Medical Resident Orientation

CARILION CLINIC

Overview of Carilion Clinic

Content:

- Carilion Clinic—How We Support Communities
- Carilion Clinic—Who We Are
- Who Are the Patients We Serve?
- Ethical Treatment of Patients
- Customer Service
- Measuring Success—Carilion Clinic's Scorecard
- The Learning Center

Objectives:

To describe the organization's mission, purpose, and values.

To explain the pillars of the Carilion Clinic.

To describe the ways we support the diversity of our patients.

To describe Carilion Clinic's scorecard.

To list the steps for taking required in-services and other training through the Learning Center.

Carilion Clinic—How We Support Communities

Did you know?

There are 8 hospitals that are part of the Carilion Clinic:

- Bedford Memorial Hospital—Co-owned with Centra Health
- Carilion Roanoke Community Hospital—Roanoke
- Carilion Franklin Memorial Hospital—Rocky Mount
- Carilion Giles Memorial Hospital—Pearisburg
- Carilion New River Valley Medical Center—Radford
- Carilion Roanoke Memorial Hospital—Roanoke
- Carilion Stonewall Jackson Hospital—Lexington
- Carilion Tazewell Community Hospital - Tazewell

Carilion has more than 75 physician practices in over 30 communities staffed by 200

Carilion Clinic's Mission

Improve the health of the communities we serve.

Our Purpose

Excellence in patient care and healthcare outcomes

Our Vision

Carilion will:

- Ensure accessible, affordable, high quality healthcare that meets the needs of the community.
- Motivate and educate individuals to improve their health.
- Champion community initiatives to reduce health risks.

Our Employees

Carilion has more than 12,000 employees with a wide variety of education levels, experiences and degrees.

At last count, our employees represented more than 30 different nationalities. English is the primary language, but increasingly we're hiring workers for whom English is a second language.

Our employees are predominantly female

- 21.5 % Male
- 78.5% Female

They range in age from 16 years to over retirement age.

Our Values

1. We value and create a culture of quality, service and safety—these are the foundation of Carilion Clinic.
2. We invest in state-of-the-art technology and facilities for our patients—such as the CyberKnife, a non-surgical treatment used to destroy tumors inside the body. The CyberKnife treats growths previously considered inoperable. The procedure delivers low doses of radiation from multiple angles to accurately reach the exact location of a tumor. Carilion was the first hospital in Virginia to make this technology available to patients.
3. We use medical informatics effectively—this means that we use all the clinical information we have about our patients (lab data, test results, clinical observations, etc) and also the technical infrastructure (such as technology and computer systems) to help us record, analyze, and communicate patient care processes. Moving to the EPIC computer system is an example of how we are focused on using patient information to make care safer and easier for the patient.
4. We continuously measure and improve performance—this refers to how we measure key aspects of our performance and then initiate improvement efforts when we identify processes which are not up to our goal, standard, or benchmark.
5. We are on the forefront of nursing excellence—we demonstrate that in many ways, but one important way is that we are a Magnet hospital. Magnet designation was developed by the American Nurses Credentialing Center to recognize health care organizations that provide nursing excellence.
6. We embrace change—given our move to Carilion Clinic and the implementation of EPIC software, it's easy to see why we need to embrace change. And you will also find changes large and small as we grow our services and facilities.
7. We are active and innovative learners—we are active and innovative learners as demonstrated by our award-winning Human Resources Training & Development department, which sponsors classroom and online courses and a variety of conferences each year. This is in addition to other educational opportunities provided by departments.
8. We develop physician leaders and clinicians focused on patient care—we develop and grow physician leaders and clinicians through the Virginia Tech Carilion School of Medicine, our affiliation with the Jefferson College of Health Sciences, and the medical residents who come through our medical residency programs. In the future we'll be developing fellowships.
9. We are responsible stewards of the community's resources--finally, we must be responsible stewards of the community's resources. This means spending and investing our money wisely so that we can meet the needs of the community today and in the future.

Carilion Clinic—Who We Are

Carilion Clinic as a Not-for-Profit

What does it mean to be not-for profit?

- We still need to make money
- Surplus funds are reinvested in the organization and community
- We own some for-profit business such as Roanoke Athletic Club, Botetourt Athletic Club and the Zoom.
- That helps us cover costs of money-losing services such as Lifeguard 10 and 11 and the Neonatal Intensive Care Unit.

What do we mean by "Carilion Clinic"?

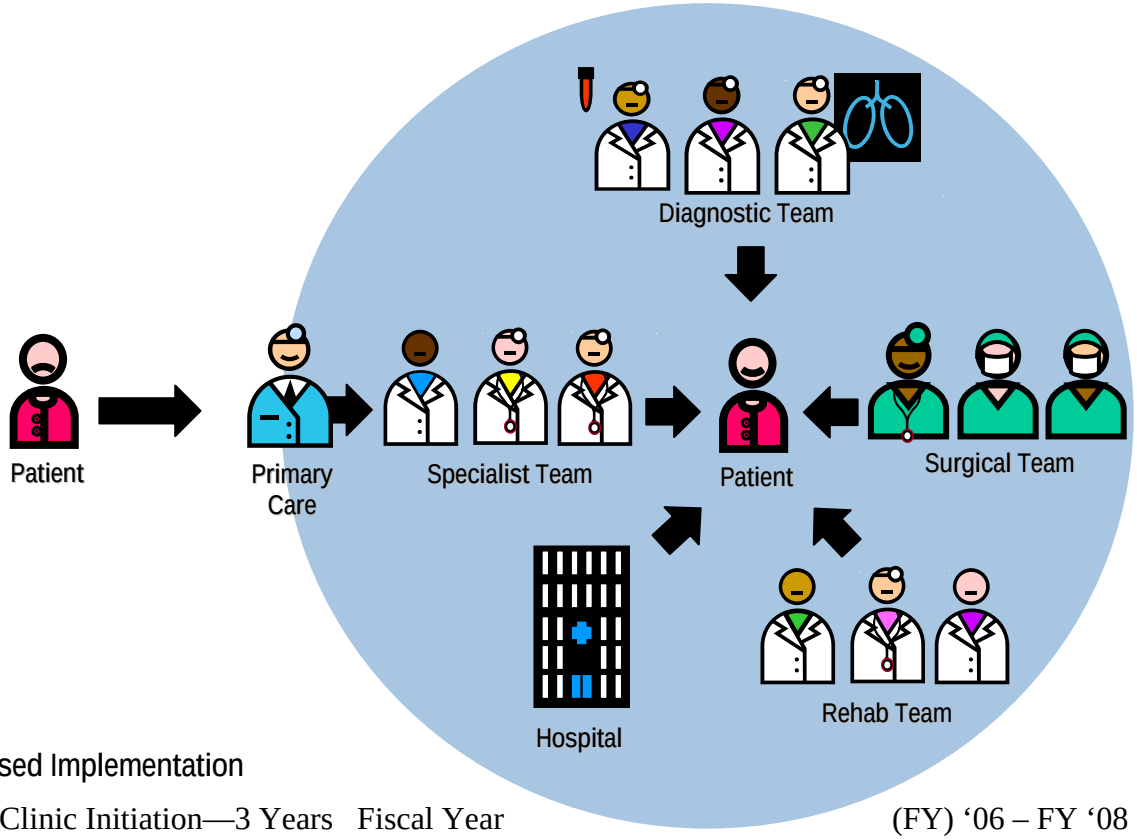
It is an organization of physicians working together as a team to better care for patients. At Carilion Clinic, physicians, nurses, medical staff, facilities and technology will all be aligned with a common goal of achieving the best possible outcome for every patient by working together to practice, teach and discover better ways to heal. Shared records and scheduling will provide more convenient medical care centered on the patient.

Mayo Clinic, Cleveland Clinic, Virginia Mason, Lahey Clinic, and Scott and White Clinic are a few examples of the type of clinic we are modeled like. They are non-university academic centers whose clinical excellence is strengthened by medical education and research.

The Pillars of Carilion Clinic

Carilion Clinic is built on three pillars:

- **Patient care** which includes clinical excellence and top quality customer service.
- **Research** which includes developing and testing new treatments and medical devices through the clinic and through our partnership with Virginia Tech in Carilion's Biomedical Institute.
- **Education** which includes training new physicians and other healthcare providers as well as continuing to educate existing staff about the latest treatment options. This includes our relationship with the Jefferson College of Health Sciences, and Virginia Tech Carilion School of Medicine.



Multi-phased Implementation

Phase I: Clinic Initiation—3 Years Fiscal Year (FY) '06 – FY '08

Phase II: Clinic Maturation—5 Years FY '09 – FY '13

Phase III: Clinic Fulfillment—Beyond FY '13

Who Are the Patients We Serve?

At Carilion, we recognize that our patients present with diverse backgrounds and experiences that affect the relationship we have with each of them and the experience they have. Assessing these influences and experiences is important so that their care/service can be modified to meet the needs identified.

Our patients are diverse in many aspects, including:

- Living location and the dwelling itself
- Gender
- Ethnicity
- Education background
- Activity level

We strive to meet our patient's needs in ways that respect and honor their backgrounds and beliefs. For example:

- We see patients ranging in age from newborn to elderly. The way we perform certain procedures on an infant may differ dramatically for adults. As a result, staff has age-specific competencies and completes the training and skills necessary to work with different age groups.
- We have patients and family members with spiritual beliefs and rituals unfamiliar to us, so we have chaplains who are trained to meet a variety of spiritual needs.
- We have patients who speak English as a second language or do not speak English at all, so we have access to translation services such as interpreters and the Language Line.
- We see patients with support systems in place, but we also see those who are completely on their own—some lacking financial resources, others who could benefit from counseling or support networks. We offer patient education materials, develop community contacts and make referrals.
- Of course our goal is always to provide the best clinical care to people who have a wide range of illnesses and injuries, so education is a continuous process. We have patient care conferences, Health Sciences libraries, and Clinical Nurse Specialists all to help us stay informed of the most effective treatments and options.

In the course of your career with Carilion, you will come in contact with people of different types, illnesses and personalities. There will be some patients with whom you can easily identify, while other patients may be very different from you in background, education, or economic status. There will be some patients with issues that are more complex and demanding of your time and skills, while other patients will have simpler requirements. There will be some patients who are friendly and easy to work with, while others may seem cranky or more difficult.

Regardless of the patients' background, illness or injury, personality it is important that you treat them *all* with respect.

Ethical Treatment of Patients

Carilion is committed to maintaining an ethical environment.

Code of Ethical Behavior

- Carilion will not disparage another provider in any marketing or advertising effort.
- Treatment decisions are based on the patient's health status and medical needs and are not related to financial incentives.
- Treatment is individualized for each patient. There must be a treatment plan for each patient and the appropriate resources to carry out that plan.
- Patients are only discharged on the basis of medical condition or if a patient insists upon discharge against medical advice. The decision to discharge may not take into account consideration of the patient's nonpayment of medical bills.

