



New Hire Orientation 2015





FLINT

New Hire Orientation

Tab 1: Welcome, Organizational Overview, Human Resources

Organizational Overview:

- ◆ McLaren History
- ◆ McLaren (MHC and McLaren Flint) Mission Statements
- ◆ McLaren Flint Organizational Chart

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- ◆ Occupational Exposure to Bloodborne Pathogens
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- ◆ Incident Report (MHC_10060)
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- ◆ Communication Methods & Hotline
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- ◆ Environment of Care Committee
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Mission and Vision Statements

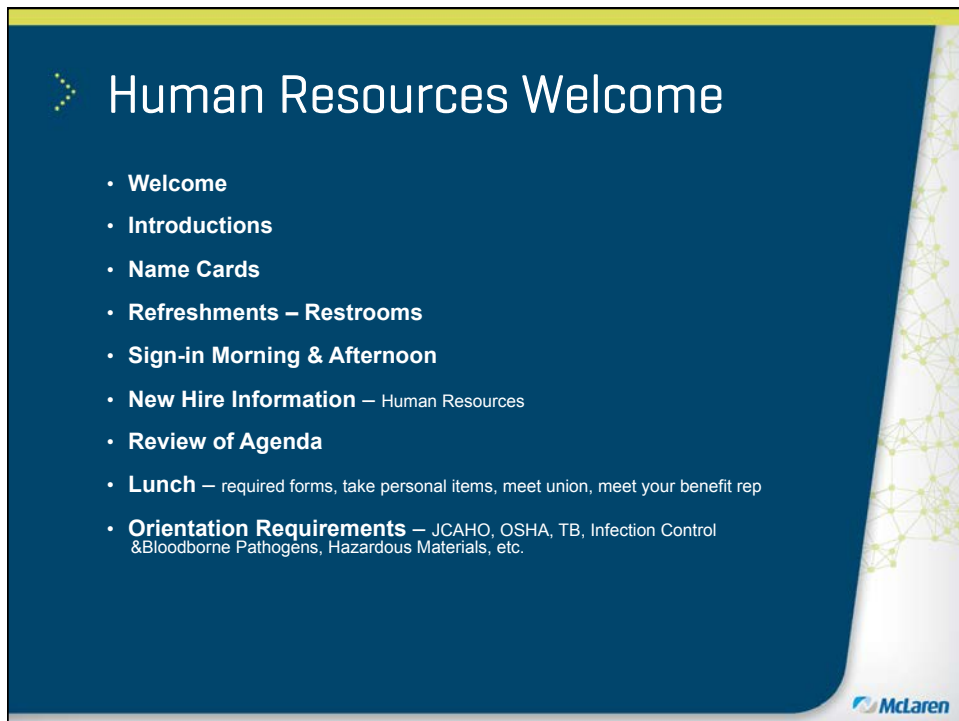
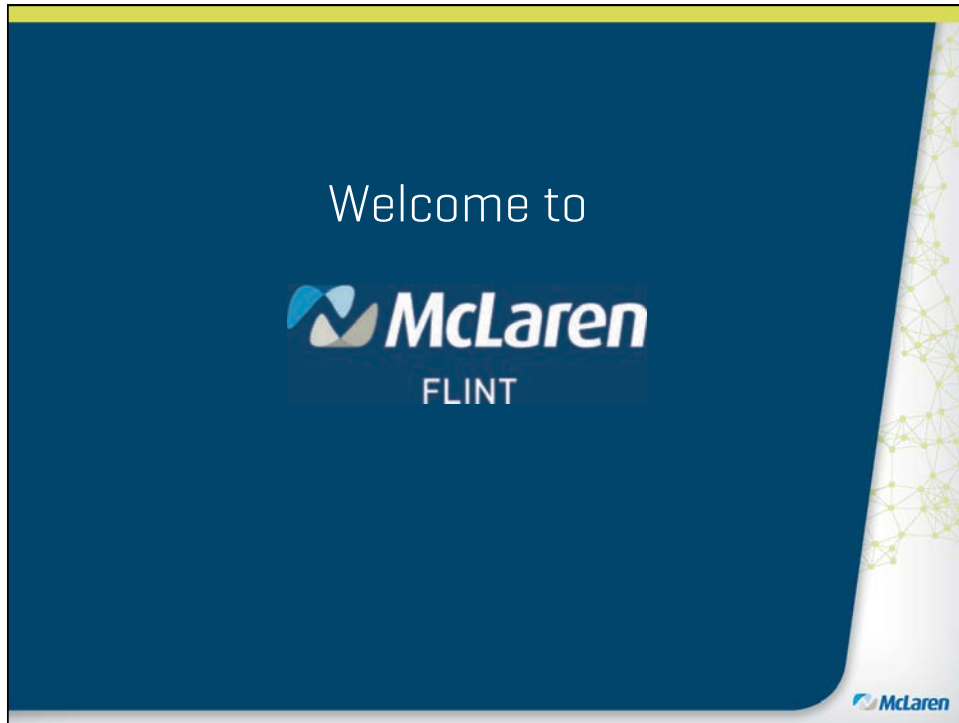
Your Role....

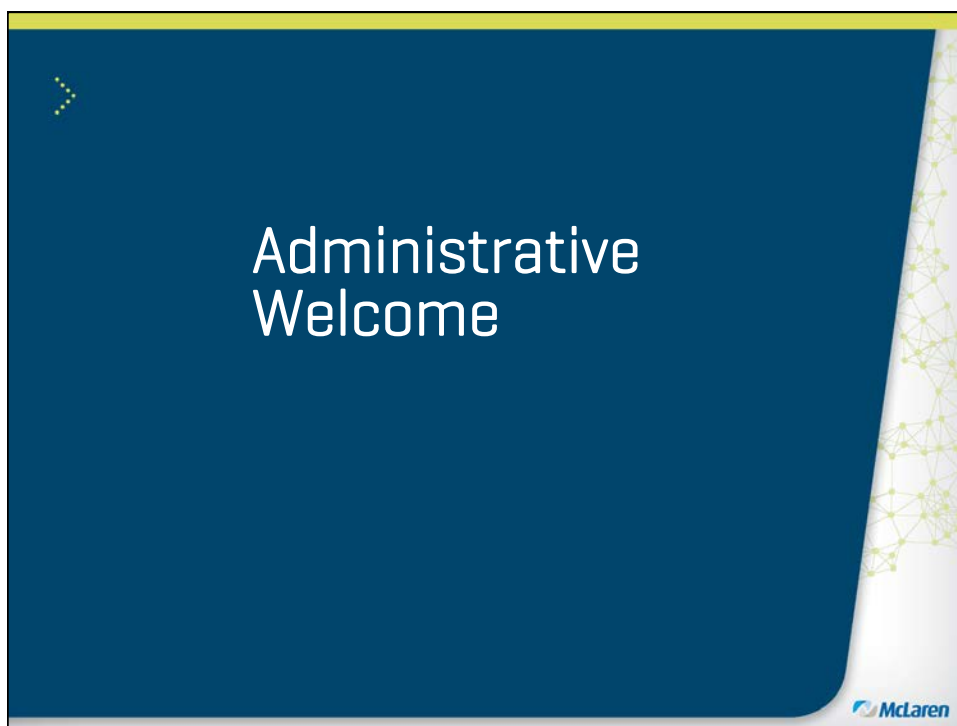
- Commit our MHC Mission and McLaren Flint Vision to memory or know where you can find them.
- Review the Mission and Vision, pick out two or three key points, and relate those to the job you do.
- Be prepared to answer the following question, “How does your job support the mission of the hospital?”

