

HCA TriSTAR DIVISION DHP FACILITY ORIENTATION GUIDE



Cartersville Medical Center
Eastside Medical Center
Greenville Regional Hospital
Parkridge Medical Center
Parkridge East Hospital
Parkridge Valley
Redmond Regional Medical Center
TriStar Centennial Medical Center
TriStar Hendersonville Medical Center
TriStar Horizon Medical Center
TriStar Skyline Medical Center
TriStar Southern Hills Medical Center
TriStar StoneCrest Medical Center
TriStar Summit Medical Center

INTRODUCTION

HCA TriStar Division

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 TriStar 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 Dependant Health Professionals

CRITERIA	DESCRIPTION
1. Location of parking facilities:	Maps are available from the individual facilities HR Department.
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 <i>in/out as directed by the Facility</i> prior to reporting to the assigned area.
3. HCA Smoking Policy	<p>All HCA TriStar Division facilities and grounds are tobacco-free environments. Our smoke Free Policy prohibits all health care members, customers and visitors from smoking in the workplace.</p> <ul style="list-style-type: none"> The use or sale of tobacco products, to include cigarettes, cigars, pipes and smokeless tobacco is prohibited in the facility and surrounding grounds, to include parking lots. 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. Tobacco use will not be permitted on any part of the campus, or within twenty feet of grounds owned by HCA TriStar Division. In any vehicle owned by HCA TriStar Division. At any office/program operated off-site by HCA TriStar Division.
4. Policy & Procedures	HCA TriStar utilizes 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 used by HCA TriStar facilities 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.

CRITERIA	DESCRIPTION
<p>5. Conflict resolution occurring in the patient care setting</p>	<p>DHP's 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</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. 4. The facility laboratory is available to perform a post-accident drug screen if requested by your employer. <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 14. Patient Grievance

<p>7. 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 annually. Original evaluation forms remain at the facility and will be faxed to Parallon for inclusion into your credentialing file.</p>
<p>8. 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 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:

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

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

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

Electrical Safety

To prevent electrical injury, follow these simple safety rules:

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

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

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

Back Safety

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

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

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 is essential to minimize exposure of other patients, staff and families. Patients with known or suspected TB must be kept in a negative pressure room and respiratory precautions maintained at all times. The door to the isolation room must be closed to maintain negative air pressure. All persons entering the room must wear a TB mask or 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 who also has *C. diff*.
- Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
- Visitors may also be asked to wear a gown and gloves.
- When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.

MRSA

Staphylococcus aureus, 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 TriStar Division 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.

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. 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 TriStar 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 the department manager for facility specific guidelines.

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

- Bed to the lowest position and locked
- 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)
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 HCA TriStar 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 TriStar Division 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

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 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, 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 TriStar 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

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.

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 TriStar 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 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 TriStar Division 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.

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.

GENERAL EMERGENCY CODES		
**This list is not intended to be all inclusive, please check with each facility for specific code information.		
CODES	DEFINITION	PROCEDURE
Code Red	Fire	<ol style="list-style-type: none"> 1. Close all doors 2. Evacuation would be ordered by Security or an administrator and would first move laterally through the nearest fire doors 3. If evacuation becomes necessary, the charge nurse on each unit should obtain a list of patients to present to the Administrative Representative in the "Safe Area"
Code Blue	Cardiopulmonary Arrest/Pediatric Pt	<ol style="list-style-type: none"> 1. Call for help 2. Dial 0, tell the operator location of code blue, let the operator hang up first 3. Begin CPR 4. Respond with department crash cart to the code blue location
Code Black	Bomb Threat	<ol style="list-style-type: none"> 1. Potential Bomb Threat 2. Follow instructions from the Supervisor/Police/Administration on search for suspicious items inside the building 3. Evacuate upon order or if in immediate danger
Code Pink	Missing/Infant Abduction	<ol style="list-style-type: none"> 1. Check department for unauthorized personnel 2. Be alert for anyone carrying an infant or an item large enough to conceal an infant 3. Staff should stand by all stairwells and elevators and be alert for anyone or anything suspicious 4. If you see a suspicious individual, maintain visual contact with the person 5. Approach the individual at your discretion, informing them that an emergency has occurred and no one is to leave the building 6. Keep yourself safe at all times 7. Call Security to clear them for exit 8. If the person will not wait/stop, give a detailed description of physical clothing and characteristics to Security and if they exit the building, observe the automobile and license plate
Code Orange	Hazmat/Bioterrorism	<ol style="list-style-type: none"> 1. Chemical spillage require trained personal to clean up 2. Bioterrorism threats 3. Keep yourself safe at all times
Code Grey	Violence/Security Alert	<ol style="list-style-type: none"> 1. Violent visitors and or patient lost control, potential harmful to self and others 2. Security and Crisis Intervention trained staff member immediate responses 3. Ensure patients and employee safety
Code White	Hostage Situation	<ol style="list-style-type: none"> 1. Check department for unauthorized personnel 2. Be alert for anyone with a weapon 3. If you see a suspicious individual, Call Security to clear them 4. Keep yourself safe at all times