Patient Bill of Rights

All patients receive a copy of the Patient Bill of Rights:

- Access to any available or medically indicated treatment or accommodations
- Considerate, respectful care at all times and under all circumstances
- Privacy and confidentiality
- Right to know the identity and professional status of individuals providing services
- Right to reasonable informed participation in decisions involving his/her health care.

To support this commitment, Biomedical Ethics Services offers a variety of services throughout Carilion. These services include:

- Education and training programs for ethics committees, hospital staffs and the communities they serve.
- Development and review of policies involving patient rights and ethical issues.
- Consultation to help resolve ethical problems in patient care.
- Research that identifies, clarifies and suggests ways to improve ethical problems in the clinical setting.

The Department sponsors a major one-day ethics conference every fall at the Hotel Roanoke and Conference Center as well as an annual spring ethics workshop. In addition, the department hosts a one-hour "Conversations in Ethics" program at noon on the first Thursday of

each month in the 6th Floor Auditorium at Carilion Roanoke Memorial Hospital. Other educational programs or workshops are available upon request.

How to Ask for Ethics Consultation

Most Carilion facilities provide ethics consultation through the institutional ethics committee. Dial the hospital operator and ask for the ethics consultant on call. For those facilities without a consultation service, the Bioethics Committee at Carilion Medical Center (CMC) provides a consultation service that assists physicians, nurses and other clinicians in responding to ethical problems that arise in the care of patients. *An ethics consultation can be requested by a physician or any other clinician involved in the care of a patient. It may also be requested by a patient or a patient's family member.* In order to access the consultation service, dial the hospital operator and ask that a member of the ethics consultation service be contacted. During weekdays (8:00 a.m. to 5:30 p.m.), requests for consultation may be referred to the director of Biomedical Ethics Services.

Research Review

Bioethics also supports operations of the Institutional Review Board at Carilion Medical Center, a committee that reviews and approves all research conducted at CMC or by CMC employees. The IRB can also review research at other CHS facilities. The IRB helps ensure protection of the rights of human research subjects and meets on the third Wednesday and second Thursday of each month. For more information, call the IRB Coordinator at 540/853-0728 or the IRB Research Compliance Specialist at 540/981-8015. IRB policies, procedures, application forms and other information are available on-line at http://www.carilion.com/irb/index.html

Recognition and Reporting of Abuse

Forms of Abuse:

- **Physical Abuse:** non-accidental trauma or physical injury (Includes hitting, kicking, burning, shaking, throwing, beating, biting).
- **Sexual Abuse:** the involvement of dependent, developmentally immature children in sexual activities that they do not fully comprehend and therefore to which they are unable to give informed consent and/or which violates the taboos of society.
- **Emotional Abuse:** the systematic tearing down of another human being. What does emotional abuse include: rejection, isolation, corruption, ignoring, terrorizing, and degrading.
- **Financial Abuse:** the illegal use of an incapacitated adult or his resources for another's profit or advantage. It may include embezzlement, theft, forgery, and false impersonation.

Consequences of Abuse on Children and Adults:

- Physical: most minor injuries will heal but there can be long-term effects with more severe abuse.
- Psychological: isolation, mistrust, fear, depression, eating disorders, anxiety, suicide attempt.
- Behavioral: risk for crimes, teen pregnancy, substance abuse, poor school performance.
- Financial: incur debt, bankruptcy, eviction.

What Are Signs of Abuse?

Physical	Psychological/Behavioral	Financial
▪ Bruises ▪ Welts ▪ Burns ▪ Cuts or Scratches ▪ Fractures ▪ Bleeding Genitalia ▪ Lack of Medical Care ▪ Poor Hygiene ▪ Poor Nutrition ▪ Tooth Decay ▪ Abdominal Injuries	▪ Developmental Delays ▪ Anger or Aggression ▪ Depression ▪ Lack of Communication and Talking ▪ Isolation or Withdrawal ▪ Inability to Trust ▪ Anxiety ▪ Suicide Attempts ▪ Frequent Change of Healthcare Professionals	▪ Missing Personal Belongings ▪ Suspicious Signatures ▪ Numerous Unpaid Bills ▪ A Changed Will or Power of Attorney

What Do I Document?

- Injury Documentation: location, type, number of injuries, size, degree of healing, possible causes, explanation by the care provider.
- You can include photographs & x-rays but you must document a full written description.
- Report the Abuse.

Documentation in the Medical Record is Critical!

Reporting Abuse:

- If you don't report suspected cases of abuse or neglect you could be punished with fines and jail time as well as civil liability.

- Per Carilion Policy, you would notify Social Work Services for assessment and referral to Child Protective Services.
- The physician can write a 72-hour hold order in the event a court order is not immediately obtained (ex: holiday).

The healthcare provider must report findings to the physician.

Customer Service

Our patients and their families rely on us for our clinical expertise, advanced technology, and a personal connection. Embracing good customer service behaviors ensures we provide the kind of care and service our friends and neighbors deserve. Carilion is committed to making patients' best interests the top priority. We achieve that goal by ensuring our culture focuses on doing what's right for patients.

As healthcare providers sometimes we don't view ourselves as serving customers, we provide care for patients! In the book *Leadership for Great Customer Service*, the authors Thom A. Mayer, MD and Robert J. Cates, MD provide a description that has helped healthcare providers to better understand patients as customers. They determined that the more vertical (or mobile) a person is, the more likely they are seen as a customer because they can make choices where to go for there healthcare. They, also, determined that the more horizontal a person is, the more likely they are seen as a patient because they are less likely to leave without treatment. Whether or not you call them patients or customers, we are here to do what it takes to make people comfortable by respecting their emotional needs and extending that same philosophy to their families and our coworkers.

Carillion defines customers as patients, their families, and each other. Your co-workers are considered valued partners in the delivery of customer service. All three (patients, families, and other co-workers) deserve to be treated with dignity and respect and receive excellent customer service. What do you think of when you hear the words customer service? Do you think of how you want to be treated? How you want people to explain and communicate things to you? What services you are provided?

As you read through this content think of these questions and consider how you can make a difference in the customer service provided at our facilities.

Let's begin by discussing some things to consider as they relate to customer service. Remember, that making a difference to the patient, the family, a co-worker, or others is more than just showing up for work, doing enough to squeak by, and staying busy. To provide outstanding customer service, you need to place yourself in the position of the person you are helping. The key to it all is to treat others the way you would want to be treated. So, what are some things that you can do?

A= Accountability/Attitudes

You can apply the A in our ABC's of customer service…and look at ways you are accountable and ways your attitude impact customer service. Excellent customer service requires that you know what is expected of you, that you have self control and discipline, that you know and understand that what you do or don't do affects others, that you should be a good sport, and that you should be willing to give what is needed at the time.

- Knowing what is expected of you includes:

    1. Knowing your duties.
    2. Knowing your deadlines and schedule.
    3. Knowing the standards of performance.
    4. Knowing ways you can provide a safe environment.

- Having self-control and discipline includes:

    1. Doing what needs to be done.
    2. Living within the rules.
    3. Sticking to the standards.

- Knowing that what YOU do or don't do affects others. Remember your actions speak loudly and the things you say and do have a direct impact on all of the following:

    1. Patients
    2. Your Team
    3. Other Departments
    4. Carilion's overall Performance

- Being a good sport includes:

    1. Creating Harmony
    2. Showing Grace and Respect
    3. Sharing the Spotlight
    4. Having a Sense of Humor and Laughing at Yourself
    5. Compromising and Sharing
    6. Giving and taking Feedback in a Positive Manner

- Concentrating on giving the group what it needs at the moment includes:

    1. Not just what you feel like giving, but more.
    2. Not just what comes easy, but what is difficult.
    3. Not just what you have been doing by habit, but extras that you having been doing.

So what can you learn from the A in the ABC's of Customer service? The biggest thing to take away from this section is understanding what you are accountable for and that your attitude makes guides the type of customer service you provide.

Me versus We … Think TEAM

"Our attitude is not determined by circumstances, but by how we respond positively or negatively. It's how we react to events, not the events themselves, that determine our attitude. "

B= Behaviors

There are four essential behaviors that send a message to everyone we come in contact with that we care about them and want to help them. They are kindness, respect, selflessness, and commitment. Let's take a closer look at each of these.

Kindness
Kindness is to give attention, appreciation, and encouragement to others. This can be done by extending ourselves for others by appreciating them, encouraging them, being courteous, listening well, and giving credit and praise for efforts made by others.

What are some ways you can show kindness?

- Doing the little things mean a lot.
- Kindness is the WD40 of human relationships.
- No act of kindness, no matter how small, is ever wasted.
- Don't be yourself, be someone a little nicer.
- You cannot do a kindness too soon, for you never know how soon it will be too late.

You can show kindness by doing simple things such as:

- Offering your assistance to others.
- Taking a few extra minutes to walk a visitor to the section of the hospital they need. Trying to find your way around can be confusing. Helping someone with this only takes a few minutes and speaks volumes.
- Stepping out of an elevator so that a person in a wheelchair can have room.
- Acknowledge everyone with a smile and hello.

Respect

Respect is treating people like they are important. You could think of it in the terms of treating others the way you would want to be treated. Everyone wants it, everyone needs it, but not everyone gets or gives it. Respect is based on the fact that other people's needs, hopes, ideas, and inherent worth are just as important and valuable as your own. This is demonstrated through:

- ✓ Treating everyone with dignity, courtesy, and equality.
- ✓ Appreciating different backgrounds, cultures, and ideas (don't expect everyone to be just like you)
- ✓ Talking with people, not at them and not about them.

Selflessness

What is selflessness? Selflessness is meeting the needs of others even before your own needs. For example, you should give customers what they want, not what you think they ought to have. The only reason a customer should wait for you to serve them is because you are serving another customer.

Commitment

Commitment is sticking to your choice. Doing what you say you will do, following through on promises and finishing what you started. You must have a passion for doing the right thing and being the best you can be. Being committed to something requires you to do the right thing regardless of friendships or alliances. It shows that you are trustworthy, dependable and reliable.

It is important that if you say you will do something, whether important or seemingly insignificant…remember to do it. "I was gonna", "I meant to", "I haven't forgotten", all translate the same way, I just didn't do it. So don't make promises lightly, and don't make ones you can't keep. When you do make commitments, do whatever it takes to make good on them. Your reputation is on the line.

You may never be able to satisfy everyone's needs and requests, but if customers perceive that an effort is being made on their behalf, you will please most of the people most of the time.

Take Aways from B= Behaviors…

- Four essential behaviors = Kindness, Respect, Selflessness, and Commitment
- Give attention, appreciation and encouragement to others.
- Treat people like they are important.
- Meet the needs of others, even before your own needs.
- Do what you say you are going to do.