Human Resource Policy and Procedure Manual (HRPPM)

Your Role....

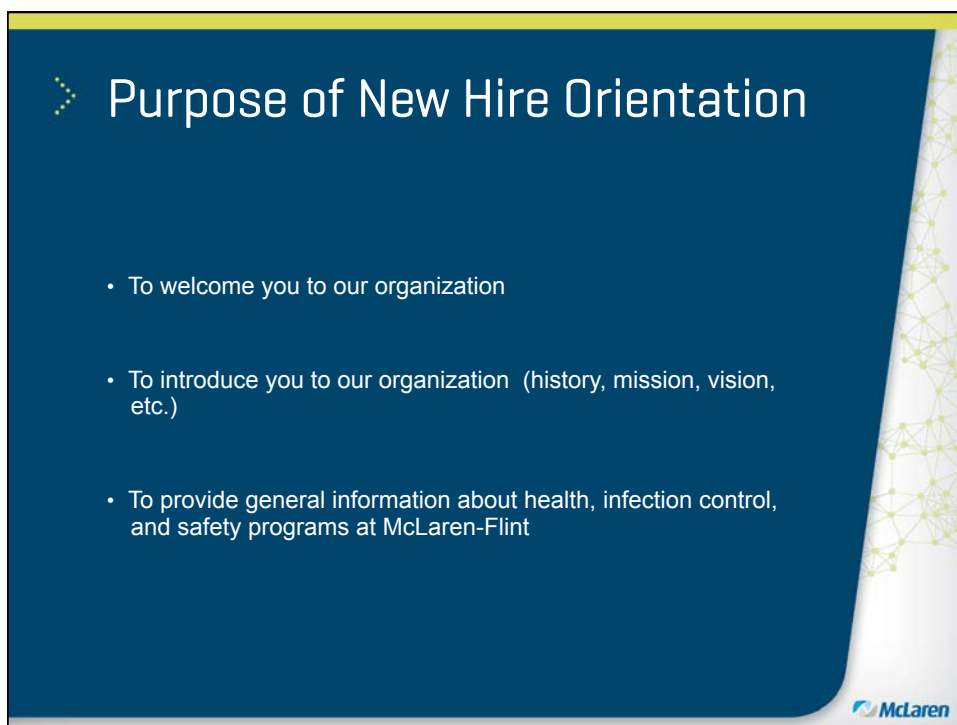

- Every employee is responsible for reading, knowing and following the policies set forth in the HRPPM.





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Administrative Welcome



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Purpose of New Hire Orientation

- To welcome you to our organization
- To introduce you to our organization (history, mission, vision, etc.)
- To provide general information about health, infection control, and safety programs at McLaren-Flint



> Our History



1919



1949



Margaret McLaren

- Started as Women's Hospital in 1919
- Construction began on current site in 1949
- 1951 opened with 243 beds & renamed after Margaret McLaren who was a RN that served as superintendent (President) of Women's Hospital for 28 years
- 1970 added the central building
- 1993 the tower opened



Mission Statement

McLaren Health Care (MHC), through its subsidiaries, will be the best value in health care as defined by quality outcomes and cost.



McLaren HEALTH CARE

- McLaren Homecare Group
- Karmanos Cancer Institute
- McLaren Medical Group
- McLaren Flint
- McLaren Bay Region
- McLaren Greater Lansing
- McLaren Oakland
- McLaren Central Michigan
- McLaren Lapeer Region
- McLaren Macomb
- McLaren Northern Michigan
- McLaren Port Huron
- McLaren Health Plan
- McLaren Physician Partners
- McLaren Insurance Company, Ltd.
- McLaren Homecare
- Karmanos Cancer Hospital
- Mid-Michigan Physicians
- The McLaren Foundation
- McLaren Bay Special Care
- McLaren Orthopedic Hospital
- The Riley Foundation
- McLaren Central Michigan Foundation
- McLaren Lapeer Region Foundation
- McLaren Macomb Healthcare Foundation
- McLaren Northern Michigan of Cheltenham
- McLaren Port Huron Foundation
- McLaren Health Advantage
- McLaren Regions
- Regional EMS
- McLaren Bay Medical Foundation
- McLaren Greater Lansing Healthcare Foundation
- Lake Cities Nursing Center
- Meredith Ventures, Inc.
- McLaren Northern Michigan Foundation
- Marwood Nursing and Rehab
- McLaren Health Plan Community
- McLaren Trans Medical
- McLaren Pharmacy Services

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McLaren HEALTH CARE Service Area Map

Map labels include: Northern Michigan Regional Hospital, McLaren-Central Michigan, McLaren-Bay Special Care, McLaren-Bay Region, McLaren-Flint, McLaren-Lapeer Region, McLaren-Clarkston, McLaren-Macomb, McLaren-Oakland, Eaton Rapids Medical Center, McLaren-Greater Lansing, McLaren Orthopedic Hospital.

