summerville Medical Center

Trident Eye Surgery

Trident Surgery Center

Trident Regional Medical Center

INTRODUCTION

HCA SOUTH CAROLINA MARKET MISSION STATEMENT

“Above all else, HCA South Carolina Market is committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost effective healthcare in the communities we serve. In pursuit of our mission, we believe the following value statements are essential and timeless. We recognize and affirm the unique and intrinsic worth of each individual. We treat all those we serve with compassion and kindness. WE act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives. We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity. ”

Welcome and thank you for your interest in staffing our HCA South Carolina Market facilities. This document has been created to assist you in understanding the key components of our hospital environments, patient safety tips, important facility specific information and general instructions. The document will walk you through some basics guidelines and will review the patient safety and regulatory requirements. At the back of the document, you will find facility specific information including maps and where to park! Please review this information carefully, as it will guide you and help you to be comfortable and productive during your time here.

Thank you.

**GENERAL INFORMATION
FOR SHARED AND AGENCY EMPLOYEES**

CRITERIA	DESCRIPTION
1. Location of parking facilities:	Please see map and description located under specific facility section at back of this document.
2. First Shift Worked:	<p>All Dependant Healthcare Professionals must wear either a Parallon Workforce Management Solutions (PWMS)or HCA Facility issued picture ID at all times.</p> <ul style="list-style-type: none"> ▪ You will sign in /out as directed by the Facility prior to reporting to the assigned area.
3. HCA Smoking Policy	<p><i>All HCA South Carolina Market Facilities and grounds are tobacco-free environments.</i></p> <ul style="list-style-type: none"> ▪ Our smoke Free Policy prohibits all health care members, customers and visitors from smoking in the workplace. ▪ The use or sale of tobacco products, to include cigarettes, cigars, pipes and smokeless tobacco is prohibited in any HCA South Carolina Market Facility, to include parking lots and within any vehicle owned by HCA South Carolina Market. ▪ The policy applies to all people while on campus, to include, but not limited to, patients, families, visitors, Physicians, all Health Professionals, Physician Office personnel, Volunteers, Students, Vendors, Contractors, and Employees. ▪ It will be policy to establish and support the uniform prohibition of smoking on the campus of any HCA South Carolina Market Facility. ▪ Tobacco use will not be permitted on any part of the campus, ▪ In any vehicle owned by HCA South Carolina Market. ▪ At any office/program operated off-site by HCA South Carolina Market. ▪ It is the responsibility of every employee of HCA South Carolina Market to support and comply with the tobacco-free policy. ▪ If employees observe anyone using tobacco products while on campus, they should politely inform the

CRITERIA	DESCRIPTION
	<p>individual of the tobacco-free policy.</p> <ul style="list-style-type: none"> ▪ If the individual refuses to comply, becomes belligerent or agitated, employees should notify their supervisor or Security.
<p>4. Policy & Procedures</p>	<p>HCA South Carolina Market's policies are accessible on each facilities internal website. The On Line Lippincott Manual is also available through the facility internal website for additional clinical resources. Should you have questions regarding access to these systems, please contact the Charge Nurse/Supervisor on your assigned department.</p>
<p>5. Conflict resolution occurring in the patient care setting</p>	<p>Employee should report incidences in a professional manner to the Charge Nurse, Supervisor, Manager, Director and/or Administrative Supervisor at the facility.</p>
<p>6. Occurrence Reporting should be completed in Meditech QM/RM Module as soon as possible and/or within 24 hours of any safety events involving.</p>	<p>Report any unusual event or occurrence out of the ordinary to your supervisor, such as:</p> <ul style="list-style-type: none"> ▪ Medication errors – omission, wrong dose, wrong route, wrong patient, etc. ▪ Equipment failures affecting patients ▪ IV infiltration ▪ Patient/Visitor/Staff falls or injury ▪ Procedural injury or potential injury <p>Complete Occurrence Report in Meditech:</p> <ul style="list-style-type: none"> ▪ Patient Notification - anything affecting a patient ▪ Employee Notification – CMC <i>employee</i> injury or illness ▪ Non-patient Notification – non-patient, non-employee event; i.e. visitor, contract staff, physician, event unrelated to a person
<p>7. Code of Conduct and Ethics and Compliance</p>	<p>HCA Code of Conduct must be completed initially and annually thereafter.</p>

CRITERIA	DESCRIPTION
<p>8. Performance Evaluation:</p>	<p>The performance review is viewed as an ongoing process of your performance. Initial competencies will be completed by a designated person within the department that you will be providing services in within 90-days of your first shift. The facility is responsible for completing a performance evaluation and annual competencies on a common review date each year. Original evaluation forms remain at the facility and will be faxed to Parallon for inclusion into your credentialing file.</p>
<p>9. Fire Safety</p>	<p>In the event of fire, all employees are to practice R.A.C.E. and P.A.S.S. as outlined below.</p> <p><u>R.A.C.E.</u> R=Rescue any person who is in immediate danger. Close the doors to the area of the fire and adjacent doors to the area. A= Activate the nearest pull station or have someone do it for you. DIALS XXXX (check at the facility). Give your exact location, location of the fire, your name and if the fire is contained. C=Confine the fire by closing all doors and windows in the area. E=Extinguish the fire with a fire extinguisher if possible.</p> <p><u>P.A.S.S.</u> P=Pull the pin on the Fire Extinguisher A=Aim the extinguisher nozzle or horn at the base of the fire. S=Squeeze or press the handle. S=Sweep the extinguisher side to side at the base of the fire until it goes out. Shut off the extinguisher. Watch for the Re-Flasher and reactivate the extinguisher if necessary.</p>

GENERAL INFORMATION

Equipment Safety

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

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

If you have a piece of medical equipment that is not working, a TAG (provided by GE Biomed) should be placed on it – making sure that nobody mistakenly uses it, until it is fixed. The GE Biomed office should be advised that they need to fix that specific broken piece of equipment.

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

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

Electrical Safety

To prevent electrical injury, follow these simple safety rules:

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

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

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

Back Safety

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

- Assess your need for lifting assistance before starting
- Assure a firm footing and a clear path
- Tighten your stomach muscles
- Bend your KNEES, not your waist
- Hold the object close to your body
- Avoid twisting

Hazardous Materials– MSDS

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

- Hazardous materials and waste should be kept in a clearly labeled container made of an appropriate material and stored in a cabinet or area approved for the material.
- Cleaners and disinfectants should not be stored in unmarked plastic spray bottles.
- Bio-hazardous (infectious) waste should be contained in red bags and placed in impervious plastic containers marked with the bio-hazardous symbol.
- If a chemical spill, exposure or poisoning occurs, the MSDS = Material Safety Data Sheet must be obtained. To obtain a MSDS any time of day, access HazSoft located on the facility internal website or call HazSoft 1-866-990-2522.

OSHA

BLOODBORNE PATHOGENS

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

PROTECTIVE PERSONAL EQUIPMENT (PPE)

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

TUBERCULOSIS

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

CDIFF

Clostridium difficile, also known as “*C. diff*”, is a germ that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:

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

Who is most likely to get C. diff infection?

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

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

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

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

MRSA

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

Who is most likely to get an MRSA infection?

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

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

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

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

To prevent MRSA infections, healthcare providers should:

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

Disaster Preparedness

The South Carolina Market Facilities have developed and maintain emergency preparedness plans for events that may occur internal or external to the facility. Specific plans are available at each facility. Critical components of the plans include:

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

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

HIPAA

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

Intent

HIPAA touches on many aspects of healthcare. This includes:

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

How HIPAA Protects Patient Privacy

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

You can learn more about health information privacy by going to the web site:

www.hhs.gov/ocr/hippa.

Information that HIPAA Protects:

- Protected Health Information (PHI) may be individually identifiable if any of the following are present.

<ul style="list-style-type: none">• Name• Address including street, city, county, zip and geo-codes• Names of relatives• Name of employers• Birth date• Telephone numbers• Fax numbers• Electronic e-mail addresses• Social security number• Medical record number• Health plan beneficiary number• Medical Records• Medical history interviews• Telephone calls• Faxing	<ul style="list-style-type: none">• Account number• Certificate or license number Vehicle or other device serial number• Web Universal Resource Locator (URL)• Finger or voice prints• Photographic images• Any other unique identifying number, characteristic, code• Computers• Patients• White boards• Sign in sheets
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What does this mean to the healthcare worker?

- Facilities must identify a process for patient's family members/friends, designated by the patient to obtain clinical information.
- You may still share information without patient authorization as it relates to TPO (Treatment, payment or business operations.)
- Required validation of fax numbers and available, appropriate recipients for patient information.

Cultural Competence

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

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

Diversity is the condition of being different or having differences.

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

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

Health care providers take many approaches to bridge barriers to communication that stem from racial, ethnic, cultural, and linguistic differences. Lack of awareness about cultural differences can make it difficult for both providers and patients to achieve the best, most appropriate care. When cultural perspectives or customs are not understood, conflicts can arise.

Despite all our similarities, fundamental differences among people arise from nationality, ethnicity, and culture, as well as from family background and individual experiences. These differences affect health beliefs, practices, and behavior on the part of both patient and provider, and also influence the expectations that patient and provider have of each other.

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

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

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

Cultural Considerations should include:

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

PATIENT SAFETY

NO PASS ZONE

In order to support our clinicians in implementing intervention strategies, our South Carolina Market facilities have agreed to implement the “No Pass Zone” concept which reinforces that fall reduction is a responsibility of all employees in the hospital. The concept is simple, if any employee should come across an unanswered call light, he/she must respond as appropriate and not pass up the opportunity to assist the patient. This concept also supports our strategic initiative to improve staff responsiveness which is reflected in our satisfaction scores.

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

FALL Prevention

- Patients **at risk for fall** should have the following
 - Yellow Socks
 - Signage at the door
- Patients **at high risk for fall** should have the following
 - Low bed
 - Bed alarm
 - Chair alarm
- Educational materials regarding falls should be explained to the family when falls precautions are initiated and reinforced every shift.
- If your patient does experience a fall, the following should be documented:
 - Meditech notification
 - Post Falls Investigational Tool: Paper form (notify the charge nurse to assist).
- Meditech Post Falls Assessment

Clinical & Non-Clinical Staff Expectations

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

Verbal Orders

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

Assessing and Managing Pain

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

Reasons for poor pain management

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

Comprehensive Pain Assessment

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

Reassessment of Pain (Evaluation)

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

Reporting Care Concerns to The Joint Commission

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

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

EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) was part of 1986 COBRA law. The purpose of the law was to prevent patient dumping because of inability to pay. EMTALA is a much larger scope. It applies to all individuals who present to the Emergency Department or anywhere in the hospital grounds and request examination and treatment of a medical condition. An appropriate medical screening examination must be performed by a licensed independent practitioner to determine if an emergency medical condition exists.

A triage assessment by a nurse is not considered an appropriate medical screening examination. The patient must be seen by a licensed independent practitioner qualified to perform the medical screening examination. If a patient asks about insurance, payment or specific clinical services offered, tell the patient that our facilities will provide an appropriate medical screening examination and treatment regardless of the patient's ability to pay or insurance.