C= Communication

The goal of communication is understanding. We must be committed to listening attentively to our customers in order to fully understand their needs including the recognition and acceptance of diverse backgrounds. Close attention should be given to both verbal and non-verbal messages.

Our messages to customers should be delivered with courtesy, clarity and care. We must avoid confusing customers and speak in terms they can easily understand.
Every customer will be greeted with a warm and friendly smile. Employees will introduce themselves promptly. Use "please" and "thank you" "Sir" and 'Ma'am" in all conversations when appropriate. Listen to your customers' concerns with body language that shows you care.

As a form of proper communication, you should observe customers and visitors; if someone appears to need directions, offer to help. Let customers know that you will assist them to their destination. If you are unable to personally escort a customer, take him or her to someone who can.

Information about patients is strictly confidential. Each employee is responsible for ensuring that it is not compromised. Information about patients and their care must never be discussed in public areas such as elevators, lobbies, the cafeteria, or waiting rooms. Likewise, hospital business should not be discussed in public areas.

For additional information on confidentiality refer to the HIPAA information located on the Carilion Intranet.

C= Communication/E-Mail Etiquette
Another and probably the most used method of communication is e-mail, and yes, there are proper and improper ways to communicate via e-mail.

Top 10 e-mail Rules

- Be concise and to the point
- Use proper spelling, grammar & punctuation
- Answer swiftly
- Do not write in CAPITALS
- Read the email before you send it
- Do not overuse Reply to All

- Do not forward chain letters
- Do not use email to discuss confidential information
- Use a meaningful subject
- Don't send or forward emails containing libelous, defamatory, offensive, racist or obscene remarks

Take Aways for Communication

So what take aways are there from the C in our ABC's of customer service?

1. You should be committed to listening attentively.
2. Close attention should be given to both verbal and non-verbal messages.
3. Avoid confusing customers and speak in terms they can easily understand.
4. No matter what method of communication is being used, you should follow all guidelines and rules to ensure clear and appropriate communication.

One Final Thought:
The Golden Rule proposes treating customers the way *you* want to be treated. The Platinum Rule says to treat them the way *they* want to be treated. Perhaps its time for a new rule called the Empathy Rule. It goes something like this, "Treat customers as if YOU were the customer. "

Measuring Success—Carilion Clinic's Scorecard

Our goal is to constantly strive to improve the safety and quality of care provided. In order to reach this goal we measure performance through our scorecard. A scorecard is a tool used for monitoring, measuring, and reporting on finances and other key areas that help to determine success. A business scorecard is much like a scorecard in golf. It provides the standard (par for each hole) and allows you to determine whether you are performing better or worse than the standard. Each year, Carilion Clinic creates a scorecard listing the targets it wants to achieve. Each month, Carilion measures our success against our scorecard goals.

The scorecard includes a number of quality standards and indicators that allow us to measure how we are doing in regards to patient care. The indicators address the safety and quality of nursing care patients receive. These are set and monitored by the clinical areas. They monitor such things as: patient falls, medication errors, infections, readmissions and deaths, and we compare our data to similar hospitals.

As a hospital we have to meet the requirements of a number of regulatory agencies, but the one you may hear the most about is the Joint Commission. That's because they inspect and accredit Carilion Clinic and other hospitals. Joint Commission accreditation (or distinction) is the "Gold Standard" of healthcare evaluation. It is very important because it says to potential patients that we meet or exceed the Joint Commission's standards and quality expectations.

As part of Joint Commission accreditation, nursing and our physicians report certain clinical performance measures—Core Measures—again so that we can be compared with other hospitals. These include: Acute Myocardial Infarction (Heart Attack), Heart Failure, Pregnancy & related conditions, Community Acquired Pneumonia, and Surgical Infection Prevention.

Did You Know?
Any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission, with no retaliatory disciplinary action taken.

Finally patient satisfaction is another way we measure excellence. It is also captured on our scorecard. Carilion uses an external company to assist in collecting information. Patients get a survey to fill out that includes many elements of their experience. Patient satisfaction is often seen as only affecting those departments that provide direct patient care (for example nursing, respiratory therapy, occupational therapy, imaging, etc.) However, the people who clean a patient's room, those who serve their food and those who respond to their questions regarding their bill are just a few individuals that can determine whether a patient feels as though they received excellent customer service.

Each department and facility supports the scorecard's goals and plays a critical role in the organization's success. Ask the unit manager about the scorecard goals for his/her department or facility.

General Safety

Content:

- Emergency Codes
- Fire Safety
- Cellular Phones
- Code Grey
- Code Green

Objectives:

To identify general safety hazards, emergency codes, and expected responses.

To identify the seven elements of the JCAHO Environment of Care Standards.

To identify the national patient safety goals.

Carilion Clinic Emergency Code List

General Codes

Code **Red**	Fire – response is facility wide
Code **Grey**	Bomb Threat – response is facility wide
Code **Orange**	Hazardous Material or Contamination (Internal/External)
Code **Green**	Disaster Situation (Internal/External)
Code **Siege**	Hostage Situation within the Facility
Code **Secure**	An aggressive, psychological, abusive situation within the facility that requires Carilion Police/Security to respond
Code **Evac**	Partial or total evacuation of an area, department or facility
Severe Weather	**Weather Alert**- designation by the National Weather Service that severe weather is possible
	Weather Warning- designation by the National Weather Service that severe weather is approaching the area

Patient Care Codes

Code **Blue**	Cardiac/Respiratory Arrest in Adults
Pediatric Code **Blue**	Cardiac/Respiratory Arrest in Children
Code **Lindbergh**	Actual or Attempted Abduction of an Infant or Pediatric patient within the facility
Code **OB**	Assistance is needed immediately in the OB or ED departments at CFMH

Emergency Department Alerts

Gold Alert	Patient in Emergency Department with ***unstable*** multi-system injuries
Trauma Alert	Patient in Emergency Department with ***stable*** multi-system injuries
Code **Silver**	Increase of security measures in the Emergency Department (CMC only)
Code **Yellow**	Extreme increase in patient volumes in the ED.

Prevention – The Key to Fire Safety

Here are some helpful tips to maintain a safe work area:

- Smoking causes more than half of all hospital fires. Follow the Carilion Clinic Smoking Policy.
- Immediately take malfunctioning equipment out of service and label/tag the equipment appropriately. Report it to Clinical Engineering immediately.
- Make sure all clinical electrical equipment has a current inspection tag. If not, contact Clinical Engineering.
- Know the locations and methods of operation for any fire extinguishers and fire alarms in the work area.
- Never interfere with the normal operation of fire doors. The use of wedges or other items to prop doors open is **prohibited**. Hallway doors must be kept open only with a proper electrical magnetic device that is connected to the facility's fire alarm system.
- Keep hallways, corridors, and exits clear of obstructions at **all** times.

Race to Safety

- Actions taken during the first two or three minutes of a fire are more important than what occurs over the next two to three hours. To respond rapidly and effectively, memorize the following formula and procedures:

R: **Rescue** anyone in immediate danger

A: Sound the **Alarm**

C: **Confine** the fire

E: **Extinguish** or **Evacuate**

Fire Extinguishers

Extinguishing a Fire

- Use the back of your hand to check a closed door for heat before opening. When a door is closed to a room in which there is a fire, the fire will be deprived of oxygen and will re-enter the smoldering stage. During these stages, the fire will emit toxic and flammable gases, which may ignite when the door is opened.

- Avoid inhaling smoke or extinguisher agents.

- Choose an extinguisher to match the type of fire:

  1. Type A: Ordinary combustibles like paper, wood, and plastic
  2. Type B: Flammable liquids such as cooking oil or alcohol
  3. Type C: Electrical fires
  4. Water Mist Used in OR settings to create a fine mist of water

  Ratings and instructions are provided on the fire extinguisher canisters.

- Know where all escape routes are located. The discharge from the fire extinguisher may reduce visibility.

Fire Extinguisher Types

Carilion uses three types of fire extinguishers based on the type of activity in particular areas. These are:

Type A: *Water*	Used on fires involving combustible materials such as wood, paper, bedding, boxes, and anything that leaves an ash. Do not use a Type A extinguisher on an Electrical fire. Used on Type A fires.
Type BC: *Carbon Dioxide (C02)*	Used on electrical fires or flammable liquid fires such as grease or gasoline. Used on Type B and C fires.
Type ABC: *Multipurpose Dry Chemical*	Effective on any type of fire. Used on Type A, B, and C fires.
Water Mist: Fine Mist	Used in OR settings around the patient and equipment

How to Use a Fire Extinguisher

P **P**ull the pin located near the handle

A **A**im the extinguisher's nozzle at the base of the fire and squeeze the lever

S **S**queeze the trigger

S **S**weep side to side

- Aim carefully. Most fire extinguishers last only 25-30 seconds. Depending on the size of the fire, it may be important to bring more than one extinguisher to the fire scene.
- Be sure the fire is completely out before stopping the discharge of the fire extinguisher
- Fire extinguishers can weigh up to 40 pounds. Remember to use proper body mechanics when lifting and carrying a fire extinguisher.
- The majority of all fire extinguishers used in Carilion facilities are of the ABC/Multipurpose type. Review and become familiar with the different types of fire extinguishers utilized in your unit/department.

Cellular Phones

- Cellular telephones and two-way radios are restricted to use in public lobbies and waiting areas.
- The use of such devices in patient care areas may interfere with medical equipment

Code Grey

A Code Grey is a bomb threat situation – Response is facility wide

Types of Bomb Threats

- Telephone Threat
  - Complete a “Bomb Threat” Response Form.”
  - Contact Carilion Security/Police and/or local law enforcement.
- Letter/Note Threat
  - Do not handle. Immediately place letter/note in large envelope or plastic bag so it can be checked for fingerprints.
  - Contact Carilion Security/Police and/or local law enforcement.

Code Green

A Code Green is an internal/external disaster – Response is facility wide.

Do not call or report to the emergency department unless instructed to do so.

Follow the disaster plan for the specific department. When you report to the workplace, ask what your specific assignment would be.

Environment of Care Elements

- Safety Management
- Security Management
- Hazardous Materials and Waste
- Emergency Management
- Life Safety
- Medical Equipment
- Utilities Management

2011 National Patient Safety Goals

Goal **Improve the accuracy of patient identification.**

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

Goal **Improve staff communication.**

Quickly get important test results to the right staff person.

Goal **Improve the safety of using medications.**

Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.
Take extra care with patients who take medicines to thin their blood.

Goal **Prevent infection.**

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

Use proven guidelines to prevent infections that are difficult to treat.
Use proven guidelines to prevent infection of the blood from central lines.
Use safe practices to treat the part of the body where surgery was done.

Goal **Check Patient Medicines.**

Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines.
Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home.
Give a list of the patient's medicines to the patient and their family before they go home. Explain the list.
Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.