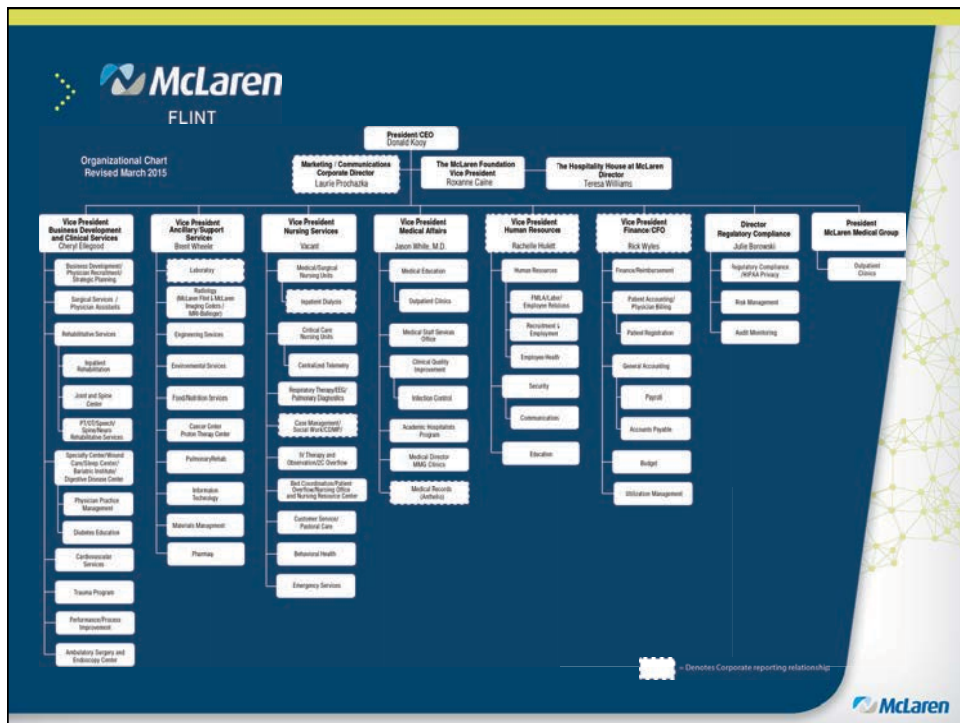
Other Subsidiaries: McLaren Health Plan - McLaren Homecare Group - McLaren Medical Group - McLaren-Cancer Institute


Legend: ■ HMC Service Area, ● Medical Centers

McLaren
FLINT

Mission Statement

McLaren Flint will be the recognized leader and preferred provider of primary and specialty healthcare services to the communities of mid-Michigan.





Donald Koo

President/CEO
Donald Koo

- Marketing / Communications
Corporate Director
Laurie Prochazka
- The McLaren Foundation
Vice President
Roxanne Cairne

Vice President Business Development and Clinical Services
Cheryl Ellegood

Vice President Ancillary/Support Services
Brend Wheeler

Vice President Nursing Services
Diane Kallas



Vice President Medical Affairs
Jason White, M.D.

Vice President Human Resources
Rachelle Helett

Vice President Finance/CFO
Rick Wyles

Director Regulatory Compliance
Julie Borowski


© Directors Corporate reporting relationship



Cheryl Ellegood

Vice President
Business Development
and Clinical Services
Cheryl Ellegood

- Business Development/
Physician Recruitment/
Strategic Planning
- Surgical Services
- Rehabilitative Services
 - Inpatient Rehabilitation
 - Joint and Spine Center
 - PT/OT/Speech/
Neuro Rehabilitative Services
- Specialty Center/Wound
Care/Sleep Center/
Bariatric Institute/
Digestive Disease Center
- Physician Practice
Management
- Diabetes Education
- Cardiovascular
Services
- Trauma Program
- Physician
Assistants
- Ambulatory Surgery and
Endoscopy Center



Vice President Ancillary/Support Services
Brent Wheeler

- Laboratory
- Radiology (McLaren Flint & McLaren Imaging Centers / MR-Ballenger)
- Engineering Services
- Environmental Services
- Food/Nutrition Services
- Cancer Center Proton Therapy Center
- Pulmonary Rehab
- Information Technology
- Materials Management
- Pharmacy

Brent Wheeler


Denotes Corporate reporting relationship

Vice President Nursing Services
Vacant

- Medical/Surgical Nursing Units
- Inpatient Dialysis
- Critical Care Nursing Units
- Centralized Telemetry
- Respiratory Therapy/EEG/Pulmonary Diagnostics
- Case Management/Social Work/CDMP
- IV Therapy and Observations/OC Overflow
- Bed Coordination/Patient Overflow/Nursing Office and Nursing Resource Center
- Customer Service/Pastoral Care
- Behavioral Health
- Emergency Services


Vacant


Denotes Corporate reporting relationship



Jason White, M.D.


- Vice President Medical Affairs**
Jason White, M.D.
- Medical Education
- Outpatient Clinics
- Medical Staff Services Office
- Clinical Quality Improvement
- Infection Control
- Academic Hospitalists Program
- Medical Director MMG Clinics
- Medical Records (Arthello)






Rachelle Hulett

- Vice President Human Resources**
Rachelle Hulett
- Human Resources
- FMLA/Labor/Employee Relations
- Recruitment & Employment
- Employee Health
- Security
- Communications
- Education



 Denotes Corporate reporting relationship





Rick Wyles

**Vice President
Finance/CFO**
Rick Wyles

- Finance/Reimbursement
- Patient Accounting/
Physician Billing
- Patient Registration
- General Accounting
- Payroll
- Accounts Payable
- Budget
- Utilization Management

Denotes Corporate reporting relationship




Julie Borowski

**Director
Regulatory Compliance**
Julie Borowski

- Regulatory Compliance
/HIPAA Privacy
- Risk Management
- Audit Monitoring

Denotes Corporate reporting relationship





Marketing / Communications
Corporate Director
Laurie Prochazka

Laurie Prochazka

 = Denotes Corporate reporting relationship



The McLaren Foundation
Vice President
Roxanne Caine

Roxanne Caine



> Current Statistics

- Approximately 3,025 employees
- Licensed for 404 beds
- Inpatient census averages 266 per day
- Length of stay 4.15 days
- 11,100 surgeries annually
- 66,000 ER visits annually
- Budgeted to realize a 3.0% operating margin



Welcome to



OFFICIAL NOTICE TO ALL McLAREN FLINT EMPLOYEES

The Human Resources Policy & Procedure Manual (HRPPM) can be found:

- in each department
- with each Manager
- in the Medical Library
- in Human Resources
- on the McLaren Health Care Corporation (MHCC) Intranet

Please note the following important points:

- Each policy in the HRPPM has either an effective date or revision date noting when a specific policy or version of the policy takes effect.
- There will not be a new “Employee Handbook”. The HRPPM should be accessible to every employee.
- Every employee (management and staff) is responsible for reading, knowing and following the policies set forth in the HRPPM.
- As policies are updated, they will be distributed to managers for inclusion in the HRPPM (see policy on Notification of Policy Change).
- If any provision of these policies conflict with an express provision(s) of an applicable collective bargaining agreement or letter of understanding, the latter shall supersede this policy to the extent necessary to comply with contractual obligations.