If the patient has an emergency medical condition, there is a duty to stabilize the patient. If the patient is transferred, an appropriate transfer must be made. An appropriate transfer includes:

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

A supervisor must be notified of any patient transferring from our facilities to another outside facility.

Patient Rights

All patient care and patient-related functions will be performed with an overriding concern for the patient and his dignity as a human being. Healthcare providers and service providers in the HCA South Carolina Market Facilities will at all times and in all acts observe and respect the moral and legal rights of each patient as set forth in the Patient Bill of Rights.

Each patient is provided with a written statement of patient rights and notice of privacy practices. These statements include the rights of the patient to make decisions regarding their medical care, the right to refuse and accept treatment, the right to informed decision making, and the patient's rights related to his or her health information maintained by the facility.

Language Translation/Sign Language

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

National Patient Safety Goals 2012

The purpose of the National Patient Safety Goals (NPSG) is to improve patient safety. The goals focus on problems in health care safety and how to solve them. The 2012 Joint Commission NPSG are integrated into our patient care delivery system. The goals protect patients, protect healthcare personnel and promote quality healthcare.

The 2012 NPSG are as follows:

1. Identify Patients Correctly-
 - a. Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
 - b. Make sure that the correct patient gets the correct blood when they get a blood transfusion.
2. Improve Staff Communication-
 - a. Get important test results to the right staff person on time.
3. Use Medicines Safely-
 - a. Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
 - b. Take extra care with patients who take medicines to thin their blood.
 - c. Record and pass along correct information about a patients medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
4. Prevent Infection-
 - a. Use the hand cleaning guidelines from the CDC or the World health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
 - b. Use proven guidelines to prevent infections that are difficult to treat.
 - c. Use proven guidelines to prevent infection of the blood from central lines.
 - d. Use proven guidelines to prevent infection after surgery.
 - e. Use proven guidelines of the urinary tract that are caused by catheters.
5. Identify Patient Safety Risks-
 - a. Find out which patients are most likely to try to commit suicide.
6. Prevent Mistakes in Surgery-
 - a. Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
 - b. Mark the correct place on the patient's body where the surgery is to be done.
 - c. Pause before the surgery to make sure that a mistake is not being made.

Infection Control Overview

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

Practice Hand Hygiene

WHAT: ***Soap and Water***

WHEN:

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

WHAT: ***Alcohol based Instant Hand Sanitizer***

WHEN:

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

Fingernail Guidelines

Fingernails must be neatly manicured and no longer than ¼ inch past the end of the finger in the patient care areas. Acrylic and sculptured nails are not permitted in patient care areas or by employees that prepare items for patient care use. *Gel nails are unstudied and may pose the same risk to patients as artificial nails, and are therefore prohibited in patient care areas or by employees that prepare items for patient care use.*

Signs of Abuse and Neglect

Abuse or Neglect Identification	Children Less than 18	Young and Middle Adults 18-59	Older Adults 60 or older
Presentation or Manifestation	Behavioral issues (truancy, acting out) Nightmares Insomnia Inappropriate family reactions Sexual acting out Withdrawal Bruises, cuts, cigarette burns Frequent UTIs STDs No proper parental care (young child left alone)	Fatigue Anxiety Depression Possible suicide attempt Extent or type of injury inconsistent with patient's explanation Frequent ED visits Problem pregnancies Feeling trapped	Bruises, especially on upper arms from where shaken Laceration to the face; injuries at various stages of healing Flinching, especially if sees abuser Depression Poor eye contact Delay in treatment (caretaker not giving meds, not being taken to appointments) Over-sedated Unclean appearance
Whom do I call?	Per facility procedure, may be hospital social worker or nursing supervisor	Per facility procedure, may be hospital social worker or nursing supervisor	Per facility procedure, may be hospital social worker or nursing supervisor
Does the law require Social Services to be notified?	Know the laws in the state you work. Yes (per our ER Director)	Know the laws in the state you work. Yes if vulnerable adult	Know the laws in the state you work. Yes if vulnerable adult
What do I do if I suspect a criminal act has occurred? (e.g. use of firearm, knife or sharp instrument, sexual assault)	Notify the appropriate party per facility procedure. May be hospital social worker or nursing supervisor. Requires reporting to the police by either the physician or hospital designated representative.	Notify the appropriate party per facility procedure. May be hospital social worker or nursing supervisor. Requires reporting to the police by either the physician or hospital designated representative.	Notify the appropriate party per facility procedure. May be hospital social worker or nursing supervisor. Requires reporting to the police by either the physician or hospital designated representative.
Since my job requires documenting in the patient record, what do I have to document?	All pertinent documentation including patient quotes regarding circumstances; specific location and size of injuries or bruises; conversations related to injury. Refer to facility procedure for specifics.	All pertinent documentation including patient quotes regarding circumstances; specific location and size of injuries or bruises; referrals provided; that patient encouraged to report domestic violence; conversations related to injury. Refer to facility procedure for specifics.	All pertinent documentation including patient quotes regarding circumstances; specific location and size of injuries or bruises; conversations related to injury. Refer to facility procedure for specifics.

Source: HCA PWMS Midwest Divisions.

Emergencies and Emergency Care

Appropriate response to medical emergencies requires rapid assessment and prompt intervention to avoid further deterioration of the patient. Hospital medical emergencies are usually announced through pre-designed codes in use by the facility. (See individual facility Emergency Code listings)

As a participant in the Institute for Healthcare Improvement's "100,000 Lives" campaign and in compliance with The Joint Commission's National Patient Safety Goal #16, "*Improve recognition and response to changes in a patient's condition*," Rapid Response Teams (RRTs) or Medical Emergency Teams (MET) have been implemented through out our facilities. These teams, the make-up of which varies, typically consist of critical care nurses, respiratory therapists, and hospitalists if available. These teams may be in additions to the Code Cardiac Arrest Team or may be the same team. The concept is to give the bedside caregiver additional assistance when a patient begins to deteriorate and before cardiac or respiratory arrest. Criteria and guidelines for activating the RRT/MET teams may vary from facility to facility but the basis is the deterioration of the patient. Precious time is not wasted trying to locate the attending physician and the team works with and communicates with the attending physician after the patient is stabilized.

2012 Core Measures

The Core Measures are mandated by CMS, the Centers for Medicare/Medicaid services, and are publicly reported on the internet. They are linked to hospital reimbursements for Medicare and Medicaid patients. Third party payers are basing reimbursement on core measures performance, aka, "pay for performance".

The North Texas Division is currently looking at the following key Core Measures and each of these conditions then have several specific procedures or required care measures that are monitored. We look at the care patients receive then they present with the follow;

1. Heart Failure
2. Acute Myocardial Infarction
3. Pneumonia
4. Surgical Care Improvement
5. Childhood Asthma Care
6. Hospital Outpatient Test and Treatment
7. Perinatal Care
8. Stroke
9. Venous Thromboembolism
10. Hospital Based Inpatient Psychiatric Services
11. Emergency Department Initiatives

SBAR(R) Clinical Support Tool:

Communication Tool in Healthcare

Defining SBAR(R): SBAR is a standardized way of communicating with other healthcare givers. It promotes patient safety because it helps physicians and nurses communicate with each other. Staff and physicians can use SBAR to share what information is important about a patient.

SBAR is an acronym that stands for:

S – Situation: What is happening at the present time?

B – Background: What are the circumstances leading up to this situation?

A – Assessment: What do I think the problem is?

R – Recommendation: What should we do to correct the problem?

(R) – Read Back and Verify the telephone order!

Standardize Communication: Because clinical teamwork often involves hurried interactions between human beings with varying styles of communication, a standardized approach to information sharing is needed to ensure that patient information is consistently and accurately imparted. This is especially true during critical events, shift handoffs, or patient transfers. SBAR offers hospitals and care facilities a solution to bridge the gap in **hand-off communication** through a standardized approach to patient reporting at shift changes and during patient transfers.

This simple, yet highly effective communication technique can be used when:

- A nurse is calling a physician
- Nurses are handing off patients to one another
- Nurses are transferring patients to other facilities
- Nurses are transferring patients to another area for procedures
- Nurses are transferring patients to another level of care

Communication breakdowns between health care providers are a central feature in episodes of avoidable patient harm.

Why SBAR? The safe and effective care of patients depends on consistent, flawless communication between caregivers. Hand-offs, or the process of passing on specific information about patients from one caregiver team to another, is an area where the breakdown of communication between caregivers often leads to episodes of avoidable harm to a patient. SBAR creates a shared mental model for effective information transfer by providing a standardized structure for concise factual communication among clinicians — nurse-to-nurse, doctor-to-doctor, or between nurse and doctor. Other tools like critical language, psychological safety and effective leadership are central to providing safe care. HCA adopted the SBAR communication tool to enhance communication efficiency among caregivers and to decrease potential errors related to communication.

Improving Patient Experience

Patient satisfaction is one of the key pillars of performance for the South Carolina Market facilities. The patient's perception of his or her care is a tangible reflection of your delivery of quality care. The South Carolina Market facilities participate in the HCAHPS Survey assessment of patient satisfaction. The HCAHPS Survey assesses patient perception of FREQUENCY and CONSISTENCY of staff behaviors throughout their stay. (Never, Sometimes, Usually and Always). The HCAHPS Survey assesses patient perception of interaction with nurses and doctors. All staff must exhibit the behaviors because the patient may not remember who was a nurse or doctor. As part of our commitment to improving the patient experience, we use tools like hourly rounding and key actions and key words to help meet our patient's needs.

Hourly Rounding

- Why Rounding is important
 - Improves patient care
 - Improves patient safety
 - Improves perception of care
 - Improves communication
 - Increases job satisfaction and feeling of making a difference
- Benefits of hourly rounds for staff
 - Fewer call lights
 - Top four reasons that patients put call light on include:
 - Fewer interruptions for staff
 - More satisfied and content patient and family
 - Less chaotic and quieter environment

What is hourly rounding? Nurses/care providers round on each patient at least once an hour focused on specific areas that are known to be the top reasons why patients use their call lights (bathroom assistance, IV or pump alarms, pain meds or for repositioning/transfer). Once patients understand that the nurse will round consistently to address these issues, they stop using the call light. Hourly Rounding is focused on:

- ***3 P's and E***
 - Pain,
 - Position
 - Potty
 - Environment
- ***Focus on 4 R's***
 - Rx (medicines needed)
 - Reach for personal belongings
 - Respond to Requests about plan of care
 - Reassure your return

<i>Key Actions</i>	<i>Key Words</i>	<i>Rationale</i>
Call the patient by their preferred name	Mrs. _____, our goal is to always treat you with courtesy	Let's the patient and family know that we recognize that they are individuals
Introduce yourself	Good morning, my name is _____ and my goal is	Patients have many people coming in and out of their rooms....
Sit and talk at eye level	My goal is to ensure that I listen to you and understand what your needs are....	Patients want to know that each staff person will take the time and listen with empathy
Touch the patient, as culturally appropriate, when you talk or listen	We want to ensure that we manage your pain effectively so we will be asking questions about your level of comfort	The patients perception of how we manage their pain correlates highly to their perception of the hospital

Key Words at Key Times

The Five Fundamentals of Service or A-I-D-E-T.