Goal **Identify Patient Safety Risks.**

The organization identifies patients at risk for suicide. [Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals—NOT APPLICABLE TO CRITICAL ACCESS HOSPITALS)]

Event Reporting

An event is any happening which is not consistent with the routine operation of the facility or the routine care of a particular patient. It may be an accident, a situation that may result in an accident, or inappropriate behavior of physicians, staff, or visitors.

How patient events are handled:

- **Step 1**: Take care of the patient to prevent any additional harm.
- **Step 2**: Notify his or her physician.
- **Step 3**: Complete an event/patient safety report form.
- **Step 4**: If the event causes serious injury or harm to the patient, or if the event involved a "near miss" situation, a root cause analysis (RCA) may be performed to determine what measures could be taken to prevent future events.
- **Step 5**: Create an action plan to remedy the process and/or system.

How patient events are reported:

- CMC uses Softmed as their reporting system.
- All other Carilion facilities use RiskMaster.

Guidelines for reporting a patient event:

- Notify your manager/director immediately
- An Event Report must be completed and forwarded to risk management within 24 hours of an occurrence / event.
- Never copy an Event Report.

How employee events are handled:

- An **Employee Event Report** must be completed by an employee when he or she suffers a work related injury or exposure.

- Report all incidents to your manager/director and/or supervisor, seek medical attention and complete the Carilion Employee Event Report and forward to Employee Health.
- Any incident should be reported to your manager/director and the form sent to the Employee Health office within 24 hours of an injury or exposure.
- Employees at CRMH and CRCH that have been exposed to a needle-stick, to blood or bodily fluids outside of normal Employee Health hours are to page the resource nurse and remain on their unit. The resource nurse will come to the unit and order labs on the source patient and report the rapid HIV results to the exposed employee. The exposed employee can then decide if they would like further evaluation by the E.D. and if so they will have the results of the lab-work to present to the treating Physician, decreasing the time they would have to wait for treatment. All employees will still be required to report to employee health the next business day to complete paperwork and for follow-up care.

CMC Codes	Definition
Red	Fire situation and response facility-wide.
Orange	Hazardous materials situation.
Grey	Facility wide response to a bomb threat.
Blue	Adult cardiac and/or respiratory arrest.
Pediatric Code Blue	Child cardiac and/or respiratory arrest.
Lindbergh	Actual or attempted abduction of a pediatric patient.
Siege	Hostage situation within a facility.
Secure	Aggressive and/or abusive situation.
Evac	Partial or total evacuation of an area, department or facility.
Green	An internal or external disaster situation.

CMC Emergency Department Codes	Definition
Trauma Alert	Called when a patient is in the ED with stable multi-system injuries.
Gold Alert	Called when a patient is in the ED with unstable multi-system injuries.
Yellow	An extreme increase in patient volume in the ED requiring additional staff.
Silver	Called when an increase in security is needed in the ED.

CFMH Codes	Definition
Red	Fire situation and response facility-wide.
Orange	Hazardous materials situation.
Grey	Facility wide response to a bomb threat.
Blue	Adult cardiac and/or respiratory arrest.
Kinder	Child cardiac and/or respiratory arrest.
Lindbergh	Actual or attempted abduction of a pediatric patient.
Siege	Hostage situation within a facility.
Secure	Aggressive and/or abusive situation.
Evac	Partial or total evacuation of an area, department or facility.
Green	An internal or external disaster situation.
OB	Occurs when assistance is needed immediately in the OB or ED to provide care to a pregnant person.

CNRV Codes	Definition
Red	Fire situation and response facility-wide.
Orange	Hazardous materials situation.
Grey	Facility wide response to a bomb threat.
Blue	Adult or pediatric cardiac and/or respiratory arrest.
Lindbergh	Actual or attempted abduction of a pediatric patient.
Siege	Hostage situation within a facility.
Secure	Aggressive Psych and/or abusive situation – police/security needed.
Evac	Partial or total evacuation of an area, department or facility.
Green	An internal or external disaster situation.
Trauma Alert	Suspect Multi-System Injury (ED).
Gold Alert	Known Multi-System Injury (ED).

BMH Codes	Definition
Red	Fire situation and response facility-wide.
Orange	Hazardous materials situation.
Grey	Facility wide response to a bomb threat.
Blue	Adult cardiac and/or respiratory arrest.
Kinder	Child cardiac and/or respiratory arrest.
Lindbergh	Actual or attempted abduction of a pediatric patient.
Siege	Hostage situation within a facility.
Secure	Aggressive and/or abusive situation.
Black	An internal or external disaster situation.
Elope	Used by Oakwood Manor nursing home when patients are discovered missing or seen leaving the building without letting someone know.

CSJH Codes	Definition
Red	Fire situation and response facility-wide.
Orange	Hazardous materials situation.
Blue	Adult cardiac and/or respiratory arrest.
PALS	Child cardiac and/or respiratory arrest.
Pink	Actual or attempted abduction of a pediatric patient.
Yellow	Aggressive and/or abusive situation.
Green	An internal or external disaster situation.

CGMH Codes	Definition
Red	Fire situation and response facility-wide.
Orange	Hazardous materials situation.
Grey	Facility wide response to a bomb threat.
Blue	Adult and child cardiac and/or respiratory arrest.
Adam	Actual or attempted abduction of a pediatric patient.
Siege	Hostage situation within a facility.
Secure	Aggressive and/or abusive situation.
Evac	Partial or total evacuation of an area, department or facility.
Green	An internal or external disaster situation.

CTCH Codes	Definition
Red	Fire situation and response facility-wide.
Orange	Hazardous materials situation.
Grey	Facility wide response to a bomb threat.
Blue	Adult cardiac and/or respiratory arrest.
Lindbergh	Actual or attempted abduction of a pediatric patient.
Secure	Aggressive and/or abusive situation.
Green	An internal or external disaster situation.

Weather Codes All Facilities	Definition
Weather Alert	A designation by the National Weather Service that severe weather is *possible*.
Weather Warning	A designation by the National Weather Service that severe weather is *approaching* the area.

Biomedical Ethics Services

What We Do

Our overall goal is to support the development of clinical ethics services throughout Carilion. These services include:

- Education and training programs for ethics committees, hospital staffs and the communities they serve.
- Development and review of policies involving patient rights and ethical issues.
- Consultation to help resolve ethical problems in patient care.
- Research that identifies, clarifies and suggests ways to improve ethical problems in the clinical setting.

The Department sponsors a major one-day ethics conference every fall at the Hotel Roanoke and Conference Center as well as an annual spring ethics workshop. In addition, the department hosts a one-hour Conversations in Ethics program at noon on the first Thursday of each month in the 6th Floor Auditorium at Carilion Roanoke Memorial Hospital. Other educational programs or workshops are available upon request.

How to Ask for Ethics Consultation

Most Carilion facilities provide ethics consultation through the institutional ethics committee. Dial the hospital operator and ask for the ethics consultant on call. For those facilities without a consultation service, the Bioethics Committee at Carilion Medical Center (CMC) provides a consultation service that assists physicians, nurses and other clinicians in responding to ethical problems that arise in the care of patients. An ethics consultation can be requested by a physician or any other clinician involved in the care of a patient. It may also be requested by a patient or a patient's family member. In order to access the consultation service, dial the hospital operator and ask that a member of the ethics consultation service be contacted. During weekdays (8:00 a.m. to 5:30 p.m.), requests for consultation may be referred to the director of Biomedical Ethics Services.

Research Review

Bioethics also supports operations of the Institutional Review Board at Carilion Medical Center, a committee that reviews and approves all research conducted at CMC or by CMC employees. The IRB can also review research at other CHS facilities. The IRB helps assure protection of the rights of human research subjects and meets on the third Wednesday and second Thursday of each month. For more information, call the IRB Coordinator at 540/853-0728 or the IRB Research Compliance Specialist at 540/981-8015. IRB policies, procedures, application forms and other information are available on-line at http://www.carilion.com/irb/index.html

How to Contact Us

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Hazardous Materials / Waste Exposure

Code Orange

Code Orange is the emergency code used within Carilion for hazardous materials contamination both internally and externally.

A hazardous material is any material in use that is considered to present a threat to human life or health. Under the law, a person has a right to know about the hazardous materials in use in the workplace. The *Hazard Communication Plan* includes information about the chemicals you use at work. Material Safety Data Sheets (MSDS) are required for chemicals used within your facility. They explain how to treat someone who comes in contact with a chemical and are on the Carilion Intranet.
Carilion uses MSDS Solutions to obtain MSDS Sheets. MSDS Solutions is found on the Carilion Clinic Intranet under quick links. If a computer is not available a verbal MSDS sheet can be obtained by calling MSDS Solutions at 1-800-451-8346.

The Carilion Policy on hazardous material safety has been established to provide guidelines for the safe use, storage, and disposal of hazardous materials used in the hospital environment. The policy is located on the Carilion Intranet. If your work involves the handling of any type of hazardous materials, you should become familiar with these procedures. Your knowledge will help everyone develop a sense of safety and support for a pollution-free environment.

When you report to the workplace, ask the staff to show you the MSDS location with items considered hazardous material.

You can recognize hazardous materials by the following labels:

- Caution
- Warning
- Danger

The characteristics of hazardous materials include the following:

- *Corrosive*- burn on contact
- *Explosive/flammable*- catches fire easily or explodes
- *Radioactive/reactive*- burns. Explodes or releases toxic fumes when exposed to another element such as chemical, air, or water
- *Toxic*- causes physical illness or death

There are five routes a chemical can take to enter the body:

- Mucous membranes (nose, mouth, or eye)
- Inhalation (breathing into lungs)
- Absorption through skin
- Swallowing
- Injection

An Employee Event Report must be completed by an employee when they suffer a work related injury or exposure. The incident should be reported to your manager/director and the form sent to the Employee Health office within 24 hours of occurrence.

Once arriving in your department, locate the fire exits, fire pull stations, fire extinguishers, and the MSDS information.

Hazardous Waste

Healthcare institutions produce hazardous waste every day. It is:

- Waste consisting of or contaminated with human blood or human body fluids.
- Human tissues, organs, body parts, or body fluid, for example if you have a biopsy the tissue removed is hazardous waste.
- Sharps.
- And any debris from the cleanup of a regulated medical waste spill. So if someone dropped a test tube filled with blood, and it broke, the paper towels used to clean it up, the broken glass, etc would be medical waste.

Hazardous waste is disposed of in red bags or sharps containers.