Any questions or concerns about the content, applicability, or interpretation of the HRPPM should be directed to Human Resources.

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HR 0181	Workplace Threats and Violence
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HR 0351	Workers Compensation

McLaren Flint

Department/Unit Orientation Checklist

Employee Name: _____ Job Title: _____

Department/Unit: _____ Date of Hire: _____

Instructions

*The following checklist must be completed **within 30 days of hire or transfer** and prior to the employee independently performing his/her job responsibilities. It is completed by the preceptor (manager, supervisor, or designate of the department) with each new employee or newly transferred employee. Complete this form by **placing a "✓" mark or an "NA"** (not applicable) at the beginning of the topic. At the completion of each section, verify completion by having both the preceptor and preceptee (new employee) **initial and date** the orientation checklist in the "Verification and Comments" column.*

The Department or Unit Director/Manager/Leader must keep this form on file within their personnel files, as a record of orientation and competency assessment, along with all other records of competency assessment.

Topic/Content	Verification and Comments
<p>General Department Orientation</p> <p><input type="checkbox"/> 1. Mission, goals, values of department</p> <p><input type="checkbox"/> 2. Overview of departmental services and functions</p> <p><input type="checkbox"/> 3. Departmental organization chart (Who's Who)</p> <p><input type="checkbox"/> 4. Departmental hours</p> <p><input type="checkbox"/> 5. Introductions/Tour/Work area</p> <p><input type="checkbox"/> 6. Patient/Customer Relations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Customer Identification (Our patients and...) <input type="checkbox"/> b. Service Excellence guidelines <input type="checkbox"/> c. Responsibility to other departments <input type="checkbox"/> d. Responsibility to co-workers <input type="checkbox"/> e. Statement of Patient Rights <p><input type="checkbox"/> 7. Review of job description, duties, performance Expectations and performance appraisal</p> <p><input type="checkbox"/> 8. Discuss schedule for further departmental/unit specific orientation and competency program</p> <p><input type="checkbox"/> 9. Licensure and Certification requirements</p> <p><input type="checkbox"/> 10. Continuing Education requirements(CPR, EC Fair, etc.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Conference/Seminar/Workshop Requests <p><input type="checkbox"/> 11. Communications within the department/unit (meetings, memo's, bulletin boards, etc)</p>	

Topic/Content	Verification and Comments
<p>General Policies and Work Rules</p> <ol style="list-style-type: none"> 1. Employee has reviewed organizational and Departmental policies and procedures. Discuss with the employee specific work rules such as: 2. Acceptable Use – Computers and Internet 3. Attendance and Timeliness <ol style="list-style-type: none"> a. Clocking In and Out (Kronos) 4. Confidential Information 5. Corrective Action Program 6. Discrimination and Harassment 7. Dispute Resolution 8. Employee Assistance Program (EAP) 9. Employee Smoking 10. Exclusion From Patient Care 11. Identification Badge 12. Inquires (media/legal) 13. Introductory / Probationary Period 14. Leave of Absence (FMLA) 15. Meals and Rest Periods 16. Mutual Benefit Time (MBT) 17. Paid Time Off (holiday, vacation, personal, sick time) 18. Paycheck Procedure 19. Personal Appearance and Behavior 20. Scheduling and Overtime 21. Solicitation and Distribution 22. Telephone Policy/Protocol (Cell Phones) 23. Work Related Injuries (Health Care Worker Incident Report, Form MHCC – 10060) 24. Other 	
<p>Back Safety – Body Mechanics</p> <ol style="list-style-type: none"> 1. Procedures to follow for moving and lifting 2. Equipment available 3. Back Care (posture, exercises, workstation, etc) 4. Other 	

Topic/Content	Verification and Comments
<p>Electrical Safety & Equipment Management</p> <ol style="list-style-type: none"> 1. Orientation to equipment used in the department/unit 2. Operator responsibilities 3. Extension cord policy/Unplugging procedure 4. Maintenance and inspection of cords and equipment-- <ol style="list-style-type: none"> a. Preventative Maintenance Program (PM) <ul style="list-style-type: none"> ➤ Safety Check Sticker/Date Next Check ➤ Defective Sticker or Tag, "<u>Do Not Use</u>," send equipment to Engineering Services b. Corrective Maintenance Program (CM) <ul style="list-style-type: none"> ➤ Blue Tag/Initial check, no further checks required c. Patient Owned Equipment 5. Safe Medical Devices Act/Review Flow Chart <ol style="list-style-type: none"> a. Responsibilities and reporting of device failure b. Removal of device from service c. Injury <ul style="list-style-type: none"> ➤ Patient – complete Occurrence Report M10057 and report to Performance Improvement ➤ Employee – complete Health Care worker Incident Report M10060 and report to Employee Health or ER (after hours) 	
<p>Emergency Management</p> <ol style="list-style-type: none"> 1. Location & review of Disaster Plan <ol style="list-style-type: none"> a. How to alert the system b. Online access to policies c. Who is Emergency Management Coordinator? d. Drill Participation 2. CODE Triage Internal/External Procedure 3. Disaster Preparedness-Emergency Operations Plan/Communication Plan <ol style="list-style-type: none"> a. Red Phones location and numbers a. Code Triage Alert b. Code Triage Activate c. Roles and Responsibilities d. Evacuation 4. Code Yellow - Bomb Threats 5. Code Weather - Tornado watch/warning 6. Code Pink - Infant Abduction 7. Code Purple - Abduction Child 8. Code Orange - Hazardous Material spill/response <ol style="list-style-type: none"> a. Chemicals on your unit b. MSDS sheets access/location 9. Code Walker - Patient Elopement 10. Code Silver - Weapons and/or hostage situation 11. Code Gray - Combative Person 12. Code Blue/White/ Little Blue - Cardiac Arrest 13. System Interruptions/Status 1,2,3,0 <ol style="list-style-type: none"> a. Down Time Procedures 	