Acknowledge the patient; use their last name if possible.

Introduce yourself, your skill set, your professional certification, and your training.

Duration. Describe how long things are going to take, how long they will be there, how long they will have to wait.

Explanation. Explain the tests, the pain involved, and what happens next.

Thank you! “Thank you for choosing our hospital!”

Patient Assessment/Reassessment

Each patient is assessed by appropriate disciplines beginning with admission/pre admission and progressing through discharge. The patient’s relevant physical (including nutritional, functional, and pain) psychological, and social status, as well as educational and discharge needs are included in the assessments. The types of assessment performed are dependent upon the patient’s status, diagnosis, care setting, response to treatment, scope of the discipline, and the patients consent. Facility specific timeframes for assessment can be found in the facility policy manual. All assessments, data, information, plan of care and means to address identified needs are documented in Meditech.

Bed Management/Patient Throughput

HCA South Carolina Market facilities believe in providing the right bed for the right patient at the right time, every time. Our commitment to excellence in customer service supports this philosophy. Leadership recognizes that the ownership of patient flow belongs at the department level. Each department is responsible and accountable for the timeliness of admissions and discharges and works collaboratively with other departments to expedite patient flow.

Patient placement will be made using the following information:

- Priority of placement
- Level of care
- Diagnosis and health history
- Admission status
- Special needs
- Bed availability
- Physician preference

The patient’s acuity and clinical needs will drive the priority and location of a bed assignment. Bed assignments will be prioritized in the following manner:

- A. Emergency department admission - (Highest Priority)
- B. In-house transfers / OP admission
- C. Direct admissions from the physician office
- D. Routine admissions – (Lowest Priority)
- E. Facility transfers (prioritize EMTALA requirements)



Colleton Medical Center

501 Robertson Boulevard
Walterboro, SC 29488
(843) 782-0604

Grand Strand Regional Medical Center

809 82Nd Parkway
Myrtle Beach, SC 29572
(843) 692-1102

Grande Dunes Surgery Center

1021 Medical Circle
Suite 100
Myrtle Beach, SC 29572
(843) 449-7885

HCA South Atlantic Division

900 Island Park Drive, Suite 202A
Charleston, SC 29492
(843) 856-7910

Moncks Corner Medical Center

401 North Live Oak Dr, Hwy 17A
Moncks Corner, SC 29461
(843) 761-8721

Summerville Medical Center

295 Midland Parkway
Summerville, SC 29485
(843) 832-5000

Trident Eye Surgery Center

9297C Medical Plaza Drive
Charleston, SC 29406
(843) 824-5024

Trident Regional Medical Center

9330 Medical Plaza Drive
Charleston, SC 29406
(843) 847-4100

Trident Surgery Center

9313 Medical Plaza Drive
Suite 102
Charleston, SC 29406
(843) 797-8992



Grand Strand Regional Medical Center is a 269-bed acute care hospital serving residents and visitors of Horry and surrounding counties. Our hospital offers the only cardiac surgery program in Horry and Georgetown counties and is also a designated trauma center.

In 2011, the hospital performed 378 cardiac surgeries, delivered 1,017 babies and treated over 72,000 emergency department patients. Our hospital, located in the heart of Myrtle Beach, has more than 270 physicians, over 1,200 staff members and over 200 hospital volunteers to serve you.

Grand Strand Regional Medical Center has seven off-site departments throughout the Grand Strand to provide quality, convenient health care. These include the Grand Strand Regional Diagnostic & Women's Center, South Strand Medical Center, and HealthFinders, our community resource center located in Coastal Grand Mall. For more information about these facilities, please call (843) 692-1054.

Administration

Doug White
Chief Executive Officer
Ext. 1100

Adam Rudd
Chief Operating Officer
Ext. 1103

Debbie Tedder

Chief Nursing Officer
Ext. 1112

Robert Grace
Chief Financial Officer
Ext. 1105

John Charles, MD
Director of Medical Affairs
Ext. 1118

Doris Trimble
HIPAA Privacy Official
Ext 4423

Donnie Parrish
HIPAA Information Security Official
Ext 1660

David Brooks
Ethics and Compliance
Ext 1140

Health and Education Department

Winona McLamb
Health and Education Director
Ext 1626

Human Resource Department

Sue Strange
Director Human Resources
692- 1642

Karen Banks
Injury Coordinator
692- 1641

Plant Operations

Rick Melvin
Plant Operations Director
Ext. 1804

Steven Thornton
Safety Officer
1119

Quality Resources Department

Tami Vogel
Quality Resources Director
Ext. 1878

Clinical Educator

Monica Mills ext 1394

Emergency Codes

Dial 1111 for all Emergencies

Code Blue – Medical Emergency

Code Pink- Infant Abduction

Code Red – Pediatric Abduction

Mr. Violet – Fire

Code X – Bomb Threat

Code 99 - Disaster

Code Orange- Clear and Present Danger

COLLETON MEDICAL CENTER



Our Mission

Through partnership, we created a caring environment
Where healing occurs and where quality of life is enhanced.

Our Vision

We will be recognized as a catalytic cornerstone and the destination
for comprehensive care provided by the most talented individuals.

Our Values

- C – Caring for our patients and community is our first priority
- A – Action speaks louder than words
- R – Respect is the golden rule
- E – Excellence in everything we do

Accounting			Job Line		782-2395
Controller/Director	Monica Ferrell	2610	Labor & Delivery		2372
Accounts Payable	Cindy Craven	2408	Director	Rebecca Hayden	2317
Chief Account	Tracie Ramsey	2607	Clinical Manager - L&D	Patricia Crosby	2317
AP Cust. Serv. 1.877.635.9646	Fax: 549.6254		Clinical Manager - Nursery	Lori Litchfield	2317
Administration			Fax		782-2331
CEO	Mitch Mongell	2600	Nursery		2370
CFO	Jimmy Hiott	2602	Laboratory	Fax: 782.2466	2522
Dir Bus. Dev/Physician Services	Sandy Bynum	2603	Director	Richard Cundiff	2523
VP Patient Care Services	Ann Jonason	2601	Technical Supervisor	Tonya Christie	2569
VP Operations	Tony Taylor	2691	Blood Bank		
Executive Assistant	Marilyn Fryar	2604/2673	Pathology		2567
Fax	1-877-252-0910		Pathologist	Dr. Jack Arras	2520
Ashley Jackson	Administrative Intern	2720	Lobby Desk		2645
Ambulatory Care/Holding		2516	Maintenance/Engineering		2553
PreAdmission Testing (PAT)	Linda Poole	2515	Director	Larry Langdale	2550
Ambulatory Surgery Center		2700	Supervisor	Bruce Bennett	2552
Director	Ruby Aiken	2728			2553
Nurse Station		2704	Bio-Med Director	Craig Strickland	2551
Board Room		2729	Materials Management	Liz Brown	2633
Fax: 782-2701	Imaging	2717		John Shill	2471
Business Office- PAS			Fax		782-2279
Director	Sara Nelson	2664	Medicaid Eligibility Worker		2640
PAS Data Coordinator	Linda Jordan	2623	Medical Staff Coordinator	Phyllis Bridge	2263
PAS Supervisor	Brianna All	2769	Fax	1.877.365.0212	
PAS Team Leader	Jacque Williams	2625	Med Share	Sonya Rowe	2789
Financial Counselor/Cashier	Debra Crosby	2654/2776	Morgue		2524
MedAssist	Julia James	2534	Nuclear Medicine MRI-2348		2558
Fax : 549.6509			Nursery		2370
Cardio-Pulmonary/EKG	2530	F -549-6509	Director	Rebecca Hayden	2317
Director	Missy Feather	2268	Nursing Staff Coordinator		2291
C.A.R.E. Unit	782-2494	2460/2462	Fax		782-2277
Director	Vacant	2455	Nursing Supervisor Office	Kay Herndon	2291
Fax			Supervisor's Beeper	888.297.6273	
Case Managers	Fax: 782.2444	782-2461	Patient Liaison	Alison Crosby	2345
Director	Lib Varnadoe	2480	PBX Supervisor	Melody McAlhany	2474
Michelle McDowell	2463 Kay Burkett	2492	Human Resources		
Andrea Bishop	2293 Ann Caldwell	2419	Director	Alysia Price	2631
Michelle Grinberg - Resource Specialists		2435	HR Generalist	Landis Bradham	2630
Centralized Scheduling	1.877.357.0155	2770	Fax		782-2246
Fax	1.877.304.4380	782-2444	Pharmacy		2537
Classroom		2452	Director	Michelle O'Quinn	2544
Community Dev. Coordinator	Yvonne Penfield	2638	Fax		549-7757
Fax		549-0299	Physical Medicine Dept (Therapies)		2540
Dialysis	Fax: 782-2218	2219	Director		2542
Director	Judy DiGrazia	2255	Office Manager	Wilbur Dennis	2540
Doctor's Lounge		2684	Occupational/Physical Therapy		2418
Ed./In-service Coordinator	Gail Sartain	2624	Speech Therapy		2420
Emergency Room		2614	Physician Practices	Sara Ginn	2767
Director	Christy Judy	2619	Psychiatric Stabilization		

Charge Nurse	2428		Unit		
Physician's Desk	2616		Director	Deborah Parker	2385
King Unit/Fast Track	2396		Nurse Station		2380\2384
ED Manager	LaBeth McDonnell	2657	Case Worker	Penny Sutton	2383\2382
Emergency Room Registration		2295	Fax		782-2379
Leader	Tina Weatherspoon	2659	Quality Management		
Fax		549-6970	Director	Alicia Fender	2432
Environmental Services			Melody McAlhany	RN Abstractor	2474
Director	Dennis Plank	2686	Fax		782-2266
Supervisor & Nights	Barbara Gilbert	2687	Facility Resource Coordinator	Sophia Rivers	2357
Linen		2687	Registration	Fax: 549.6509	2625\2626
Ethics & Compliance	Mitch Mongell	2600	Director	Sara Nelson	2664
Family Room		2518	Rehab Unit		
Fitlife		2750	Director	Nicole Runyon	2455
Food Service			Case Manager	Charlene Linder	2450\2451
Director	Kevin Murphy	2695	Administrative Assistant	Ethel Archer	2416
Supervisor	Bryan Raye	2693	Fax: 1-877-405-0104	549-2342	549-0613
Clinical Nutrition Manager	Caron Sharp	2692	Respiratory Therapy		2528
Patient Orders		2694	Risk Management	Debi Drew	2273
Cafeteria		8430	Risk Mgmt Assistant	Leigh Cook	2644
Private Dining Room		2697	Destop Fax for Debi Drew	1.877.325.4391	
Gift shop		2649	Destop Fax for Administrative Asst.		
H2U	Wanda Judy	2653	Safe Kids Coordinator	Yvonne Penfield	2638
Hall 2 - Medicine	Fax: 549.2379	2250\2251	Security	Emergency Number	2555
Director	Judy DiGrazia	2255	Assistant Director	Bruce Bennett	2552
Hall 3 - Surgery/Pediatrics		2350\2351	Security Officer		2655
Director	Rebecca Hayden	2355	Surgical Services	OR Desk	2503\2504
Hall 4 West - Med/Surg		2447\2449	Director	Donna Kubik-Interim	2500
Director	Nicole Runyon		Fax - OR		782-2506
Physician Dictation	Fax: 782.2446	2488	Anesthesiologists Office		2387
Health Information Mgmt		2675	Central Sterile		2513
Director	Jamie Comer	2682	Holding Area/Ambulatory Care		2515
Fax		549-6109	PAT - PreAdmission Testing		2516
Coders		2676	Surgical Waiting Room		8024
HELP Desk - IS		2661\2662	PACU - Recovery Room		2501\2502
ICU		2275\2276	Fax: 549.0506		
Director	Missy Feather	2268	Volunteer Office	Yvonne Penfield	2638
Telemetry		2238	Wound Care	539-2273	1420
Waiting Room		2386	Director	Robin Crosby	782-4738
Fax: 549.2379			Fax		782-4737
Imaging Services		2545	Information Services	HELP Desk	2661\2662
Director	Cecil Knight	2643		Damien Noble	2583
CT Scan		2679	Director	Michelle Beliveau	
Fax: 549.1613			Technical Analyst		
Infection Control	Gail Sartain	2624			

CMC Whos' Who?