Code Yellow	Lockdown	<ol style="list-style-type: none"> 1. Code Yellow is called to secure hospital campus in responses to other emergency situations, like Missing/Infant Abduction situation 2. No one is allowed to get in and out of the hospital till code is cleared
Code Green	Disaster/Mass Casualty	<ol style="list-style-type: none"> 1. Remain in the department unless reassigned by the Command Center 2. Gather all available beds, stretchers and wheelchairs 3. Assist with the Bed Status Count, noting which patients are appropriate for
Code Brown	Severe Weather	<ol style="list-style-type: none"> 1. Hurricanes, Tornado and or other severe weather conditions 2. Move patients away from the windows 3. Follow instructions from the supervisor

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.

HCA

DEPARTMENT: Legal	POLICY DESCRIPTION: Georgia False Claims Statutes Policy
PAGE: 1 of 4	REPLACES POLICY DATED: 1/1/07, 6/20/07, 2/10/09
EFFECTIVE DATE: September 1, 2013	REFERENCE NUMBER: LL.GA.001
APPROVED BY: Ethics and Compliance Policy Committee	

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

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

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

FALSE CLAIMS LAWS

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

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

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

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the false claims violation. Further, if the whistleblower is convicted of criminal conduct related to his role in the preparation or submission of the false claims, the whistleblower will be dismissed from the civil action without receiving any portion of the proceeds.

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

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

The State of Georgia has adopted a State Medicaid False Claims Act which mirrors the federal law. Civil penalties for violations under the state law are not less than \$5,500 and not more than \$11,000 for each false claim or fraudulent claim, plus three times the amount of damages which the Georgia Medicaid program sustains because of the act. Under the qui tam provision of the State Medicaid False Claims Act, if an individual brings a civil action, the State Attorney General has 60 days to investigate the complaint and determine whether the State should proceed with the civil action.

If the State decides not to proceed, the individual complainant has the right to proceed with the civil action and may recover not less than 25% of the proceeds. However, if the defendant prevails over the individual bringing the civil action, the individual will be responsible for the defendant's reasonable expenses and attorney's fees. If the Attorney General does proceed with the action, the individual bringing the claim may receive at least 15% but no more than 25% of the proceeds of the civil action or settlement of the claim as well as reimbursement for reasonable expenses incurred. Any proceeds provided to the individual will be reduced appropriately if it is determined that the individual had a role in making the fraudulent claim.

Allegations may not be based on public information or on allegations which are already the subject of a civil or administrative proceeding involving the State of Georgia. The individual bringing a claim must be the 'original source', meaning that person has direct and independent knowledge of the information and voluntarily presented it to the state before filing a civil action.

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PROCEDURE:

Facility responsibilities include, but are not limited to:

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

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REFERENCES

1. Ga. Code Ann. §§ 49-4-146.1(b), (c.1), (d), (f), (g); 49-4-146.3; 49-4-168
2. Ga. Code Ann. § 16-10-20
3. 31 U.S.C. §§ 3801-3812
4. 31 U.S.C. §§ 3729-3733
5. Deficit Reduction Act of 2005, Sections 6031, 6032
6. HCA Code of Conduct, "Resources for Guidance and Reporting Concerns"

**STATEMENT OF COMPLETION OF TRISTAR DIVISION
DHP GENERAL ORIENTATION**

****Please sign and return to Parallon Workforce Management Solutions at 1-866-361-2812.**

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

- **Introduction to HCA TriStar Division / Division Mission / Vision statement**
- **General Information**
- **Identification Badge**
- **HCA Smoking Policy**
- **Policy & Procedures – Compliance 360**
- **Conflict Resolution**
- **Occurrence Reporting**
- **Performance Evaluations & Competencies**
- **Fire Safety**
- **Equipment Safety**
- **Electrical Safety**
- **Back Safety**
- **Reporting Care Concerns**
- **Hazardous Materials**
 - **MSDS**
- **OSHA –**
 - **Blood borne Pathogens**
 - **PPE**
 - **TB**
 - **CDIFF**
 - **MRSA**
- **Disaster Preparedness**
- **SBAR**
- **EMTALA**
- **HIPPA**
- **Cultural Diversity**
- **Patient Safety/Patient Rights**
- **Language Translation**
- **National Patient Safety Goals**
- **Infection Control Overview**
- **Hand Hygiene**
- **Fingernail Guidelines**
- **Signs of Abuse and Neglect**
- **Core Measures**
- **Emergency Codes and Safety Reminders**

I further acknowledge that I have read the orientation packet and I understand and agree to comply with all standards set forth in regards to federal and state laws.

Signature _____

Date: _____

Printed

Name: _____

2017 Hospital National Patient Safety Goals

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

Identify patients correctly

- NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

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

Use medicines safely

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

Use alarms safely

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

Prevent infection

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

Identify patient safety risks

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

Prevent mistakes in surgery

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



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