Topic/Content	Verification and Comments
<p>Fire Safety</p> <ul style="list-style-type: none"> 1. Code Red & R.A.C.E 2. Roles/Responsibilities in departmental/unit fire plan 3. Location of fire alarm pull stations 4. Location and use of fire extinguishers (P.A.S.S.) 5. Location of emergency exits 6. Evacuation procedures 7. Reporting form: Fire Captain Report, responsibility for completion and location of form <p>Hazardous Materials and Wastes Code Orange Internal/External</p> <ul style="list-style-type: none"> 1. Location of "Hazardous/Infectious Waste" policy 2. Review departmental hazardous materials/MSDS <ul style="list-style-type: none"> a. Handling b. Storage (labeling) c. Usage d. Disposal e. Health hazards f. Emergency procedures 3. Location of Material Safety Data Sheets (MSDS) 4. Incident reporting form – Occurrence Report Form (MHCC 10057), responsibility for completion and location of form <p>Prevention and Control of Infection</p> <ul style="list-style-type: none"> 1. Locate and review the Infection Control policies on the McLaren Intranet <ul style="list-style-type: none"> a. Bloodborne Pathogen Exposure Control Plan (IC 403) b. TB Infection Control Program (IC 405) c. Standard Precaution Policy (IC 417) (IC 407) d. Hand Hygiene CDC Policy (IC 402) e. Multidrug Resistant Policy Procedure (IC 425) 2. Limiting exposure to blood and body fluids <ul style="list-style-type: none"> a. Personal protective equipment (PPE) – location and types expected to wear/how to use <ul style="list-style-type: none"> 1) TB Mask Fit Testing – Employee Health 2) Latex Sensitivity – Employee Health b. Engineering controls (e.g., sharps containers, red bags, sinks) c. Location and use of isolation signs/infection control cabinets 3. Blood spill procedures 4. Exposure procedures/reporting <ul style="list-style-type: none"> a. Report to immediate supervisor if available, then Employee Health or Nursing Supervisor <p>Forms: Health Care Worker Incident Report Form (PS 1772) and Uniform Blood and Body Fluid Exposure Report (M-10282A) or Uniform Needle Stick and Sharp Object Injury Report (M-10282B)</p>	

Topic/Content	Verification and Comments
<p>Performance Improvement/Compliance/Risk Management</p> <ul style="list-style-type: none"> ___ 1. Incident/Occurrence reporting procedures ___ 2. Fall prevention procedures ___ 3. Visitor injury reporting procedures, Occurrence Report location and responsibility for completion ___ 4. Performance Improvement Methodology (PDCA) ___ 5. Performance Improvement Initiatives (Departmental And Organizational) ___ 6. Patient Safety Program <ul style="list-style-type: none"> a. Safety First Forms b. Environment of Care Briefs c. Serious Occurrence Process ___ 7. Confidentiality <ul style="list-style-type: none"> a. Dept. specific HIPAA concerns/processes, if any ___ 8. Corporate Compliance 	
<p>Security</p> <ul style="list-style-type: none"> ___ 1. Identification Badge ___ 2. Process for minimizing security risks <ul style="list-style-type: none"> a. Being the eyes and ears for security, watch for unusual behavior and report x2-3333 b. Access control (physical areas, computer, keys maintaining the security of area by waiting for the doors to close not allowing others to enter when using your badge to enter an area, being aware that doors with magnets unlock when the fire alarm system is down or activated) c. Keeping personal valuables locked up and out of sight (patients and employees) d. Security Phone X2-3333 e. Emergency Codes X 2-2222 f. Notify Security if you have a police prisoner on your unit. ___ 3. Violence in the workplace, emergency procedures Code Gray / Dr Strong /Code Silver/ Lockdown ___ 4. Parking Permits Required on your vehicle ___ 5. Park in Employee Parking only 	
<p>Utility Management</p> <ul style="list-style-type: none"> ___ 1. Define utilities (water, electricity, oxygen, etc.) ___ 2. Define employee's role and responsibilities in the event of a system failure or disruption ___ 3. Unscheduled interruptions, Status Codes 1,2,3,0 ___ 4. Procedures in case of power failure <ul style="list-style-type: none"> a. Emergency clinical interventions b. Red receptacles ___ 5. Water supply failure/Code W ___ 6. Repair services/reporting 	

Topic/Content	Verification and Comments
General Safety ___ 1. Departmental policies and procedures ___ 2. Specific job-related hazards (not addressed above) ___ 3. Wet floors and spills ___ 4. General tidiness ___ 5. Discuss the necessary Personal Protective Equipment for this job	
All Departments Providing Patient Care ___ 1. Assessing & Managing Pain ___ 2. Addressing Early Warning Signs of a Change in a patients condition ___ 3. National Patient Safety Goals-Specific to MRMC ___ 4. Restraint/Seclusion ___ 5. Transplant Safety - Gift of Life	
Department/Unit Specific (Preceptor or Preceptee Identified) ___ 1. ___ 2. ___ 3. ___ 4.	

<p>I have been oriented to the above information and know that I am obliged to follow these policies and procedures for the safety of myself, my colleagues, our visitors and patients. I also acknowledge that I have been informed of my job's performance expectations.</p>	
Employee Signature _____	Department/Unit Leader or Preceptor Signature _____
Date _____	Date _____

Rev. 1/2012

Performance Planning & Appraisal

Mission Statement
McLaren Health Care, through its subsidiaries, will be Michigan's best value in health care as defined by quality outcomes and cost.