Who is the Ethics and Compliance Officer?

Mitch Mongell, also our CEO

Who is the Facility Privacy Officer (for record release and HIPAA)?

Jamie Comer, the Director of Health Information Management (HIM)

Who is the Facility Information Security Officer (for computer security)?

Damien Noble, the Director of Information Technology Services

Who is the Hospital Safety Officer and Emergency Management Coordinator?

Larry Langdale, Director of Engineering

Who is our Infection Preventionist?

Gail Sartain, RN

Who is the Chief of Staff?

Dr. Kim Rakes-Stephens

EMERGENCY CODES AND CONDITIONS

Dial 2555 for all emergencies

The following are codes that will be announced over the hospital intercom. Check with your Supervisor or the intranet to know how to properly respond to each of these Codes.

Code Blue – Cardiac and/or Respiratory Arrest

Code Pink – Infant Abduction

Doctor Red – FIRE

Code Green- Missing / Eloped Patient

Code Purple – Bomb Threat

Code Gray – Hospital Lockdown

Code 100 – Disaster

Code 300 – Security

Code White – Tornado Watch

Code Black – Tornado Warning

Anyone in our facility must be identified, including

- **Staff**
- **Physicians**
- **Visitors**
- **Patients**
- **Vendors/Sales Reps**
- **Contract Workers**
- **Repair/Construction Workers**
- **Employees' visitors**
- **Be alert to assure badges or stickers are worn and the person is in the correct area.**
- **Notify security as needed**
- **Check physician, PA, and Nurse Practitioner privileges by accessing iPrivilege on CMC's intranet. The user ID and password are both 34011.**

First Floor Interior Map



Campus Map

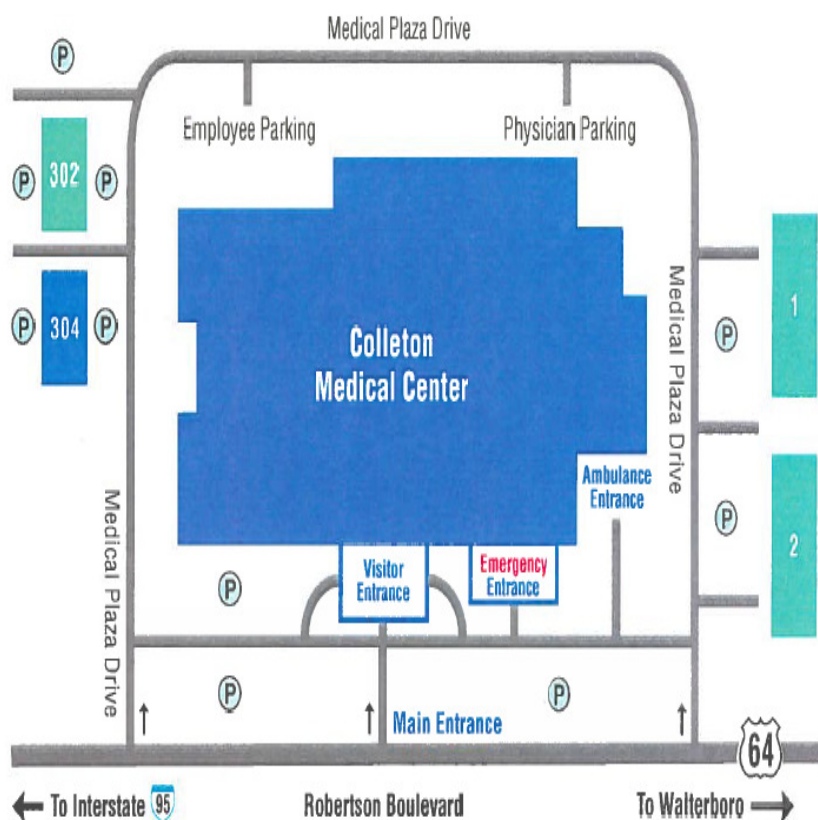
Colleton Medical Center and Additional Services

- 304** • Colleton Ambulatory
Surgery Center

Outpatient Offices, Specialties And Services

- 1** • One Medical Park
-Safe Kids
-Human Resources
-Volunteers
-United Way
- 2** • Two Medical Park
- 302** • Colleton Medical Arts Center
-Outpatient Physical Therapy
-Fit Life
-Community Room
-Medical Time Share

 Parking



Directions: From Interstate 95, take Exit 57. Make a left on Robertson Boulevard (64) at the traffic light. The hospital is on the left.

From Highway 17-A, make a right on Robertson Boulevard, cross over N. Jefferies Boulevard (15) and the hospital is on the right.

From Walterboro, take N. Jefferies Boulevard (15) and turn left on Robertson Boulevard. The hospital is on the right.

Our Services

- 24-hour Emergency Room and ER Express
 - Medical/Surgical Services
 - Outpatient/Ambulatory Surgery
 - ICU/CCU/COU/SPCU
 - Cancer Center
 - Heart and Vascular Services
 - Level II Nursery
 - Women's and Children's Health Services
 - Trident Speech Therapy Services
 - Medical Imaging Services
 - Skilled Nursing
 - Diabetes and Wound Care
 - Occupational Therapy
 - Physical Therapy
 - Trident Sports Medicine and Rehabilitation
 - Lab Services
 - Trident Senior Health
 - Outpatient Burn Clinic
 - Heart Failure Clinic
-



TRIDENT MEDICAL CENTER



Trident Medical Center
9330 Medical Plaza Drive
Charleston, SC 29406
(843)797-7000

Joining the Lowcountry in 1975, Trident Medical Center is a 296-bed, tertiary-care hospital providing a comprehensive range of services and specialties expected by a major medical center.

Trident Health Mission Statement

We create a caring environment where healing occurs.

C- Customer comes first.

A - Actions speak louder than words.

R - Respect is the golden rule.

E - Excellence in everything we do

Trident Health Vision Statement

"Our vision is to be recognized as a compassionate family of diverse healthcare professionals that pride ourselves on delivering exceptional service with quality outcomes for our communities."

Campus Map

Outpatient Doctor Offices,
Specialties and Services

Trident Medical Center
Additional Services

- 9217 • Trident Human Resources
- 9228 • Trident Family Medicine
Trident Community Center
- 9233 • Trident Medical Imaging
Film Pick-Up (Enter Rear
of Building)
- 9297 • Trident Eye Surgery Center
- 9302 • Advanced Wound Center
- 9302 • Trident Senior Health
Center
- 9304 • H2U
- 9304 • Trident Marketing/
Public Relations
- 9330 • Trident Medical Center
 - Heart Failure & Valve Clinic
 - Joseph M. Still
Outpatient Burn Center
- 9313 • Trident Medical Arts Center
 - Trident Breast Care Center
 - Trident Diagnostic Services
 - Trident Medical Arts MRI
(Outpatient MRI)
 - Trident Speech Therapy
 - Trident Sports Medicine
& Rehabilitation
 - Trident Surgery Center

(P) Parking (V) Valet Parking

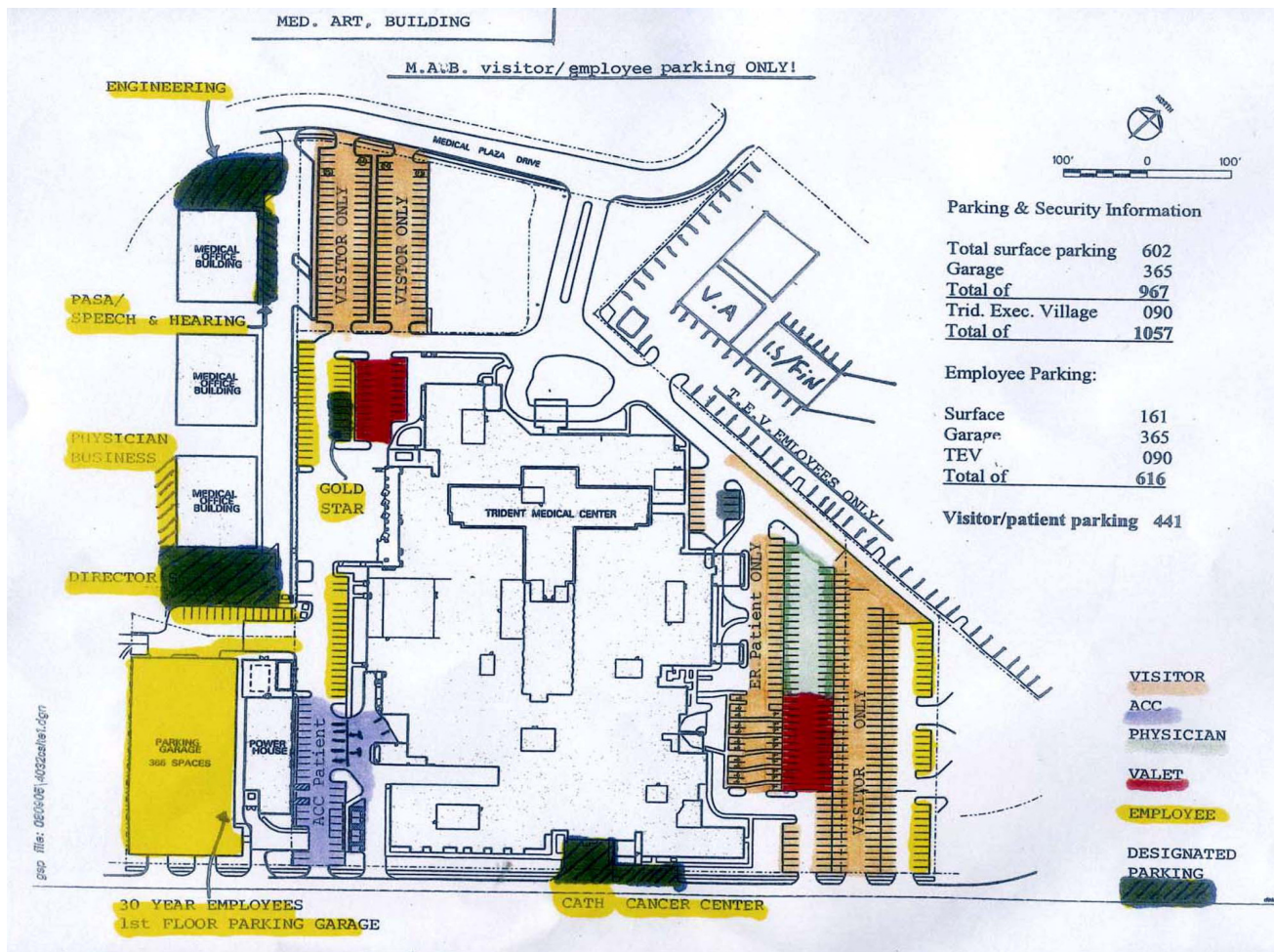
Main Entrance:
Free Valet Parking 9:00 a.m. to 7:00 p.m.