Electrical Safety

Content:

- Electricity
- Electrical Outlets
- Three-Prong Plugs
- Power Cords and Extension Cords
- General Equipment

Objectives:

- To learn facts regarding electrical safety
- To review information on electrical outlets
- To review information on power cords and extension cords
- To discuss general equipment safety
- To develop an understanding of the Patient Care Environment

Electrical Safety

***Introduction*:**

Electricity is such a part of our lives that it is often taken for granted. The shocking facts are that each year, electricity-related incidents cause approximately:

- 300 electrocutions
- 12,000 shock and burn injuries
- 15,000 fires

(Sources: NSC, CPSC, and OSHA)

Most people think that electrical injuries happen by chance or accident – a word that implies something that cannot be foreseen or avoided. However, most electrical injuries could have been foreseen and thus avoided.

Electricity – Stop Shock Before it Stops You!

Electricity seeks the easiest path to the ground. This is easiest when a conductive material, such as wood or water, is present. The human body is made up of 70% water, which makes us good conductors of electricity. We are naturally at risk of injury or death when exposed to electrical current. If an energized base wire (live wire) or faulty appliance is touched while grounded, electricity will instantly pass through the body straight to the ground causing a harmful – sometimes fatal – shock.

Fact: The amount of electricity used by a 7.5 watt Christmas tree bulb can kill you if it passes through your chest.

Electrical Safety

Electrical Outlets

Use the following safety guidelines when using electrical outlets:

- Never use cracked, chipped or broken outlets – report these to Maintenance/Engineering
- Be sure that the plug fits securely and check for signs of warmth caused by faulty connections.
- If a prong breaks off inside an outlet, do not attempt to remove it – report it to Maintenance/Engineering
- If prongs are missing, loose, or bent – report it to Maintenance/Engineering to have entire plug replaced.
- Emergency power outlets are red in most facilities. These outlets should be used if we experience emergency power outage.

Three-Prong Plugs

- This type of plug helps prevent shock as the third plug serves as a ground.
- Never cut off or remove the third prong to fit into a two-prong outlet.
- Never use a two-wire extension cord with three-prong plugs.

Power Cords and Extension Cords

Use the following safety guidelines when using power cords and extension cords.

- Where the cord and plug are joined – check for cracks, bends, and general damage.
- Never roll over power cords with equipment, chairs, etc. – this can cause internal damage to the electrical wires.
- Remove power cords from wall outlets by pulling on the plug, not by pulling on the cord.
- Never use “cheaters” (three-two prong adapters) with any electrical equipment.
- Power-extension cords should only be used on an emergency or temporary basis.
- All extension cords used with Carilion must be equipped with a three-prong plug.
- Keep electrical cords away from areas where they might be pinched and keep them away from areas which may pose a tripping or fire hazard (doorways, walkways, under carpets, etc.)

Electrical Safety

General Equipment

Use the following safety guidelines when using general and clinical equipment:

- Never use electrical equipment in wet areas or if your hands are wet.
- Never stack items on electrical equipment – stacked items may interfere with proper ventilation. Poor ventilation can lead to overheating and electrical fires.
- If a burning smell or unusual odor or smoke is noticed coming from a piece of equipment, remove the power cord from the outlet, remove the equipment from service, tag the equipment defective, and have the equipment checked by Engineering immediately.
- Discard damaged cords, cords that become hot, or cords with exposed wiring.

Electrical safety is part of everyone's job. It involves understanding electrical principles and being aware of potential electrical hazards. If you are concerned about a piece of equipment notify:

Clinical Engineering if the equipment is clinical.
Maintenance/Engineering for all other equipment.

Harassment

Content:

- Definitions
- Types of harassment
- Carilion's harassment policy
- Employee expectations

Objectives:

- To learn facts about harassment
- To review information on the types of harassment
- To review information on Carilion's harassment policy
- To discuss employee expectations

Harassment

***Introduction*:**
Harassment is in conflict with Carilion's guiding principal of respect.

Types of Harassment:
Harassment is verbal, non-verbal, or physical conduct that degrades or shows hostility or dislike toward an individual because of his or her race, color, religion, national origin, sex, age, disability or any other characteristic protected by federal or Virginia law. Sexual harassment is unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature. It is harassment if:

- The behavior is generally offensive
- The behavior is based on a protected characteristic
- The behavior is unwanted
- The behavior is unwelcome
- The behavior is repeated

The conduct must:

- Have the purpose or effect of creating an intimidating, hostile or offensive work environment
- Have the purpose or effect of unreasonably interfering with an individuals work performance
- Otherwise adversely affect an individual's employment opportunities

Carilion's Harassment Policy:
Carilion does not tolerate workplace harassment. Carilion will take appropriate action and/or will impose Corrective Action up to and including separation from employment for such offenses. Carilion will promptly and thoroughly investigate any report that is made.

Prevention:
Always conduct yourself in a professional manner while on the job and while engaging in Carilion business elsewhere. Become familiar with the definition of unlawful harassment and become familiar with Carilion's harassment policy.

If you are being harassed:
Confront the person harassing and report the harassment.

Corporate Compliance

Content:

- Definitions
- Carilion's Compliance Program
- Student expectations

Objectives:

- To learn facts about our compliance program
- To review information on Carilion's Compliance Program
- To discuss student expectations

Corporate Compliance

***Introduction*:**
All Carilion employees are responsible for asking questions or reporting concerns if they think Carilion is breaking a law, rule or regulation.

What is a Compliance Program:
A compliance program is a set of processes and procedures designed to help all of us follow the laws, regulations and guidelines that apply to our jobs and allow us to perform our jobs correctly. These programs help companies check to make sure they are correctly following these laws and regulations and put steps in place to correct instances of non-compliance.

Why do we need a Compliance Program:
We need a compliance program because in a healthcare system we need to follow increasingly complex laws, regulations and guidelines. These rules affect every aspect of our work.

It is a good business practice to monitor ourselves internally. Carilion is committed to continuing to be an ethical organization. The government expects healthcare organizations to do things right and to self-police. Compliance programs increase awareness of facility operations and reduces the likelihood of errors and the need to re-do work, and create an atmosphere where employees are expected to follow all applicable laws, regulations and guidelines and are encouraged to ask compliance-related questions.

Employee Expectations:
Every employee is responsible for compliance. Familiarize yourself with the Carilion *Code of Conduct* which lists the basic expectations of our Compliance Program and attend compliance related inservices. If you aren't sure if an issue is a compliance problem ask someone and report something you know is incorrect to one of the following:

- Your manager
- Carilion's Corporate Compliance Department

How to report a concern:

- Follow departmental procedures for clarification or to voice a concern
- Call or submit a *Compliance Issue Report Form* to the Corporate Compliance Department
- Call the Corporate Compliance ComplyLine at 1-888-822-1884

What will happen to me if I report a concern:

Tell us your name, or remain anonymous. You cannot be retaliated against or punished for reporting a concern or asking a question.

Carilion Clinic Code of Conduct

1. It is my responsibility to be trustworthy, honest and reliable in everything I do while representing Carilion;

2. I must try to follow all applicable federal, state and local laws and regulations;

3. I need to know the laws, rules and regulations that apply to me as a student and will seek additional education, advice and guidance if I have any questions about such laws, rules and regulations;

4. I will not engage in any activity or scheme intended to cheat anyone of money, property or honest services;

5. I will keep patient and Carilion information confidential in accordance with applicable legal and ethical standards;

6. I will not use my position to profit personally or to assist others in profiting in any way at the expense of the organization;

7. I will not accept or offer money or valuable gifts in exchange for the receipt or promise of services or goods;

8. I will use Carilion's resources efficiently and protect them against loss, theft or misuse;

9. I will seek the advice of my immediate supervisor, or the Carilion corporate Compliance Department if I am unsure of the legality of any action; and

10. I must report situations that appear to violate these standards to my instructor, or the Carilion Compliance Department.

Infection Control

The diseases listed below are reportable by Virginia Law to the Virginia Department of Health Office of Epidemiology. Communication with the state will occur via the Infection Control Practitioner (ICP) at each facility. The ICP will complete the Confidential Morbidity Report and forward to the state health department. **It is the responsibility of the physician to report the disease to the Infection Control Practitioner as soon as possible.**

Reportable diseases:

Acquired immunodeficiency syndrome
Amebiasis
Anthrax
Arboviral infection
Aseptic meningitis
Bacterial meningitis
Botulism
Brucellosis
Campylobacter infection (excluding C. pylori)
Chancroid
Chickenpox
Chlamydia trachomatis infection
Congenital rubella syndrome
Diphtheria
Encephalitis
    Primary
    Post-infectious
Foodborne outbreak
Giardiasis
Gonorrhea
Granuloma inguinale
Haemophilus Influenza,
    infection, invasive
Hepatitis A
Hepatitis B
Hepatitis Non-A Non-B
Hepatitis Unspecified
Histoplasmosis
Human Immunodeficiency virus infection
Influenza
Kawasaki syndrome
Lead- elevated levels in children
Legionellosis
Leprosy
Leptospirosis
Listeriosis
Lyme disease
Lymphogranuloma venereum
Malaria
Measles (Rubeola)
Meningococcal infection
Mumps
Nosocomial outbreak
Occupational illness
Ophthalmia neonatorum
Pertussis
Phenylketonuria (PKU)
Plague
Poliomyelitis
Psittacosis
Q fever
Rabies in animals
Rabies in Man
Rabies treatment, post exposure
Reye syndrome
Rocky Mountain spotted fever
Rubella (German measles)
Salmonellosis
Shigellosis
Smallpox
Syphilis, all stages
    Primary and secondary
Tetanus
Toxic shock syndrome
Toxic substance related illness
Trichinosis
Tuberculosis (Mycobacteria)
Tularemia
Typhoid fever
Typhus, flea-borne
Vibrio infection
    including Cholera
Waterborne outbreak
Yellow fever

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Infection Control

Content:

- Handwashing
- Personal Protective Equipment (PPE)
- Isolation precautions
- Respiratory Protection Plan
- Bloodborne Pathogens
- Additional facts about Employee Health
- Employee Health Contacts

Objectives:

- To learn facts about handwashing
- To review information on the types of PPE
- To review information on the types of isolation precautions
- To review information on the respiratory protection plan
- To review bloodborne pathogens
- To discuss additional facts about employee health and how to contact them

Infection Control

Chain of Infection:
Normal human skin is colonized with bacteria. When admitted to the hospital, patients bring with them their own bacterial flora (normal flora). Within hours of admission to the hospital, the patient's flora begins to acquire characteristics of the surrounding bacterial pool. The patient then becomes a susceptible host. Infection results from the interaction between an infectious agent and a susceptible host. This interaction, called transmission, occurs by means of contact between the agent and the host.

The links of the chain are affected by the environment. To control the spread of infection we can break the chain by practicing infection control techniques such as standard precautions. However, some bacteria can colonize the hospital environment and then be spread to the patient, resulting in a healthcare-associated infection. In order to prevent these bacteria from colonizing and overwhelming the hospital environment, additional precautions such as Isolation Precautions, are necessary.