Section 1: Employee Information

Employee Name:		Evaluation Period Start:	
Position/Title:		Evaluation Period End:	
Department:		Date of Evaluation:	June 23, 2009
Evaluated by:			

Section 2: Instructions

General Instructions Department Evaluation Behavioral Competencies Goals / Objective

Section 3: Department Evaluation - Job Specific Competencies and Department Goals & Projects

Performance Level 1 Does not Meet Expectations		Performance Level 2 Partially Meets Expectations		Performance Level 3 Fully Effective		Performance Level 4 Consistently Exceeds Expectations		Performance Level 5 Exemplary		
A - Job Specific Competencies (The Weight of Sections A and B Must Equal 40)				Level (1-5)			Validation Method			Comments (Required for score of 1, 2, 4, or 5)
							Observe	Demo	Test	
1)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section 3: Department Evaluation - Job Specific Competencies and Department Goals & Projects

Performance Level 1 Does not Meet Expectations		Performance Level 2 Partially Meets Expectations		Performance Level 3 Fully Effective		Performance Level 4 Consistently Exceeds Expectations		Performance Level 5 Exemplary	
A - Job Specific Competencies (The Weight of Sections A and B Must Equal 40)				Level (1-5)	Validation Method			Comments (Required for score of 1, 2, 4, or 5)	
					Observe	Demo	Test		
9)				<input type="text"/> ▼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10)				<input type="text"/> ▼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11)				<input type="text"/> ▼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12)				<input type="text"/> ▼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13)				<input type="text"/> ▼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14)				<input type="text"/> ▼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15)				<input type="text"/> ▼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Overall Section A (Please select a weight for the Job Specific Competencies)				Weight <input type="text"/> ▼	Weighted Score				

Section 3: Department Evaluation - Job Specific Competencies and Department Goals & Projects

Performance Level 1 Does not Meet Expectations		Performance Level 2 Partially Meets Expectations		Performance Level 3 Fully Effective		Performance Level 4 Consistently Exceeds Expectations		Performance Level 5 Exemplary			
B - Department Goals & Projects (The Weight of Sections A and B Must Equal 40)				a Weight (total=40)	b Level (1-5)	Total (a x b)	Validation Method			Comments (Required for score of 1, 2, 4, or 5)	
							Observe	Demo	Test		
1)				<input type="text"/> ▼	<input type="text"/> ▼	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2)				<input type="text"/> ▼	<input type="text"/> ▼	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section 3: Department Evaluation - Job Specific Competencies and Department Goals & Projects

Performance Level 1 Does not Meet Expectations		Performance Level 2 Partially Meets Expectations		Performance Level 3 Fully Effective		Performance Level 4 Consistently Exceeds Expectations		Performance Level 5 Exemplary	
B - Department Goals & Projects (The Weight of Sections A and B Must Equal 40)			a Weight (total=40)	b Level (1-5)	Total (a x b)	Validation Method			Comments (Required for score of 1, 2, 4, or 5)
						Observe	Demo	Test	
3)					0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)					0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5)					0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6)					0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weighted Score:			0		0.00				

Section 4: Behavioral Competencies

Competency		b Level (1-5)	Total (a x b)	Performance Level (Click the link below to see a description)	Comments (all areas require comments)
1)	Communication		0.0	Communication Description	
2)	Customer Focus		0.0	Customer Focus Description	
3)	Problem Solving / Decision Making		0.0	Problem Solving / Decision Making Description	
4)	Professionalism/Integrity		0.0	Professionalism / Integrity Description	
5)	Quality / Productivity		0.0	Quality / Productivity Description	
6)	Teamwork		0.0	Teamwork Description	
Weighted Score:				All Behavioral Competencies must be Evaluated - Complete Evaluation	

Section 5: Mandatory Competency Validation

	Performance Element	Completed			Date
		Yes	No	N/A	
1)	License Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	TB Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	HIPAA Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	Continuing Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5)	Environment of Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 6: Developmental / Training Goals and Accomplishments

STARS REMINDERS:

S=Service Encounters T=Tracking A=Accountability R=Reward & Recognition S=Service Recovery

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	

Section 7: Personal Goals and Objectives

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	

Section 8: Evaluation and Scoring

	Section Summaries	Weighted Level	Additional Evaluator Comments
1)	Section 3: Department Evaluation		
2)	Section 4: Behavioral Competencies		
Weighted Overall Score:		0.00	Evaluation Not Complete

Section 9: Review

_____	_____
Manager / Supervisor Signature	Date
_____	_____
Second Level Reviewer Signature	Date
_____	_____
Employee Signature	Date

Employee Comments:

Section 10: Summary (HR USE ONLY)

Department Evaluation Subtotal	0.00	
Behavioral Competencies		
Communication	0.00	
Customer Focus	0.00	
Problem Solving / Decision Making	0.00	
Professionalism/Integrity	0.00	
Quality / Productivity	0.00	
Teamwork	0.00	
Overall Evaluation Score	0.00	Evaluation Not Complete

Mandatory Competency Validation

- License Verification
- TB Test
- HIPAA Training
- Continuing Education
- Environment of Care

A Historical View

The history of McLaren Health Care dates back to 1914, when Lucy M. Elliot, M.D., and Lillian Girard, R.N., established a 10-bed hospital at 808 Harrison Street in Flint, Michigan.

The facility, originally established as a private hospital, reorganized and incorporated in 1919 as the Women's Hospital Association, a community non-profit hospital. Later in 1919, with funding assistance from various civic groups, the Association acquired a six-acre site at 1900 Lapeer Street. The brick residence on that site was converted to accommodate 29 patient beds and was named the Women's Hospital.

In 1929, a wing was added to the structure to increase bed capacity to 40. During the years that followed, Flint experienced a shortage of hospital beds emphasizing the necessity of a newer and larger hospital facility.

In 1943, a fundraising campaign brought in a million dollars from the community for a new facility. However, due to the shortage of materials during the war, construction was delayed. When the war ended and the materials again became available, a second fundraising campaign raised another million dollars. Construction of the present facility on Ballenger Highway began in July of 1949.

The new structure opened in October 1951, expanding the hospital's capacity to 243 beds. The hospital was named McLaren General Hospital, after Margaret E. McLaren, R.N., who served as the Superintendent of the Women's Hospital for 28 years. From 1968 to 1972, the South Building was erected and opened, bringing the number of beds to 436. A \$36 million renovation and expansion program was completed in 1984, and a \$50 million expansion program, which included a new 12-story patient tower, was completed in 1993. The hospital was renamed McLaren Regional Medical Center in 1990 to reflect the regional scope of services and patient access. Further renovation and expansion of both facilities, services and advanced technology has continued, with the most recent being a \$42 million renovation and expansion project to enlarge the emergency department and add treatment capabilities, expand the operating suites, double the size of the cancer center, add two new cardiac catheterization laboratories, and add staff, visitor and physician support space.

Reorganization of the corporate structure under McLaren Health Care opened the decade of the 1990s. Corporate affiliates included McLaren Regional Medical Center, Women's Hospital Association, and McLaren Services Corporation (including Visiting Nurse Association, McLaren Extended Care, and McGenco.)