Directions: From Interstate 26, take Exit 205-B. Make the first right at the traffic light. From Highway 78 in Summerville, make a right at the traffic light after crossing the Interstate. From Highway 78 in Goose Creek and North Charleston, make a left at the traffic light just before reaching the Interstate. Free parking is available in designated areas and free valet parking is available at the Visitor Entrance.



For further assistance, please call 843-847-4000.

TRIDENT HEALTH PARKING MAP



Services Offered

- 24-hour Emergency Room
 - Fast Track Emergency Care
 - Artemis Pediatric System
 - Accredited Chest Pain Center
 - Certified Stroke Center
- Advanced Wound Care
- Bariatrics (Weight loss surgery)
- Cardiac and Vascular Services
- Diagnostics
 - Bone Densitometry
 - Radiology/X-ray
 - Breast Health Services/Digital
 - Mammography
 - Cardiopulmonary Diagnostics
 - CT
 - MRI
 - Nuclear Medicine
 - Laboratory
 - Ultrasound
- ICU/CCU
- Medical/Surgical Services
- Occupational Therapy
- Outpatient/Ambulatory Surgery
- Orthopaedic Services
- Rehab/Therapy
 - Enterostomal Therapy
 - Cardiac Rehabilitation
 - Diabetes Management
 - Physical and Occupational Rehab
 - Sports Medicine and Rehabilitation
- Sleep Lab
- Women's and Children's Health Services
 - Obstetrics/Gynecology
 - Labor & Delivery
 - Mom/Baby
 - Level II Nursery
 - Pediatrics
 - Podiatry
 - Lactation Services



SUMMERVILLE MEDICAL CENTER



Summerville Medical Center

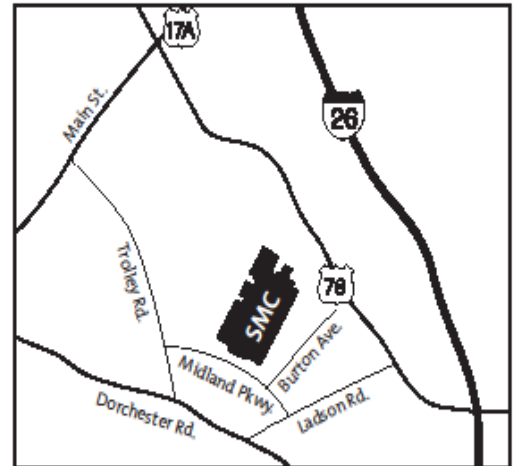
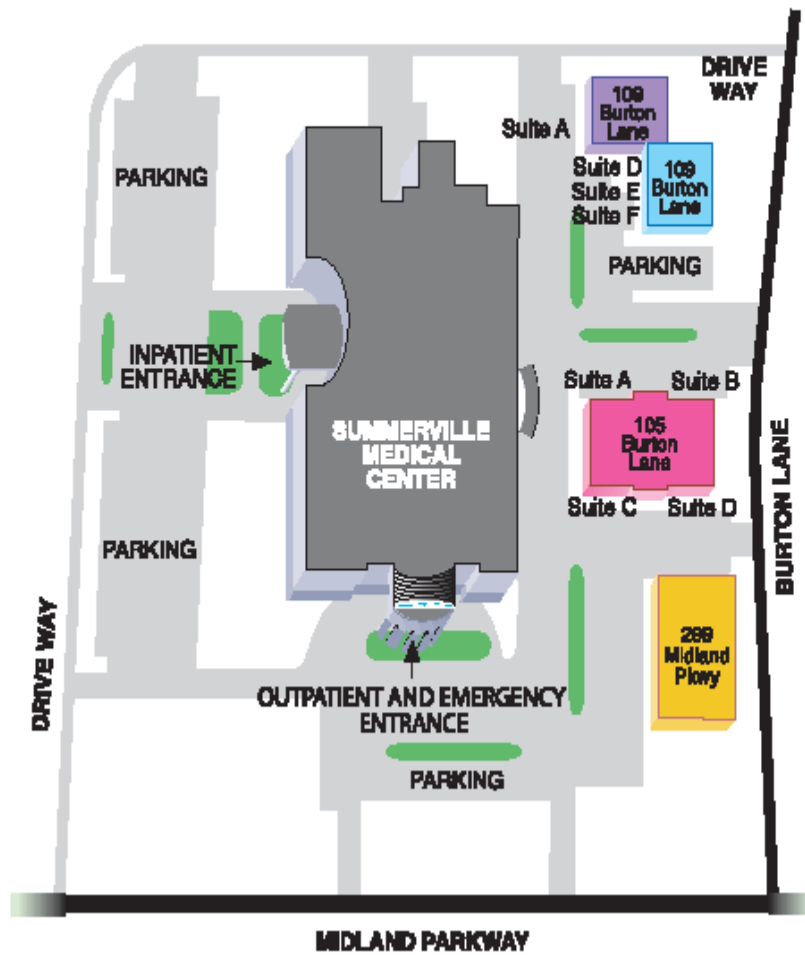
295 Midland Parkway
Summerville, SC 29485
(843) 832-5000

Summerville Medical Center is a 94-bed, acute-care hospital with a 24-hour emergency room and comprehensive medical services. The facility enjoys an enviable reputation for its cardiac services, sleep lab, and women's services, including "home-like" birthing suites. Trident Health has earned recognition as a leader in the delivery of healthcare in the Lowcountry.

Trident Health Accreditations

- Joint Commission Accredited Chest Pain Center
- Joint Commission Certified Stroke Center
- Joint Commission Certified, Advanced Heart Failure
- Joint Commission Certified, Total Hip & Knee Replacement
- Joint Commission Top Hospital for Quality Performance
- American Heart Association, Get with the Guidelines:
 - Gold Plus, Heart Failure
 - Gold, AMI
 - Bronze, Stroke

Summerville Medical Center Campus Map



Our Services

24 hour services:

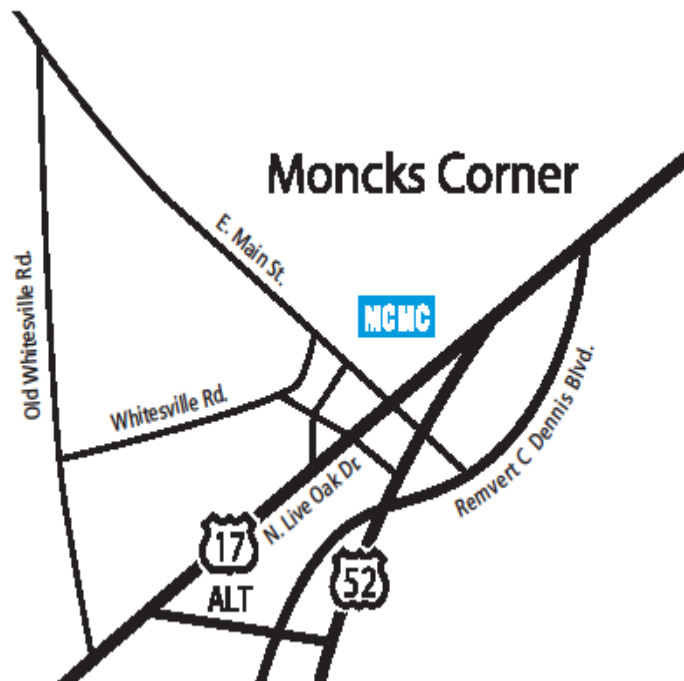
- ER
- Full service lab
- EKG
- Digital x-ray

Serving the citizens of Berkeley County, Moncks Corner Medical Center is an outpatient diagnostic center offering a broad range of services, including general radiology, mammography, laboratory drawing station, physical rehabilitation, and ongoing health education programs.

In addition, local residents can schedule physician appointments at Moncks Corner Medical Center. Medical specialists, working in areas such as women's health, cardiology and allergies maintain regular office hours at the center on specified days of the week.



Moncks Corner Medical Center
401 North Live Oak Dr, Hwy 17A
Moncks Corner, SC 29461
(843)761-8721





Administration Team

Todd Gallati

Chief Executive Officer

Trident Health

Teresa Finch

Chief Financial Officer

Trident Health

Marcille Jorgenson

Chief Nursing Officer

Trident Medical Center

Richard Lauve, MD

Chief Medical Officer

Trident Health

Vickie Cummings

VP Human Resources

Trident Health

Terence Van Arkel

Chief Operating Officer

Trident Medical Center

Bridget Denzik

Associate Chief Nursing Officer

Trident Medical Center

Susan Burroughs

Associate Chief Operating Officer

Trident Medical Center

Louis Caputo

Chief Executive Officer

Summerville Medical Center

Lynn Singleton

Chief Nursing Officer

Summerville Medical Center

Chris Mosley










VP Operations

Summerville Medical Center



Human Resources Trident Health Human Resources and Employee Health Staff







Human Resources

 Vickie Cummings	Vice President	(843) 847-4141
 Catherine Bailey	Director	(843) 847-4760
 Traxler Littlejohn	Benefits/Comp Coordinator	(843) 847-4142
 Margie Ard	Nurse Recruiter	(843) 847-4269
 Althia Lloyd	HR Systems Specialist	(843) 847-3268
 Sonja Henderson	HR Systems Specialist	(843) 847-4891
 Kathy Roumillat	HR Specialist	(843) 847-4140
 Susie Logan	Executive Administrative Assistant	(843) 847-4140
 Charm Tollison	HR Generalist	(843) 847-4670

Employee Health

 Trish Clink	Workers Comp Coordinator	(843) 847-4938
 Greg Raines	Employee Health Coordinator	(843) 847-3426

Staff Development Staff

 Robin Phillips	Director	(843) 847-4672
 Trish Hough	Educator	(843) 847-4565
 Roanna Payne	Educator	(843) 847-4445
 Peggy Sommers	Educator	(843) 847-3454
 Susan Bellebaum	Educator	(843) 847-5060
 Ruth Warren-Goldston	Educator	(843) 847-3426



TRIDENT HEALTH

The Trident Health Security officials are as follows:

Ethics and Compliance Officer (ECO)

Toni Bunch

847-4006.