Each of us have organisms living on and in our body, this is called our normal flora. We live in harmony with these organisms. Occasionally they may get somewhere they're not suppose to and cause an infection, like a pimple or urinary tract infection.

In the hospital, everyone brings in their own normal flora. When healthcare workers touch patients, they can pick up the patient's normal flora. If they don't perform hand hygiene, they could take these organisms to other people who may get an infection.

Some of us may have resistant strains of organisms that we carry on our body. They may not ever cause us an infection but we could pass these on to other people. It is important to separate patients who have an infection from those patients that do not have an infection.

That is why it is extremely important to perform hand hygiene before and after each patient. It's also important to clean medical equipment after each patient use.

Handwashing:
Washing your hands is the #1 way of preventing the spread of infection.

- Use plenty of soap and water
- Wash vigorously for 10-15 seconds. Friction is the key- it kills the bacteria
- Turn off the water with another clean paper towel

Another alternative for hand washing is using alcohol based products. They must have at least 60% alcohol with moisturizers and should be mounted in patient rooms and patient care areas for easy access. When using these products apply a palmful to dry hands, rub hands together and allow to dry.

Personal Protective Equipment (PPE):
PPE may include the following items depending on the type of environment you will be exposed to:

- Gloves
- Gowns
- Face shields/masks
- Eye protection
- Pocket masks
- Other protective gear- hair and shoe covers

Isolation Precautions:
There are two tiers of isolation precautions: Standard Precautions and Transmission-based Precautions.

Standard Precautions are the primary strategy for successful nosocomial infection control. Standard Precautions reduce the risk of transmission from both recognized and unrecognized sources in hospitals. These precautions apply to **all** patients receiving care regardless of diagnosis or presumed infection status. Standard Precautions apply to blood, all body fluids, secretions and excretions, non-intact skin and mucous membranes.

There are three additional practices that have been added to Standard Precautions. These practices focus on the protection of patients and healthcare workers and include:

- Respiratory Hygiene/Cough Etiquette- cover nose and mouth when coughing or sneezing, use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use, perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.

- Safe Injection Practices- use a sterile, single use, disposable needle and syringe for each injection, use of a single-does vial is preferred over multi-does vials.
- Use of masks for insertion of catheters or injection of materials into spinal or epidural spaces via lumbar puncture procedures (e.g. myelogram, spinal or epidural anesthesia)

Transmission-based Precautions are designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in hospitals.

There are three types of Transmission-based Precautions: Airborne Precautions, Droplet Precautions and Contact Precautions. They may be combined together for diseases that have multiple routes of transmission. When used, either singularly or in combination, they are used in addition to Standard Precautions.

Airborne Precautions (Blue Card) are designed to reduce the risk of airborne transmission of infectious agents. Microorganisms can be widely dispersed by air currents and may become inhaled by, or deposited on, a susceptible host. Examples of such diseases are pulmonary tuberculosis, measles or chickenpox.

Droplet Precautions (Green Card) are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the eye or the mucous membranes of the nose or mouth of a susceptible person with droplets containing microorganisms generated from a person who has a clinical disease or is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing or talking and during the performance of certain procedures. Examples of such diseases are influenza, Neisseria meningitis, mumps or pertussis.

Contact Precautions (Orange Card) are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. Direct contact transmission involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected person, such as occurs when personnel turn a patient, give a bath or other patient care activities that require physical contact. Indirect contact transmission involves contact of a susceptible person with a contaminated object in the environment of the patient. Examples of such diseases are Scabies, viral conjunctivitis, impetigo or major noncontained abscesses and multi-drug resistant organisms such as MRSA and VRE.

Contact Precautions (Yellow Card/Brown Stripe) are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. Direct contact transmission involves direct contact and physical transfer of microorganisms to a susceptible host from patient feces, such as occurs when personnel perform personal hygiene on a

patient, give a bath or other patient care activities that require physical contact. Indirect contact transmission involves contact of a susceptible person with a contaminated object in the environment of the patient. Examples of such diseases are multi-drug resistant organisms such as C-Difficile.

Protective Environment (White Card) are designed to protect those patients who have a decreased immune system and are at increased risk to be unable to fight infections.

Respiratory Protection Plan:

Refers primarily to Tuberculosis (TB). TB is a bacterial infection that attacks the lungs. It is not as prevalent as it used to be because we have effective antibiotics that are able to treat the disease.

Infection versus Disease:

Persons with the actual disease will have the following signs:
Fatigue
Loss of appetite
Loss of weight
Night sweats
Fever
Cough

You become infected with the bacteria when you come into contact with a person having the actual disease by breathing in the bacteria into your lungs. Once you breathe in the bacteria, your lung will "seal off" the bacteria into your lungs. You have a 5% chance of developing the disease within two years of this exposure. If you have sustained an actual exposure you will see your PPD turn positive within 10-12 weeks of that exposure.

As we age, our immune system decreases in its ability to fight off infections so there is another 5% chance of developing the disease as we age.

This is why Carilion does a two step PPD process. We place your first PPD and then 1-2 weeks after we place a second PPD. This second PPD boosts your body's immune system to see if it can "recognize" the bacteria and let us know if you have been exposed before.

PPD's are placed upon hire and then annually within your birth month for all employees who have patient contact.

Bloodborne Pathogens Exposure Control Plan:
OSHA requires all healthcare systems to have a plan in place for employee exposures to Bloodborne pathogens. A copy of our plan can be obtained via the Carilion Intranet, from the Infection Control Practitioner or the Employee Health Office.

Types of Bloodborne diseases:

- HIV
- Hepatitis B – vaccine offered free to all employees whose job requires them to have patient contact. This vaccine process is completed with three shots. The first shot is given, the second shot is placed after 4 weeks of the first, the third shot is placed after 5 months of the first.
- Hepatitis C

Environmental controls:
We are required to have sharps containers in all patient rooms and those patient care areas where sharps are used. All sharps must go into these containers and not the regular trash.

There is no eating or drinking in any nurses' station or patient care area.

What is an exposure:
An injury with a contaminated instrument (needle, blades, etc)
Blood or body fluids that come in contact with mucous membranes (eye/mouth)
Blood or body fluids that come in contact with an open wound or non-intact skin

What do you do if you have an exposure:
Cleanse the exposed area immediately and notify your supervisor. Report to Employee Health when it is open at your facility or to the Emergency Department during other hours for immediate treatment and follow up. You must complete a Student Event Report form.

Employee Health Contacts:

CRCH	224-4411	(84411)
CRMH	981-7206	(77206)
CFMH	489-6345	
CGMH	921-6078	
CNRVMC	731-2892	(32892)
BMH	587-3444	
CSJH	458-3557	
CTCH	988-8705	

Contacts for Infection Control

CFMH	489-6345	
CGMH	921-6078	
CNRVMC	731-2892	(32892)
CRMH	981-9091	(89091)
CRCH	985-9091	(89091)
BMH	587-3471	
CSJH	458-3557	
CTCH	988-8706	

Falls Prevention and Protective Interventions

Content:

Falls Prevention

- Philosophy
- Patient Assessment
- Falls Screening Triggers
- Instituting the Protocol
- Initial Documentation
- Ongoing Documentation

Protective Interventions

- Philosophy
- Scope
- Definitions
- Types of Restraints
- Associated Risks
- How to Apply
- Initial Orders
- Documentation
- Emergency Use of Restraints

Objectives:

- To review information on Falls Prevention/Entrapment
- To review information on Restraints
- To review information on Emergency Restraints

Falls and/or Entrapment Precautions

Philosophy:
Carilion is committed to decreasing falls and entrapment in acute care facilities by increasing staff awareness of the risk for falls/entrapment, increasing the use of falls/entrapment prevention strategies and identifying and consistently monitoring high risk patients. All patients in the hospital are at risk for falls/entrapment. High risk patients are identified per falls and entrapment screening tools.

Patient Assessment (Adult):
The admitting nurse will perform the assessment at the time of admission by utilizing the Morse Fall Scale assessment screening tool on the Adult Admission Database. Nursing judgment should be used when assessing patients for fall risk or entrapment.

Adult Falls screening triggers include the following:
- Fall history
- Mobility
- Elimination
- Mental status changes
- Medications causing impairment
- Patient care equipment
- Handicaps

If one or more of these triggers are present the falls protocol should be implemented. Handicaps include any impairment of the five senses, amputation and/or ataxia. Assistive devices include walkers, canes, crutches, wheelchairs, casts and prosthetics.

Patient Assessment (Pediatrics):
The admitting nurse will perform the assessment at the time of admission, every shift, and as the patient's condition changes by utilizing the Humpty Dumpty Assessment Tool. Interventions to prevent a fall will be made for patients according to the Low Risk Standard Protocol or High Risk Standard Protocol based on the patients identified level of risk from the Humpty Dumpty Assessment tool.

Pediatric Falls screening triggers include the following:
- Age
- Gender
- Diagnosis
- Cognitive impairments
- Environmental Factors
- Response to surgery/sedation/anesthesia
- Medication usage

The tool is a cumulative sum of the seven parameters. If any parameter is not applicable, the child would receive a minimum score of one for that category. If a child falls into multiple categories in a parameter, the highest score of the possible choices would be given.

Entrapment screening triggers include the following for all patient populations:

- Confusion
- Restlessness
- Lack of muscle control
- Patient's size and/or weight are inappropriate for bed's dimensions
- Patient requires restraints (vest, belt, any body holder restrains. Does not include wrist
- Harm to self or others
- Wound precautions for limbs
- Seizure activity

Nursing judgment will be used to determine if side rail protectors are appropriate for the patient.

Once Adult Patient is identified as high risk:

For Carilion Facilities:

Place a Yellow Falls Precautions Sticker on the patient chart and place a yellow armband on the patient. May also apply sticker to the patient's door, call light, etc., to alert staff as appropriate. Enter standard treatment order in computer system where available. Initiate Falls Precautions and document on the patient flow sheet.

For CNRVMC:

Place a yellow armband on the patient. Also apply a magnet to the door and a fall precaution label on the chart to alert the staff as appropriate. Initiate Falls Precautions and document on the patient flow sheet.