The addition of Lapeer Regional Hospital as a corporate affiliate in 1992 and Lapeer Area Hospice (renamed McLaren Hospice Service) in 1993 broadened the regional scope of the health care system. In 1995, the corporation took a further step toward enlarging the regional scope of the health care system by developing Family Care Centers in West Branch, Houghton Lake, Fairview, Rose City, and Rifle River. This gave the corporation a physical presence in eight mid-Michigan counties, with 50 ambulatory facilities in both primary and specialty care.

McLaren Health Care also entered into a joint venture with Community EMS, an ambulance company headquartered in Farmington, Michigan, to form Regional EMS. As an affiliate of McLaren Health Care, Regional EMS provides interfacility transportation for the corporation as well

as responds to emergency calls through the county dispatch system.

In an effort to unify management for a number of services performed outside of the inpatient setting, McLaren Medical Management, Inc. (MMMI), was established in October of 1996, as a non-profit subsidiary of McLaren Health Care. The for-profit affiliate, McGenco, Inc., was dissolved, as was its parent corporation, McLaren Services Corporation. Business units of MMMI include family care centers, community medical centers, occupational health centers, urgent care centers, practice management, and Regional EMS.

In June of 1997, Michigan Capital Healthcare, a two-hospital health system in Lansing, Michigan, announced an agreement to affiliate with McLaren Health Care to form the largest integrated healthcare delivery system in mid-Michigan and the fifth largest in Michigan. Michigan Capital Healthcare included Michigan Capital Medical Center, with 483 acute beds and 49 sub-acute beds spread over two campuses; Michigan Capital Healthcare Foundation, Visiting Nurse Services, and a durable medical equipment company. Michigan Capital Healthcare was formed in 1992 by the merger of Lansing General Hospital and Ingham Medical Center. Michigan Capital Medical Center changed its name back to Ingham Regional Medical Center in September of 1997 in response to community support. The Michigan Capital Foundation also changed its name to Ingham Regional Medical Center Foundation in October of 1997.

In 1997 McLaren Health Care created McLaren Health Plan (MHP), a non-profit HMO licensed by the State of Michigan. MHP was created to care for the Managed Medicaid members throughout 10 mid-Michigan counties. Currently, McLaren Health Plan offers health care benefits to more than 210,000 commercial, self-funded and Medicaid beneficiaries in 17 Michigan counties.

In January 2002 McLaren Health Care created Health Advantage, Inc., a Third Party Administrator (TPA). Health Advantage is a PPO for self-funded employers, developed in response to local employer's requests for a quality health care insurance alternative at an affordable price. McLaren Health Care was the first employer to offer Health Advantage to its employees with over 7,400 members selecting this option for their personal health care insurance in the first year.

In 1999, McLaren Home Care (MHC) was created by consolidating all home care components of the corporation. These included Visiting Nurse Association-Flint, McLaren Hospice, McLaren Home Medical Supplies, McLaren Care Plus, and Ingham Regional Home Care. The name was eventually changed to Visiting Nurse Services of Michigan (VNSM). The consolidation of home care services across the corporation positions MHC to be the progressive leader of home care services in mid-Michigan, providing patient care across 25 counties. Personal Home Care Services merged with VNSM in the fall of 2008. At that same time, VNSM organized its service lines under two new divisions: McLaren Visiting Nurse and Hospice and McLaren Home Medical. A third division, McLaren Pharmacy Services, was added in 2009. In late summer of 2009, VNSM was rebranded as the McLaren Homecare Group.

McLaren Health Care partnered with Provider HealthNet Services, Inc., in 2001 to provide medical records management and information systems support. PHNS was co-founded at McLaren and is a nationally-acclaimed information technology firm. Other major partnerships feature a biomedical research partnership with Kettering University in Flint, an ownership arrangement with Premier, and a joint venture in cancer services with Michigan State University, called Great Lakes Cancer Institute (GLCI). Approved by the respective boards of both MSU and McLaren early in 2001, GLCI

combines the research and educational resources of MSU with the provider and patient network of McLaren Health Care for the benefit of patients with cancer throughout Michigan. GLCI became a wholly-owned subsidiary of McLaren Health Care in 2006 and has locations in Bay City, Clarkston, Flint, Lansing, Lapeer, Mount Clemens and Owosso, Michigan.

Bay Medical Center of Bay City became a wholly-owned subsidiary of McLaren Health Care on December 18, 2001. Bay Medical Center is a nonprofit 446-bed acute care hospital providing specialty, primary and preventive services including cardiac, neurology, women's health, orthopedics, rehabilitation, home and hospice care, EMS, oncology and a Level II Trauma Center. In May 2002, the name was changed to Bay Regional Medical Center. With the acquisition of Bay Regional Medical Center came Bay Special Care Hospital, a 31-bed acute care hospital specializing in patients who require a 25-day or longer length of stay. Bay Special Care Hospital is fully accredited by the Michigan Department of Community Health.

McLaren Health Care entered in a partnership with United Surgical Partners, Inc., in 2005 for the purpose of developing ambulatory surgery centers throughout its service area.

In July of 2006 McLaren Health Care acquired Mount Clemens Regional Medical Center (MCRMC), a 288-bed acute care hospital located in Mount Clemens, Michigan. More than 460 physicians and 2,300 employees work at MCRMC, making it one of Macomb County's top employers. MCRMC provides a full range of services including Top 100 ranked cardiovascular care at the Mat Gaberty Heart Center and award-winning cancer services at the Ted B. Wahby Cancer Center. An elective surgery center was opened on the medical center's campus in 2006.

McLaren Health Care expanded its reach into Oakland County in 2007 with the development of a comprehensive health care complex on an 80-acre site in Clarkston, Michigan. Called McLaren Health Care Village, this project broke ground in June of 2007. Phase I, which includes a 125,000 sq. ft. medical office building, ambulatory surgery center, Great Lakes Cancer Institute-Clarkston, and a 5-acre healing garden, opened in May of 2009. Long-range plans include the development of a 300-bed hospital on the site, contingent on state approval.

McLaren Health Care continued its expansion into Oakland County in September of 2007 with the addition of Pontiac Osteopathic Hospital to the McLaren system. Renamed POH Regional Medical Center, the facility is a 328-bed medical center which provides primary and specialty health care services. Founded in 1953, POH has grown from one small clinic to a full-fledged medical community that includes more than 300 physicians, an inpatient hospital in downtown Pontiac and eight satellite facilities throughout north Oakland County. POH RMC offers AOA approved residency and fellowship programs in anesthesiology emergency medicine, family practice, general surgery, internal medicine, dermatology, ophthalmology, orthopedic surgery, podiatry, radiology, and otolaryngology and facial plastic surgery.