The ECO is responsible for encouraging a culture of ethical sensitivity and compliant behavior and administers the formal Corporate Ethics and Compliance program.

Toni's office is located at Trident Medical Center in the Quality and Core Measures Team Office, next to Administration.

Assistant Ethics and Compliance Officer (ECO)

Susan Burroughs

847-4158

The ECO is responsible for encouraging a culture of ethical sensitivity and compliant behavior and administers the formal Corporate Ethics and Compliance program.

Susan's office is located in Trident Medical Center Administration.

Facility Privacy Official (FPO)

Felicia Wright

847-4052

The FPO is responsible for assessing and monitoring patient privacy in the facility.

Felecia's office is located in medical records at Trident Medical Center.

Facility Information Security Official (FISO)

Kathy Vazquez

847-5085

The FISO is responsible for monitoring that security awareness and training occur in our Health System and that PC's in our Health System are secure and up-to-date with the latest security tools.

Kathy's office is located on the first floor of 9233 Trident Executive Village, next to the IT&S department.

Disaster Codes

Red ~ Fire

Blue ~ Cardiac Arrest

Pink ~ Infant Abduction

Yellow ~ Bomb Threat

Assist ~ Behavioral or Physical Emergency

Alert ~ External/Internal Disaster

Grey ~ Hostage Situation/Civil Disturbance

Orange ~ Bio-Terrorism

Hazmart ~ Hazardous Material Spill

Trident Medical Center Emergency Information

After Hours: (Pagers)	(843) 797-7000
Building Utilities.....	(843) 847-4490
Cardiac Arrest (Code Blue)	4444
Fire (Code Red)	4444
Hazardous Materials Spill	4444
Infectious Waste Disposal	4444
Material Safety Data Sheets	1-800-451-8346
Medical Emergency (Code Blue)	4444
Odors/Leaks	(843) 847-4490
Poison Control Center	1-800-9922-1117
Repair and Maintenance	(843) 847-4490
Safety Officer	(843) 847-4996
Security Dispatch	(843) 797-7004
System Failure	4444

Summerville Medical Center Emergency Information

After Hours: (Pagers)	(843) 832-5000
Building Utilities	(843) 832-5490
Cardiac Arrest (Code Blue)	4444
Fire (Code Red)	4444
Hazardous Materials Spill	4444
Infectious Waste Disposal	4444
Material Safety Data Sheets	1-800-451-8346
Medical Emergency (Code Blue)	4444
Odors/Leaks	(843) 832-5490
Poison Control Center	1-800-9922-1117
Repair and Maintenance	(843) 832-5490
Safety Officer	(843) 847-4996
Security Dispatch	(843) 832-5000
System Failure	4444

PLEASE REVIEW AND ATTEST TO PAGES 2-24
of the facilities listed below:

Jacksonville Market:

Memorial Hospital

Orange Park Medical Center

Specialty Hospital

INTRODUCTION

HCA Jacksonville Market

Mission and Values Statement

Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we will strive to deliver high quality, cost- effective healthcare in the communities we serve.

In pursuit of our mission, we believe the following value statements are essential and timeless:

- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all those we serve with compassion and kindness.
- We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.
- We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect, and dignity.

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

Thank you.

GENERAL INFORMATION
For Dependent Healthcare Professionals

CRITERIA	DESCRIPTION
1. Location of parking facilities	Maps are attached at back of document.
2. First Shift Worked	<p>All Dependent Healthcare Professionals must wear either a Parallon Workforce Management Solutions (PWMS) or HCA Facility issued picture ID at all times.</p> <ul style="list-style-type: none"> You will sign <i>in/out as directed by the Facility</i> prior to reporting to the assigned area.
3. HCA Smoking Policy	Memorial Hospital and Specialty Hospital facilities and grounds are tobacco-free environments. Orange Park Medical Center has a designated Smoking Area. Check facility specific policy for requirements.
4. Policy & Procedures	HCA Jacksonville Market facilities utilize a web based policy system for all Hospital Based Policies. Access to these policies is through each facility's intranet site. The Nursing Procedure manual is the on-line Lippincott Manual which is also available through the facility intranet site. Should you have questions regarding access to these systems, please contact the Supervisor of your assigned department.
5. Conflict resolution occurring in the patient care setting	DHPs should report incidences in a professional manner to the Supervisor, Manager, Director and/or Administrative Supervisor at the facility.

CRITERIA	DESCRIPTION
<p>6. Occurrence Reporting</p>	<p>Key points to remember for an on-the-job injury:</p> <ol style="list-style-type: none"> 1. ALL on-the-job injuries should be reported to your employer. The occurrence should also be reported to the facility Employee Health Nurse and/or Nursing Supervisor for after hour injuries. 2. Your employer may request an Occurrence Report be completed in the Meditech system during the shift the injury/occurrence happens. 3. Approval for emergency room treatment must be received from your Employer prior to treatment. Payment for Emergency Room treatment not authorized by your employer will be your responsibility. <p>What is reportable?</p> <p>Preventable adverse events, near misses or close calls to our patients including injury or safety events (both actual and near misses) to employees and visitors.</p> <p>Standard Patient Notification Types that are available:</p> <ol style="list-style-type: none"> 1. Behavioral Issue 2. Blood Administration 3. Treatment Related or Medical Comp 4. Complaint / Privacy Issue 5. Fall 6. Infection Prevention Issues 7. Medication Errors 8. Invasive Procedure 9. Patient Injury/Non-Procedural 10. Diagnostic 11. Property or Security 12. Equipment / Device 13. Perinatal * (Not applicable to Specialty Hospital) 14. Patient Grievance

CRITERIA	DESCRIPTION
7. Performance Evaluation:	The performance review is viewed as an ongoing process of your performance. Initial competencies will be completed by a designated person within the department that you will be providing services in within 90-days of your first shift. The facility is responsible for completing a performance evaluation and annual competencies annually. Original evaluation forms remain at the facility and will be faxed to Parallon for inclusion into your credentialing file.
8. Fire Safety	<p>In the event of fire, all employees are to practice R.A.C.E. and P.A.S.S. as outlined below.</p> <p><u>R.A.C.E.</u> R=Rescue any person who is in immediate danger. Close the doors to the area of the fire and adjacent doors to the area. A= Activate the nearest pull station or have someone do it for you. DIALS XXXX (check at the facility). Give your exact location, location of the fire, your name and if the fire is contained. C=Confine the fire by closing all doors and windows in the area. E=Extinguish the fire with a fire extinguisher if possible.</p> <p><u>P.A.S.S.</u> P=Pull the pin on the Fire Extinguisher A=Aim the extinguisher nozzle at the base of the fire. S=Squeeze press the handle. S=Sweep the extinguisher side to side at the base of the fire until it goes out. Shut off the extinguisher. Watch for the Re-Flasher and reactivate the extinguisher if necessary.</p>

Equipment Safety

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

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

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

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

Electrical Safety

To prevent electrical injury, follow these simple safety rules:

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

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

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

Back Safety

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

- Assess your need for lifting assistance before starting
- Ask for assistance as needed
- Assure a firm footing and a clear path
- Tighten your stomach muscles
- Bend your KNEES, not your waist
- Hold the object close to your body
- Avoid twisting

Hazardous Materials– MSDS

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

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

Occupational Safety & Health Administration (OSHA)

BLOODBORNE PATHOGENS

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

PROTECTIVE PERSONAL EQUIPMENT (PPE)

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

TUBERCULOSIS

Quick identification, evaluation and treatment of potential tuberculosis patients are essential to minimize exposure of other patients, staff and families. Patients with known or suspected TB must be kept in a negative pressure room and respiratory precautions maintained at all times. The door to the isolation room must be closed to maintain negative air pressure. All persons entering the room must wear a TB mask or N-95 respirator. N-95 Masks may vary from one facility to the next. Special fit testing and a fit check must be done before wearing the respirator.

CDIFF

Clostridium difficile, also known as “*C. diff*”, is a germ that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea, belly pain and tenderness

Who is most likely to get *C. diff* infection?

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

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

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

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

MRSA

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

Who is most likely to get an MRSA infection?

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

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

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

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

To prevent MRSA infections, healthcare providers should:

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

Disaster Preparedness

The Jacksonville Market Facilities have developed and maintain emergency preparedness plans for events that may occur internal or external to the facility. Specific plans are available at each facility. Critical components of the plans include:

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

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

HIPAA

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

HIPAA touches on many aspects of healthcare. This includes:

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

How HIPAA Protects Patient Privacy

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

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

Information that HIPAA Protects:

- Protected Health Information (PHI) may be individually identifiable if any of the following are present.

<ul style="list-style-type: none">NameAddress including street, city, county, zip and geo-codesNames of relativesName of employersBirth dateTelephone numbersFax numbersElectronic e-mail addressesSocial security numberMedical record numberHealth plan beneficiary numberMedical RecordsMedical history interviewsTelephone callsFaxing	<ul style="list-style-type: none">Account numberCertificate or license numberVehicle or other device serial numberWeb Universal Resource Locator (URL)Finger or voice printsPhotographic imagesAny other unique identifying number, characteristic, codeComputersPatientsWhite boardsSign in sheets
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What does this mean to the healthcare worker?

- Facilities must identify a process for patient's family members/friends, designated by the patient to obtain clinical information.
- You may still share information without patient authorization as it relates to TPO (Treatment, payment or business operations.)
- Required validation of fax numbers and available, appropriate recipients for patient information.

Cultural Competence

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

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

Diversity is the condition of being different or having differences.

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

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

Health care providers take many approaches to bridge barriers to communication that stem from racial, ethnic, cultural, and linguistic differences. Lack of awareness about cultural differences can make it difficult for both providers and patients to achieve the best, most appropriate care. When cultural perspectives or customs are not understood, conflicts can arise.

Despite all our similarities, fundamental differences among people arise from nationality, ethnicity, and culture, as well as from family background and individual experiences. These differences affect health beliefs, practices, and behavior on the part of both patient and provider, and also influence the expectations that patient and provider have of each other. Often in the medical community (and the community in general) there is lack of awareness of these differences and their impact. These most likely results from a combination of factors that may include:

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

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

Cultural Considerations should include:

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

PATIENT SAFETY

NO PASS ZONE

In order to support our clinicians in implementing intervention strategies, our facilities have agreed to implement the “No Pass Zone” concept which reinforces that fall reduction is a responsibility of all employees in the hospital. The concept is simple, if any employee should come across an unanswered call light, he/she must respond as appropriate and not pass up the opportunity to assist the patient. This concept also supports our strategic initiative to improve staff responsiveness which is reflected in our satisfaction scores.

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

FALL Prevention

These may be different at each facility, please ask for facility specific guidelines.

Educational materials regarding falls should be explained to the family when falls precautions are initiated and reinforced every shift.

If your patient does experience a fall, the following should be documented:

- Meditech notification
- Post Falls Investigational Tool: Paper form (notify the charge nurse to assist).

Meditech Post Falls Assessment

Clinical & Non-Clinical Staff Expectations

Clinical Staff

- Always address an alarming call light, any alarming equipment and any patient request for help.
- Perform ongoing assessment and intervention (s) required for potentially unsafe situations.