Modify environment to prevent falls. These modifications can include:

- Non skid footwear
- Place patient's belongings within reach, including phone, glasses and hearing aids
- Instruct family on safety measures and to call for help
- Place urinal within reach. Place bedside commode near patient's bed
- Adjust lighting to assist patient when out of bed
- Remove unused items from the patients' room
- Keep pathway to bathroom unobstructed for ambulatory patients
- Keep nurse call system within reach
- Keep upper side rails up. Bed in low locked position
- Consider room location
- Consider bed check device
- Offer toileting assistance a minimum of every 2 hours while awake

Once Pediatric Patient is identified at risk:

Interventions are based on the overall score and fall into two categories:

Low Risk Standard (Score 7-11) **Inpatient**

- Orient patient to room
- Place bed in low position with the brakes on
- Use two or four side-rails.
- Use non-skid footwear and appropriate size clothing
- Assist with elimination needs as needed
- Place call light within reach
- Keep environment clear of unused equipment.
- Leave on nightlight

Low Risk Standard (Score 6-8) **Outpatient**

- Orient patient to room
- Keep environment clear of unused equipment

High Risk Standard (Score 12 and above) **Inpatient**

- Identify Patient with a Humpty Dumpty sticker on the patient and the patient's chart
- Educate patient/family on Fall Protocol precautions
- Check the patient a minimum of every hour
- Accompany patient with ambulation
- Place patient in developmentally appropriate bed
- Consider moving patient closer to nurse's station
- Assess need for one to one supervision
- Evaluate medication administration times
- Remove all unused equipment
- Use protective bed barriers to close off spaces and gaps
- Keep door open at all times unless isolation precautions are in effect.
- Keep bed in lowest position and wheels locked

High Risk Standard (Score 12 and above) **Outpatient**

- Identify patient with a Humpty Dumpty sticker on the patient and on the patient's chart. Signage may be placed above the patient's bed
- Accompany patient with ambulation
- Educate patient/family on Fall Protocol precautions

Initial Documentation:

Initial documentation to occur in the following locations of the EMR by licensed personnel:

- Admission Database
- Nursing Flow Sheet- patients are instructed in activity limitations and/or changes in activity level orders on admission and PRN
- Focus Note- initiation of falls protocol and all education with patient/family to include explanation of protocol, immediate notification to staff of any environmental hazards or barriers, call for assistance and observation of safety measures and understanding of the information provided to them.

Ongoing Documentation:

Observe needs of the patient at the start of each shift and PRN with documentation on the nurses' notes. Document patients' inability or failure to comply with safety instructions. Upon discontinuation of falls protocol, remove the treatment from computer system, remove orange dot and/or bracelet and document why the protocol was discontinued.

What if a fall occurs:

- Assess the patient- check vital signs and ask the patient what occurred
- Help the patient to get up, unless injured, try to restore his/her dignity
- Notify the physician
- Notify the family/significant other of the fall incident
- Observe the patient for delayed complications such as head injury or fracture
- Discuss with the patient/family at an appropriate time their perception of the experience
- Document- follow laminated guidelines found on nursing unit for documentation of a fall in the nurses focus note. Complete SoftMed, event report, notify Director/Manager of event
- Initiate high risk protocol- if the patient is not already on protocol and follow the policy
- Evaluate the need for restraints
- Education- educate the patient and family about safety and document in the appropriate location. Ensure understanding of education given to patient and/or family.

Restraints

Carilion is committed to prevent, reduce and eliminate the use of restraints by limiting the use of restraints to situations in which there is an imminent risk of physical harm to the patient, staff, or others; discontinuing the use of restraints as soon as possible and preserving the patient's safety and dignity.

Scope:
This includes all in- and out-patients in the acute, non-behavioral health care setting. It is not applicable to patients in any setting emerging from general anesthesia who have not met post anesthesia discharge criteria or for patients on suicide precautions or violent behavior admitted for medical stabilization.

Definition of a restraint:
Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or a medication when it is used to manage a patient's behavior or restrain the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Types of Restraints:
- Administrative- handcuffs, leg irons, waist chains. Carilion employees are not allowed to manipulate these devices. Carilion staff should ensure correctional facility forensic staff is present whenever administrative restraints are removed/manipulated.
- Protective Interventions- components of care in the medical/surgical setting to promote healing (i.e. prevent removal of an ET tube, I.V., N.G. tube, central lines, etc)
- Chemical- psychopharmacologic drug that is used to control behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.
- Emergency- protects the patient from injury to self and/or others related to dangerous, violent or aggressive behaviors.

What are Restraint Devices:
- Four side rails
- Vests
- Writs/ankle
- Mitts
- Pediatric freedom sleeves (No-No's)
- Belt
- Enclosure Bed
- Posey

Risks Associated with Restraint Use:

- Injury from falls
- Functional decline
- Decreased appetite
- Skin breakdown
- Pneumonia
- Accidental death
- Circulatory problems
- Dehydration
- Emotional stress

What are Not Considered Restraints in Acute Care:

- Upper side rails
- Over bed/chair trays
- Safety belt with Velcro fasteners
- Medical immobilizer- used during medical procedures
- Protective mechanisms- helmets, cribs, bed padding
- Adaptive devices- walkers, prosthetics, canes

When Is a Restraint Applied:

- After a comprehensive assessment by an RN
- When the least restrictive mechanisms have been determined to be ineffective
- When specific patient behaviors are interfering with care
- After patient and family education has been provided
- By qualified staff whose competency in restraint application has been validated
- According to manufacturer's instructions

Initial Restraint Order:

- Based on assessment and documentation the nurse may initiate the use of restraints. Verbal orders may be accepted by RN's or LPN's
- If there is no physician's order, the order must be completed in the EMR within 12 hours, or immediately if there is a **significant** change in the patient's condition
- The licensed independent practitioner (LIP- MD, NP, and/or PA) will assess the patient within 24 hours of the initiation of restraints and every calendar day
- A new order must be placed in the EMR every 24 hours for continued use of restraints after the face to face assessment of the patient by the Licensed Independent Practitioner.

How May the Physician Write the Restraint Order:

- The initial order may be placed in the EMR or on the physician's order sheet or the white peel and stick label (for facilities without EPIC).
- Renewal orders are placed in the EMR every 24 hours or will be written on the:
    - Physicians order sheet
    - White initial order peel and stick label

- Pink SMS generated renewal label at Carilion New River Valley Medical Center (generated only once in a 24 hour period)
- Pink peel and stick renewal label for hospitals not on SMS or orders that are less than 24 hours duration

Documentation of Restraints Includes:

- Completion of the restraint Flowsheet
- A comprehensive assessment of the patient's neurological status (orientation), psychological status, coping mechanisms, physical and medical needs and social support system
- Type of restraint device and length of time used
- The least restrictive mechanisms have been determined to be ineffective
- The specific behaviors that are interfering with care
- Patient and family education provided prior to use and is understood
- Measures taken to protect the rights, dignity and well being of the patient
- Notifying leadership of the restraint use per patient
- Forwarding the yellow copy of the restraint Flowsheet to unit leadership

Required Reporting:

- Hospitals must report deaths associated with restraint use to CMS by telephone no later than close of business the next business day following knowledge of the patient's death. Reportable deaths include:
    - Any death that occurs while the patient is in restraints
    - Any death that occurs within 24 hours after a patient had been removed from restraints
    - Any death that occurs within 7 days of restraint where it is reasonable to assume that the use of restraint contributed directly or indirectly to the patient's death

CMS reportable deaths are completed through SoftMed daily by the identified CMS restraint death individual

For Behavioral Health patients the local Human Rights Advocate, and the State Protection and Advocacy Agency as well as the local CMS Regional Office must be notified by the next business day. This notification will be documented in the patient's medical record.

Use of Behavioral Restraints

Used during emergency situations where behavior is dangerous, violent or aggressive. It is meant to protect the patient from injury to self or others and is applicable regardless of patient care setting.

Initial Order:

- The RN may initiate the restraint use based on assessment and documentation with patient/family education
- Physician, NP or PA must see and evaluate the patient **within 1 hour of initiation of restraints**
- Order limited to 4 hours for adult, 2 hours for children 9-17 years of age, and 1 hour for children < 9 years of age

Continued Use of Emergency Restraints:

- The nurse may request the original order be renewed for continued use of the restraint based on assessment of patient
- One additional renewal of time limits per Policy and Procedure.
- Physician, NP, PA must reassess patient if a second order renewal is required

Patient Evaluation for Continued Use of Restraints:

Physician must complete an in person re-evaluation of the restrained person at least

- every 8 hours for patients 18 years and older
- every 4 hours for persons aged 17 years and younger

Monitoring of Patients:

- Patients who are restrained for behavioral purposes are continually assessed
- 1:1 nursing care with documentation of monitoring every 15 minutes
- As soon as the behavior requiring the application of the restraint stops the restraint should be removed

Discontinuation of Restraints (Behavioral Restraints):

- RN may discontinue the restraint based on a comprehensive assessment, intervention, evaluation and re-intervention
- Patient debriefing must take place when restraint is removed after each episode
- Patient's rights, comfort, dignity and privacy are respected at all times

Debriefing Must Include:

- Patients physical well being
- Expressed feelings regarding restraint use
- Address any trauma issue
- Include the patient's view of circumstances leading to the restraint use
- Explore how the situation could have been handled differently
- Include family members during the session

Patient/Family Education- Applies to all Restraints:

- Each patient and/or family members are to receive the brochure: “Patient and Family Guide to Restraints”
- Teaching includes as appropriate:
    - benefits/risks associated with restraint use
    - regulatory guidelines governing restraint use
    - types of restraints and proper application
    - situations warranting the use of restraints
    - alternatives to restraint use
- Education is documented on the Restraint Monitoring Flowsheet

Surgical/Procedural Site Verification

Content:

- Overview
- When is the operative procedure site verified
- Who is responsible for verifying
- How is the site verified
- What is a “time out”
- Exceptions to marking the site
- Variations to the policy
- Discrepancy in documentation

Objectives:

- Employee responsibilities
- To review information on Surgical/Procedural Site Verification

Surgical/Procedural Site Verification

***Introduction*:**
All Carilion employees are responsible for patient safety.

Why surgical/procedural site verification:
This process was initiated from JCAHO findings on wrong site surgery as part of the National Patient Safety Goals to ensure patient rights.

When is the operative/procedure site verified:
- Prior to obtaining informed consent
- Prior to posting the surgical procedure
- Prior to administering non-routine, mind altering medications
- Prior to marking the surgical/procedural site
- Prior to entering the OR/procedure room
- Prior to making the surgical incision/starting the procedure

Who is responsible for verifying the surgical/procedural site:
- Patient or legal guardian
- Nurse
- Surgeon
- Clinical staff assisting with the procedure

How is the surgical/procedural site verified:
- Location of the surgical/procedural site, structure or level to the site is verified verbally and/or pointed out
- Identify and mark the operative site, structure or level as close as possible to the incision site
- Site is marked with a permanent marker: **"X"** on the spot should **never** be used (Appropriate marking examples- "Yes", initials, line on the incision/procedure site)

Timeout:
A timeout is conducted before the incision is made. All activity stops and the surgical/procedure site is verified again. The timeout is documented in the EMR.