Non-Clinical Staff

- If you come across a patient need that you cannot address, notify the clinical staff and stay with the patient until additional staff arrives.

Verbal Orders

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

Assessing and Managing Pain

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

Reasons for poor pain management

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

Comprehensive Pain Assessment

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

Reassessment of Pain (Evaluation)

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

Reporting Care Concerns to The Joint Commission

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

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

EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) was part of 1986 COBRA law. The purpose of the law was to prevent patient dumping because of inability to pay. EMTALA is a much larger scope. It applies to all individuals who present to the Emergency Department or anywhere in the hospital grounds and request examination and treatment of a medical condition. An appropriate medical screening examination must be performed by a licensed independent practitioner to determine if an emergency medical condition exists.

A triage assessment by a nurse is not considered an appropriate medical screening examination. The patient must be seen by a licensed independent practitioner qualified to perform the medical screening examination. If a patient asks about insurance, payment or specific clinical services offered, tell the patient that our facilities will provide an appropriate medical screening examination and treatment regardless of the patient's ability to pay or insurance.

If the patient has an emergency medical condition, there is a duty to stabilize the patient. If the patient is transferred, an appropriate transfer must be made. An appropriate transfer includes:

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

A supervisor must be notified of any patient transferring from one facility to another facility.

Patient Rights

All patient care and patient-related functions will be performed with an overriding concern for the patient and his dignity as a human being. Healthcare providers and service providers in the facility will at all times and in all acts observe and respect the moral and legal rights of each patient as set forth in the Patient Bill of Rights.

Each patient is provided with a written statement of patient rights and notice of privacy practices. These statements include the rights of the patient to make decisions regarding their medical care, the right to refuse and accept treatment, the right to informed decision making, and the patient's rights related to his or her health information maintained by the facility.

Language Translation/Sign Language

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

National Patient Safety Goals 2012

The purpose of the National Patient Safety Goals (NPSG) is to improve patient safety. The goals focus on problems in health care safety and how to solve them. The 2012 Joint Commission NPSG are integrated into our patient care delivery system. The goals protect patients, protect healthcare personnel and promote quality healthcare.

The 2012 NPSG are as follows:

1. Identify Patients Correctly
 - a. Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
These may be different at each facility, please ask for facility specific guidelines.
 - b. Make sure that the correct patient gets the correct blood when they get a blood transfusion.
2. Improve Staff Communication
 - a. Get important test results to the right staff person on time.
3. Use Medicines Safely
 - a. Before a procedure, label medicines that are not labeled. For example, medicine in any syringes, cups and basins. Do this in the area where medicines and supplies are set up.
 - b. Take extra care with patients who take medicines to thin their blood.
 - c. Record and pass along correct information about patient medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
4. Prevent Infection
 - a. Use the hand cleaning guidelines from the CDC or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
 - b. Use proven guidelines to prevent infections that are difficult to treat.
 - c. Use proven guidelines to prevent infection of the blood from central lines.
 - d. Use proven guidelines to prevent infection after surgery.
 - e. Use proven guidelines of the urinary tract that are caused by catheters.
5. Identify Patient Safety Risks
 - a. Find out which patients are most likely to try to commit suicide.
6. Prevent Mistakes in Surgery
 - a. Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
 - b. Mark the correct place on the patient's body where the surgery is to be done.
 - c. Pause before the surgery to make sure that a mistake is not being made.

Infection Control Overview

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

Practice Hand Hygiene

WHAT: *Soap and Water*

WHEN:

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

WHAT: *Alcohol based Instant Hand Sanitizer*

WHEN:

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

Fingernail Guidelines

Fingernails must be neatly manicured and no longer than ¼ inch past the end of the finger in the patient care areas. Acrylic and sculptured nails are not permitted in patient care areas or by employees that prepare items for patient care use. *Gel nails are unstudied and may pose the same risk to patients as artificial nails, and are therefore prohibited in patient care areas or by employees that prepare items for patient care use.*

Abuse and Neglect

Abuse or Neglect Identification	Children Less than 18	Young and Middle Adults 18-59	Older Adults 60 or older
Presentation or Manifestation	Behavioral issues (truancy, acting out) Nightmares Insomnia Inappropriate family reactions Sexual acting out Withdrawal Bruises, cuts, cigarette burns Frequent UTIs STDs No proper parental care (young child left alone)	Fatigue Anxiety Depression Possible suicide attempt Extent or type of injury inconsistent with patient's explanation Frequent ED visits Problem pregnancies Feeling trapped	Bruises, especially on upper arms from where shaken Laceration to the face; injuries at various stages of healing Flinching, especially if sees abuser Depression Poor eye contact Delay in treatment (caretaker not giving meds, not being taken to appointments) Over-sedated Unclean appearance
Whom do I call?	Per facility procedure, may be hospital social worker or nursing supervisor	Per facility procedure, may be hospital social worker or nursing supervisor	Per facility procedure, may be hospital social worker or nursing supervisor
Does the law require Social Services to be notified?	The state law requires healthcare provider and medical professionals to make a report within 48 hours of first suspecting abuse, neglect or exploitation of children.	The state law requires a person having cause to believe that an elderly or disabled person is in the state of abuse, neglect, or exploitation to report the information required immediately.	The state law requires a person having cause to believe that an elderly or disabled person is in the state of abuse, neglect, or exploitation to report the information required immediately.
What do I do if I suspect a criminal act has occurred? (e.g. use of firearm, knife or sharp instrument, sexual assault)	Notify the appropriate party per facility policy and procedure. May be hospital social worker or nursing supervisor. Requires reporting to the police by either the physician or hospital designated representative.	Notify the appropriate party per facility policy and procedure. May be hospital social worker or nursing supervisor. Requires reporting to the police by either the physician or hospital designated representative.	Notify the appropriate party per facility policy and procedure. May be hospital social worker or nursing supervisor. Requires reporting to the police by either physician or hospital designated representative.
Since my job requires documenting in the patient record, what do I have to document?	All pertinent documentation including patient quotes regarding circumstances; specific location and size of injuries or bruises; conversations related to injury. Refer to facility procedure for specifics.	All pertinent documentation including patient quotes regarding circumstances; specific location and size of injuries or bruises; referrals provided; that patient encouraged to report domestic violence; conversations related to injury. Refer to facility procedure for specifics.	All pertinent documentation including patient quotes regarding circumstances; specific location and size of injuries or bruises; conversations related to injury. Refer to facility procedure for specifics.

Emergencies and Emergency Care

Appropriate response to medical emergencies requires rapid assessment and prompt intervention to avoid further deterioration of the patient. Hospital medical emergencies are usually announced through pre-designed codes in use by the facility. (See individual facility Emergency Code listings)

As a participant in the Institute for Healthcare Improvement's "100,000 Lives" campaign and in compliance with The Joint Commission's National Patient Safety Goal #16, *"Improve recognition and response to changes in a patient's condition,"* Rapid Response Teams (RRTs) or Medical Emergency Teams (MET) have been implemented throughout our facilities. These teams, the make-up of which varies, typically consist of critical care nurses, respiratory therapists, and hospitalists if available. These teams may be in addition to the Code Cardiac Arrest Team or may be the same team. The concept is to give the bedside caregiver additional assistance when a patient begins to deteriorate and before cardiac or respiratory arrest. Criteria and guidelines for activating the RRT/MET teams may vary from facility to facility but the basis is the deterioration of the patient. Precious time is not wasted trying to locate the attending physician and the team works with and communicates with the attending physician after the patient is stabilized.

2012 Core Measures

The Core Measures are mandated by CMS, the Centers for Medicare/Medicaid services, and are publicly reported on the internet. They are linked to hospital reimbursements for Medicare and Medicaid patients. Third party payers are basing reimbursement on core measures performance, aka, "pay for performance".

Ask for the facility specific key Core Measures. Each of these conditions have several specific procedures or required care measures that are monitored. We look at the care patients receive when they present with the following:

1. Heart Failure
2. Acute Myocardial Infarction
3. Pneumonia
4. Surgical Care Improvement
5. Childhood Asthma Care
6. Hospital Outpatient Test and Treatment
7. Perinatal Care
8. Stroke
9. Venous Thromboembolism
10. Hospital Based Inpatient Psychiatric Services
11. Emergency Department Initiatives

SBAR(R) Clinical Support Tool:

Communication Tool in Healthcare

Defining SBAR(R): SBAR is a standardized way of communicating with other healthcare givers. It promotes patient safety because it helps physicians and nurses communicate with each other. Staff and physicians can use SBAR to share what information is important about a patient.

SBAR is an acronym that stands for:

- S** – Situation: What is happening at the present time?
- B** – Background: What are the circumstances leading up to this situation?
- A** – Assessment: What do I think the problem is?
- R** – Recommendation: What should we do to correct the problem?
- (R)** – Read Back and Verify the telephone order!

Standardize Communication: Because clinical teamwork often involves hurried interactions between human beings with varying styles of communication, a standardized approach to information sharing is needed to ensure that patient information is consistently and accurately imparted. This is especially true during critical events, shift handoffs, or patient transfers. SBAR offers hospitals and care facilities a solution to bridge the gap in **hand-off communication** through a standardized approach to patient reporting at shift changes and during patient transfers.

This simple, yet highly effective communication technique can be used when:

- A nurse is calling a physician
- Nurses are handing off patients to one another
- Nurses are transferring patients to other facilities
- Nurses are transferring patients to another area for procedures
- Nurses are transferring patients to another level of care

Communication breakdowns between health care providers are a central feature in episodes of avoidable patient harm.

Why SBAR? The safe and effective care of patients depends on consistent, flawless communication between caregivers. Hand-offs, or the process of passing on specific information about patients from one caregiver team to another, is an area where the breakdown of communication between caregivers often leads to episodes of avoidable harm to a patient.

SBAR creates a shared mental model for effective information transfer by providing a standardized structure for concise factual communication among clinicians — nurse-to-nurse, doctor-to-doctor, or between nurse and doctor. Other tools like critical language, psychological safety and effective leadership are central to providing safe care.

HCA adopted the SBAR communication tool to enhance communication efficiency among caregivers and to decrease potential errors related to communication.

Improving Patient Experience

Patient satisfaction is one of the key pillars of performance for HCA Jacksonville Market facilities. The patient's perception of his or her care is a tangible reflection of your delivery of quality care. All facilities participate in the HCAHPS Survey assessment of patient satisfaction. The HCAHPS Survey assesses patient perception of FREQUENCY and CONSISTENCY of staff behaviors throughout their stay (Never, Sometimes, Usually and Always). The HCAHPS Survey assesses patient perception of interaction with nurses and doctors. All staff must exhibit the behaviors because the patient may not remember who was a nurse or doctor. As part of our commitment to improving the patient experience, we use tools like hourly rounding and key actions and key words to help meet our patient's needs. Sit and Speak, Bedside reporting and utilizing the White Board in the patient's room to ensure very good care rendered to our patients and their family.

Florida False Claims Summary

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

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

funded program. The False Claims Act applies, for example, to claims submitted by healthcare providers to Medicare or Medicaid.

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

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

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

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

Florida has a state version of the False Claims Act that mirrors many of the provisions of the federal False Claims Act. The actions that trigger civil penalties are substantially similar to those of the federal False Claims Act.

The Florida False Claims Act also has a whistleblower provision. Like the federal False Claims Act, the Florida law includes provisions to prevent employers from retaliating against employees who report their employer’s false claims.

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

Reporting Concerns Regarding Fraud, Abuse and False Claims

The Company takes issues regarding false claims and fraud and abuse seriously. The Company encourages all employees, management, and contractors or agents of the Company’s affiliated facilities to be aware of the laws regarding fraud and abuse and false claims and to identify and resolve any issues immediately. Issues are resolved fastest and most effectively when given prompt attention at the local level. The Company, therefore, encourages its

affiliated facilities' employees, managers, and contractors to report concerns to their immediate supervisor when appropriate. If the supervisor is not deemed to be the appropriate contact or if the supervisor fails to respond quickly and appropriately to the concern, then the individual with the concern should be encouraged to discuss the situation with the facility's human resources manager, the facility's ECO, another member of management, or with the Company's Ethics Hotline (1-800-455-1996). Employees, including management, and any contractors or agents of Company-affiliated facilities should be aware of related facility policies regarding detection and prevention of health care fraud and abuse. These policies and procedures can be accessed on Atlas, the Company's Intranet site, or the Company website at www.hcahealthcare.com. The following are some of the policies that are relevant to this policy and to the prevention and detection of fraud and abuse: (1) EC.012-Correction of Error Related to Federal Healthcare Program Reimbursement; (2) EC.025- Reporting Compliance Issues and Occurrences to the Corporate Office Policy; (3) EC.003-Self-Reporting; (4) REGS.BILL.005-Confirming and Processing Overpayments; (5) REGS.GEN.001-Billing Monitoring; and (6) RB.009-Errors in Reporting.

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

MEMORIAL HOSPITAL EMERGENCY CODES

CODE	WHAT IT MEANS	WHAT TO DO
CODE GREEN	<u>Bomb Threat</u> Anyone can receive a call from an inside or outside caller	<ul style="list-style-type: none"> - Obtain as much information as possible - Ask questions: Where is the bomb? When will it go off? - Signal someone to call Operator and report - Look for suspicious objects – Do not touch - A search team will search
CODE ADAM	<u>Infant Security</u> A possibility that a newborn infant from Women's center has been abducted <u>Child Security</u> A child is missing and may be abducted	<ul style="list-style-type: none"> - Call Operator and state "Code Adam" (and unit) - If known, location of door/elevator for exit - Staff position themselves at all exits - Look for person with large bag - Report suspicious persons to Security x6999 - Call Operator and state "Code Adam" (and unit) - Also say the age of the child and brief description - For a 5 year old, Operator will page "Code Adam 5" - Request parents stay in original location if child lost
CODE YELLOW	<u>Nuclear, Biological or Chemical Disaster</u>	<ul style="list-style-type: none"> - Full or partial facility lockdown may be required to prevent hospital from contamination – Operator will announce - Decontamination team report to designated assembly area
CODE TRIAGE	<u>Mass Casualty Incident</u>	"Code Triage – Standby" : Initial warning "Code Triage" : Hospital dept. activates disaster plan "Code Triage – Activated" : Trauma patients have arrived
CODE GRAY	<u>Tornado imminent</u>	<ul style="list-style-type: none"> - Direct patient/visitors away from windows to hall - Have flashlights ready if electricity is lost - Cover patients with blankets, pillows, close drapers if patient cannot be moved
CODE PINK	<u>Cardiac Arrest – Infant</u>	<ul style="list-style-type: none"> - For Cardiac Arrest – Dial 5 – give location - Initiate CPR until Code Team arrives Code 5 Team Response
CODE FIVE-TEAM 3	<u>Cardiac Arrest – Child</u>	Code 5 Team Response
CODE FIVE	<u>Cardiac Arrest – Adult</u>	Code 5 Team Response
CODE RED	<u>FIRE</u>	<div> <div> FIRE PLAN <u>R</u>escue: Remove person <u>A</u>ctivate: Alarm pull station <u>C</u>ontain: Close doors/windows <u>E</u>xtinguish: or Evacuate </div> <div> FIRE EXTINGUISHER <u>P</u>ull the pin <u>A</u>im nozzle at fire base <u>S</u>queeze handle <u>S</u>weep nozzle </div> </div> <ul style="list-style-type: none"> • Do not use elevators • Visitors stay with patients • Visitors at Hospital entrance remain outside • Staff to remain on your unit • Do not transport patients to affected are • Avoid non-emergency telephone use • Evacuate, if needed, to the nearest safe smoke compartment via the next set of fire doors
CODE WHITE	<u>Shutdown of Oxygen</u>	- Switch to portable oxygen supply
CODE 20	<u>Panic Alarm</u>	
CODE ORANGE	<u>Psychiatric Emergency</u>	

CODE SILVER	<u>Active Shooter</u>	<ul style="list-style-type: none"> - Call the Operator to activate a "Code Silver/Shelter in Place" - Give the Operator as much information as possible so that they can alert Security to call 911 - Provide the operator with the following information: <ul style="list-style-type: none"> • Your name and location • Location of suspect • Type of weapon displayed or used (gun, knife, etc.) • Advise if there are casualties • Direction of travel of the suspect • Physical description of the suspect • Name of suspect, if known - If possible, a second person can call 911
CODE WALKER	<u>Missing Patient/Elopement</u>	<ul style="list-style-type: none"> - Call the Operator and provide the age, sex, race, physical description and the unit the patient was last seen in - Call Security at x6999 to give patient's first and last name, physical description, relevant medical conditions, and next of kin information. The caller must give their name and contact information as well. - Secure unit and complete a search - Notify Security when the patient is found
SUPPORT TEAM STEMI ALERT	<u>In-house STEMI</u>	
SUPPORT TEAM STROKE ALERT	<u>Stroke</u>	



ORANGE PARK MEDICAL CENTER **EMERGENCY CODES**

Tel Ext: 66-Code Blue		Black - Bomb Threat
Blue/Blue PALS - Cardiopulmonary Arrest		Pink - Infant Abduction
Tel Ext: 61-Other Codes		Green - Disaster
Red - Fire		Orange - HazMat/Bioterrorism
Silver - Elopement		Yellow - Lockdown
Purple - Nurse Stat		Gray - Unmanageable Person
White - Hostage/Active Shooter		Brown - Severe Weather

SPECIALTY HOSPITAL EMERGENCY CODES

CODE	WHAT IT MEANS	WHAT TO DO
CODE BLACK	<u>Bomb Threat</u> Bomb threats may be received by a telephone call to any phone line in the hospital	<ul style="list-style-type: none"> - Obtain as much information as possible - Ask questions: Where is the bomb? When will it go off? - Keep the caller on the line as long as possible - Signal someone to call Operator and report the extension number receiving the call - Operator will report all information to Administration and Facilities Management - Staff to look around department for suspicious packages - Areas considered to be at risk will be evacuated first
CODE YELLOW	<u>Lockdown</u> Need to restrict entrance or exist should an accident or intentional event present a potential to protect patients and staff from undue exposure, harm, or assist in search	<ul style="list-style-type: none"> - Secure all entrances/exits to facility - Decontamination process may be required
CODE BLUE	<u>Cardiac or Pulmonary Arrest</u>	<ul style="list-style-type: none"> - Dial x2222 and give location - Administer CPR until team arrives
CODE GRAY	<u>Violence/Security Alert</u> In the event of physical altercation or threat of physical harm	<ul style="list-style-type: none"> - Dial 0 and state "Code Gray", giving as much information as possible - The Operator will notify Administration or the House Supervisor if after hours - JSO may be summoned for immediate assistance
CODE PINK	<u>Infant/Child Abduction</u>	<ul style="list-style-type: none"> - Only applicable to child visiting the hospital - Dial x2222 and state "Code Pink" - Provide age, sex of child, brief description. - Request parents stay in original location in case the child returns to the area - Staff cover exit doors and question individuals leaving the building - Individuals with children not allowed to leave the building until evaluated
CODE RED	<u>FIRE</u>	<div style="display: flex; justify-content: space-between;"> <div> <p>FIRE PLAN</p> <p><u>R</u>escue: Remove person</p> <p><u>A</u>ctivate: Alarm pull station</p> <p><u>C</u>ontain: Close doors/windows</p> <p><u>E</u>xtinguish: or Evacuate</p> </div> <div> <p>FIRE EXTINGUISHER</p> <p><u>P</u>ull the pin</p> <p><u>A</u>im nozzle at fire base</p> <p><u>S</u>queeze handle</p> <p><u>S</u>weep nozzle</p> </div> </div> <ul style="list-style-type: none"> • Dial x2222 and state "Code Red" and give location • Ask visitors to stay with patients • Ask visitors at Hospital entrance to remain outside until "All Clear" signal given • Staff to remain on the unit • Do not transport patients to affected are • Avoid non-emergency telephone use • Evacuate, if needed, to the nearest safe smoke compartment via the next set of fire doors
CODE WHITE	<u>Hostage</u>	<ul style="list-style-type: none"> - If hostage is taken, others in immediate vicinity should be evacuated first

		<ul style="list-style-type: none"> - Dial 0 and state "Code White" - The operator will notify Facilities Management
CODE ORANGE	<u>Hazmat/Bioterrorism</u>	<ul style="list-style-type: none"> - Initiate Lockdown procedures with "Code Orange" or "Code Yellow" - Decontamination site outside at back of hospital
CODE BROWN	<u>Bad Weather</u> When there is forecast of bad weather, tornadoes, or wild fires	<ul style="list-style-type: none"> - Ensure essential equipment are plugged into red outlets - Unplug unnecessary equipment and appliances - Close all window treatments - Staff should direct visitors/patients away from windows and to inner hallways - Ensure emergency exits are clear and flashlights are available
CODE GREEN	<u>Mass Casualty</u>	<ul style="list-style-type: none"> - Call received from Jacksonville EOC on one of designated "Emergency Operations" telephones - Individual answering the call is to write down all information; time, location, type of incident, number of casualties, etc. - Call reported to House Supervisor immediately, who notifies Administration and Safety Officer
SUPPORT TEAM	<u>Rapid Response Team</u>	<ul style="list-style-type: none"> - If an individual appears to be fainting or losing consciousness, but breathing and has a pulse - Dial x2222 and state "Support Team" and give location - Stay with the person, monitor their breathing and airway and protect them from injury until help arrives
STROKE ALERT/SUPPORT TEAM	<u>Stroke</u> Stroke Symptoms	<ul style="list-style-type: none"> - Dial x2222 and state "Stroke Alert/Support Team"

2017

Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01

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

Improve staff communication

NPSG.02.03.01

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

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

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

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

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

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01

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

NPSG.07.04.01

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

NPSG.07.05.01

Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01

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

Identify patient safety risks

NPSG.15.01.01

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

Prevent mistakes in surgery

UP.01.01.01

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

UP.01.02.01

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

UP.01.03.01

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



The Joint Commission
Accreditation
Hospital

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.