Exceptions to Marking:
- Single organ cases which include
    - C-section
    - Appendectomy
    - Cholesystectomy
    - Cardiac surgery
    - Splenectomy

- Ovaries- only when side cannot be predetermined
- Natural body openings- (if laterality is involved mark the site closest to the natural opening ex. Kidney stones)
    - Vaginal

- Rectal
- Penile
- Scrotal area
- Mouth

- Intervention cases- when insertion site of the instrumentation or catheter is not predetermined
- Premature infants- ink will tattoo their skin
- Teeth- indicate the name of the tooth

Variations to the Policy:

Patient unable to mark the site

- surgeon/nurse/designee marks the site under the direction of the patient/guardian

Patient refuses marking of the surgical site

- follow the policy except for marking the site
- during the preoperative phase, the patient verbalizes/points to the site
- nurse documents the patients refusal to mark the site on the EMR
- **CMC only**- two independent practitioners, not directly involved in the case, are to identify the site and document in the EMR

Discrepancy in Documentation:

- Nurse notifies surgeon of discrepancy
- Procedure is delayed until the surgeon and patient agree on the procedure and site
- Surgeon marks the site
- Surgeon obtains a new informed consent if applicable

Carilion Clinic Orientation
Pain Management Independent Study

Objectives:

Participants will review:

- **The Importance of Pain Management**
- **Pain Management Responsibilities**

Pain is something that we all have at some time in our lives. There are many types of pain and causes of pain. Pain interferes with people's lives.

Pain control is important because it is the right thing to do for our patients. Carilion Clinic wants all employees to know about their part in helping patient's control their pain. Joint Commission looks at how well Carilion Clinic helps our patient's control their pain. You need to know what you should do about a patient having pain.

Any time a patient says they are having pain we have to:

- Believe them
- Do something about it

A patient in pain may be:

- Crying
- Moaning
- Frowning
- Restless
- Stiff/not moving

If you see a patient in pain you should:

- Find a nurse
- Tell the nurse what you saw

We must all work together to keep our patients comfortable. What you see is important. Please be sure to report any patient you think is in pain.

Prepared by Phyllis Daniel, RN, CNS
Pain Management

Confidential Information Guidelines

1. Only discuss patient information around people who have a need to know.

2. When our employees are patients in the system, it is important that their medical information is treated as any other patient. Often, checking on their progress is done out of care for a fellow co-work, however, it violates the employee's right of privacy as a patient.

3. The same is true for friends, neighbors or family members who might come to our facility for a test or even to be admitted. They also have a right to privacy. Unless a written authorization to discuss their situation has been signed, their information is considered confidential and protected by privacy laws and Carilion policy. Only discuss their medical information with people who have a need to know.

4. Paper records, containing patient information (lab results, x-rays, charts, etc) or financial and employee information, must not be unattended where confidentiality could be compromised. Exercising a high level of care in this regard is important. Once the need for reviewing confidential information is complete, the information should be placed in a secure area or given to someone who is responsible for its security.

5. Base on your job responsibilities, you may be given access codes to on-line computer resources or other secure areas. You must keep these access code confidential. Other employees should never need to know your access codes.

   You will be held personally responsible for all activities undertaken using access codes assigned to you, regardless of whether you were the one using the access. Access codes must not be posted around terminals, PCs or in locations where someone can find them.

6. When given the opportunity to choose passwords, you should not use proper names or words easily associated with you. For example, passwords such as a car license plate number, nickname, spouse or hobby are inappropriate. To make your access more secure, use a password with a combination of letters and numbers.

Maintaining confidentiality

Carilion is committed to act responsibly, honestly, and with ethical and professional principles. In healthcare, an important part of an ethical and professional environment is maintaining confidentiality. As a Carilion associate, it is important that you understand your duty when handling confidential information. Confidential information is anything that is expected to remain private by either ourselves or those individuals with whom we interact. For example, the following is considered confidential:

- Patient information
- Employee information
- Financial information
- Information relating to Carilion
- Information private to other companies or persons

A key question to ask when working with confidential information is: *Who needs to know or have access to the information?* This is often referred to as *The Need to Know Philosophy.* Only individuals who have a job-related need to know should have access.

The *Corporate Information Security and Privacy Policy* outlines our organization's philosophy regarding protected information, regardless of the media in which it is published. The maintenance of confidential information ensures that our patients receive quality services in a professional manner.

A second policy, *Confidentiality of Protected Health Information* details how patient records can be used and disclosed.

The primary purpose of the patient's medial record is to:

- Document the care rendered to a patient and the response to that care.
- Help plan and evaluate the patient's treatment, and
- Help communicate among the patient's care professionals.

Access to confidential information

Because of your role within the System, you may learn of, or have access to, confidential information. It is important to remember that there are laws and strict Carilion policies that prohibit the inappropriate sharing of confidential information. Confidential information should be used only in the performance of your job-related activities.

The *Access and Confidentiality Agreement* you signed has a statement on violation of Carilion Policy as it related to handling confidential information. That statement says: The *violation of any of these duties will subject me to corrective action which might include, but is not limited to, loss of access to confidentially information, loss of privileges at Carilion's facilities, or separation of my employment, and to legal liability.*

Quality of patient care is our highest priority. It is important to understand your responsibility in handling and caring for confidential information that you may be exposed to as part of your duties. Remember only those individuals who have a job-related <u>need to know</u> should have access.

Carilion's reputation for integrity and quality of service is two of its most valuable assets. You play a key role in ensuring that these characteristics are maintained by protecting confidential information. Adhering to laws and policies related to confidential information is not only important, but it demonstrates a respect for the people we serve, each other, and our organization.

- Questions regarding use and disclosure of confidential information should be directed to your manager or to Carilion's Privacy Officer.
- Questions regarding the security of information should be directed to your manager or to Carilion's Information Security Officer.

HIPAA

HIPPA stands for
H- Health
I- Insurance
P- Portability
A- Accountability
A- Act

This act was signed into law by President Clinton in 1996.

Who is covered:

- All healthcare providers, health plans, clearinghouses who transmit electronic health information or have someone transmit electronically for them.
    - Electronic health information is defined as a method of moving date, in a standard way, electronically between healthcare entities.

- Prescription Drug Card Sponsors

What is PHI:

Protected Health Information- Any information that could be used to identify a patient.
PHI identifiers include:
Name
Address
Telephone number
Admission date
Electronic email address
Discharge date
Medical record number
Date of death
Health plan beneficiary number
Account numbers
Date of birth
Certificate/license number
Vehicle identifiers
Fax number
Social Security number
Full Face Photographic Images
URL's
Internet Protocol (IP) Address
Biometric identifiers- finger print, voice prints, iris scans

Why is there a need for privacy:

- Moral Imperative- protecting patient records is the right thing to do
- Business Imperative- protecting business information is the right thing to do
- Legal Imperative- protecting ourselves and our organization from litigation is the right thing to do
- It gives the patient more control over their medical information and how their information is, and can be, used and disclosed.

What are the Patient Rights to Privacy:

- Copy and review their medical record
- Amend their record
- Receive an accounting of disclosures
- Restrict access to their record
- Request a specific way for communication of their record
- Receive a copy of our Notice of Privacy Practices

The patient has always had rights to their medical information, but did not know it. Now with HIPAA and the Notice of Privacy Practice they will know it and we can expect an increase in privacy/security issues and activity.

Privacy Authorization:

This is a customized document that gives a covered entity permission to use specified PHI for a specified purpose, which is generally **other than TPO** or to disclose PHI to a third party specified by the individual.

Without authorization covered entities could use and disclose protected health information without individual authorization for:

- Oversight of the health care system, QA
- Public health, and in emergencies
- Research with IRB approval or to prepare a research protocol
- Judicial and administrative proceedings
- Professional judgment- in the best interest of the patient
- To provide information to next of kin
- For identification of a deceased person

- For facilities' directories
- Business Associates
- In other situations where the disclosure is mandated by law

When using or disclosing PHI, or when requesting PHI from another covered entity, you must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

As part of the 2009 American Recovery and Reinvestment Act, new regulations have been added to HIPAA. The regulations, known as HITECH, require that patients and the department of Health and Human Services (HHS) must be notified when a breach of unsecured protected health information has been discovered.

If you suspect a patient's PHI has been accessed inappropriately or unlawfully, do not try to resolve the breach yourself.

You or your manager should contact Carilion's Privacy Officer or Security Information Officer immediately, as there are specific procedures for handling these issues.

A risk assessment will be conducted to determine if a breach occurred. If there is a breach, the patient will receive a letter detailing what happened, the PHI involved in the breach and the steps that the patient can take to prevent potential harm.

Reporting Incidents:
Call one of the following to report incidents:

Compliance Line		1-888-822-1884
Privacy Officer	Judy Snipes	540-981-7751
Security Officer	Tom Newton	540-224-4246

Or

Complete an Event Report and send it to your site Organizational Effectiveness designee

Any incident regarding unauthorized use and disclosure of protected health information must go to the Privacy Officer to coordinate. Action is taken on all incidents and Carilion is obligated to sanction those employees for unauthorized disclosures.

A Prescription for Patient Privacy

1. Every patient has a legal right to privacy and confidentiality.

2. It is inappropriate to talk about patients in common areas such as hallways, elevators, parking lots, or other areas where your conversation could be overheard by others.

3. Patient information should be shared only with those who are involved with the care of the patient.

4. People should not leave patient information in an area accessible to other people not involved in the care of that patient.

5. The privacy of patients should be respected with friends, neighbors or family members of the patients. Do not discuss their medical condition with anyone not involved in their care.

6. The e-mail system is not secure. Privileged patient information should not be sent via public or general e-mail systems.

7. It is occasionally necessary to make photocopies of a patient's medical records. If this is necessary, the copies should be destroyed after use.

8. To make information in computers more secure, passwords should be created using both letters and numbers.

9. You are responsible for all activities that result from anyone using your password to access Carilion information. Therefore, your access codes should not be shared with anyone or placed where someone can see them.

10. Employees who are patients have the same rights to confidentiality and privacy as other patients.

If you are not sure if you should share patient information, ask your manager or the risk manager at your facility.

CARILION CLINIC

Disaster Plan

Definition

A disaster is described as any situation that results in an unusually large number of casualties and/or significant number of critically injured (internal/external) brought to a Carilion hospital for medical treatment and/or admission. It is an expectation that all contract services and personnel meet the needs of the institution during a disaster.

Notification

Notification within each facility will take place simultaneously by the switchboard operator as follows:

- Code Green - (a disaster situation is reported and patients are either expected or may have already arrived) an overhead announcement "Code Green" will be **paged three times.**

- Disaster Drills - an overhead announcement "Code Green Drill" will be **paged three times.**

What to Do

- In-house physicians/residents are to report to the Command Center/Medical Command and sign in.

- On call and back-up Emergency Department physicians will arrive and report to the Emergency Department Medical Office for assignment.

- The ED medical director will report to the Emergency Department during a disaster situation.

For more information on the Disaster Plan, please contact the Safety Officer at your facility.

2/10/00 Reviewed 01/06, 12/07; 02/2009, 1/2010, 1/2011