McLaren Health Care has evolved into a fully-integrated health care network committed to meeting the needs of Michigan residents throughout a 29-county service area. Components of the McLaren system include eight acute care hospitals, outpatient facilities, ambulatory surgery centers, imaging centers, freestanding dialysis centers, an employed primary physician network, commercial and Medicaid HMOs, home health care, durable medical equipment, allopathic and osteopathic graduate medical education programs and a wholly-owned medical malpractice insurance company.

Concierge Services at McLaren – Flint



What exactly is a concierge?

A concierge saves you valuable time and minimizes stress by taking care of the many details of daily life by running errands and completing time-consuming tasks. We are committed to making your life less complicated, your days more manageable and your free time more enjoyable. Best Upon Request's motto, "We ease the day ... You seize the day!"® captures the value that concierges bring to the employees of McLaren – Flint.

How much does it cost?

The concierge service is FREE. You are only responsible for the costs of the goods and services requested on your behalf. There is no service charge. Errands completed up to 15 miles away are free of charge, otherwise there is a 56.5 cent per mile mileage reimbursement if the concierge is performing a request for you in their vehicle.

Where is the concierge office?

We are located on the lower level near the cafeteria. You may call us at (810) 342-3000. Before visiting us at our office, please call ahead to confirm we'll be in. We are out periodically fulfilling requests for our customers. Our office is open Monday through Friday, from 7:30 a.m. to 4:30 p.m. We will also be happy to meet you at your work station to discuss the details of your request.

How does the program work?

Please complete a short and confidential "Sign Me Up" form to allow Best Upon Request to act on your behalf. Then call, e-mail or visit the concierge to discuss the details of your request. It's as simple as that! The concierge will give you an estimated turnaround time and will contact you when the request is completed. You pay for the goods you ask us to purchase and for the vendor services you request. We accept cash, personal checks and major credit cards. Your concierge can help you determine the best options for payment.

“If It's On Your
To-Do List, We Can
Do It For You.”

– Cornelius Concierge



Examples of Services

- Lunch pick-up and delivery
- Vehicle servicing
- Information research
- Postal services
- Grocery shopping
- Administrative services
- Dry cleaning and alterations
- Event planning
- Employee awards and recognitions
- Reservations and tickets
- Gift wrapping
- Home services
- Pharmacy services
- Gift certificates

Best Upon Request at McLaren – Flint
Phone: (810) 342-3000 | Fax: (810) 342-3009 | Email: bestuponrequest@mclaren.org
Hours: 7:30 a.m. – 4:30 p.m., Monday through Friday

“We ease the day ... You seize the day!”®

Best Upon Request Can Assist You From A – Z

A

auto services,
alterations, address
change forms, air
charter, artwork
framing

B

bakery orders,
balloons,
bouquets,
banking, bus route
information

C

catering,
courier service,
confectionery items,
camera repair,
classroom treats

D

decorations,
dry cleaning,
directions,
discounts, dog
food, dishes, DVDs

E

emissions testing,
event planning,
eyeglass repair,
entertainment,
exercise equipment

F

floral
arrangements,
food pick-up/
delivery, film
developing

G

groceries,
gift wrapping,
gift certificates,
gift baskets,
gourmet foods

H

handyman services,
house-sitting, hotel
accommodations,
house cleaning
referrals

I

information
research,
interpreter, ice
cream, interior
design

J

jewelry repair, judo
lessons, jackets,
jelly beans, jazz
club locations

K

key duplication,
kennel
information,
kitchenware, kites

L

landscaping,
library book return,
license renewal,
leather cleaning,
luggage repair

M

moving/storage,
maps, mail pick-
up, movie passes

N

newspapers,
natural foods,
nylons, nuts, nail
polish

O

olive oil, odd jobs,
opera tickets, oil
painting, official
documents, opals

P

personal
shopping, plumber
referrals, pizza
pick-up, pet-sitting
referrals

Q

quiche orders,
quilt shopping,
quit smoking
programs, quality
products

R

rentals,
reservations,
referrals, restaurant
information,
racetracks

S

shoe shine and
repair, shipping,
spa services,
stamps, school
supplies

T

tailoring, tuxedo
orders, tax forms,
travel, ticket
procurement,
theater schedule

U

upholstery
repair, umbrella
purchasing,
underwater
adventures

V

vehicle rental,
video returns,
vegetarian items,
volleyballs,
visitors bureau

W

window washing,
wedding gifts,
watch repair and
battery replacement,
whimsical items

X

xeroxing, x-ray
pick-up/delivery,
xylophones and
band instruments

Y

yard work, yoga
class schedules,
yogurt, youth
activity information

Z

zoo information,
zipper repair, zip
code research,
zinnias pick-up

... Make your request today!

Best Upon Request at McLaren – Flint
Phone: (810) 342-3000 | Fax: (810) 342-3009 | Email: bestuponrequest@mclaren.org
Hours: 7:30 a.m. – 4:30 p.m., Monday through Friday

“We ease the day . . . You seize the day!”®

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BESTUPONREQUEST®

Unleashing the potential of each day®



"We ease the day ... You seize the day!"®

BESTUPONREQUEST®
Unleashing the potential of each day®

What is a concierge?

- We are here to take care of your to-do list
- We want to free up your time so you can focus on work and family
- We have a national network of Best Upon Request concierges available to help fulfill your request, in addition to your concierges on-site

"We ease the day ... You seize the day!"®
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2

How does it work?

From the planned...



To the unplanned...



Picking up and
delivering a
forgotten item

Buying a last
minute gift



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3

How do I use the service?

- Fill out our simple Enrollment Form
- Tell us your request through email, voicemail or in-person
- We fulfill your request while you work and will let you know when it is completed
- If your request requires payment, we accept cash and all major credit cards

"We ease the day ... You seize the day!"®
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4

How much does it cost?

- Best Upon Request is a FREE service provided by your employer
- You only pay for the items or services you request
- If the concierge's vehicle is used to complete your request instead of your own, a mileage fee of 56 cents per mile is added after exceeding the 15-mile radius



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Contact Information

- Contact **Margie Gray-Shillaire, Lead Concierge** or **Cheryl Valus, Assistant Concierge** at:
 - (810) 342-3000 or
 - bestuponrequest@mclaren.org



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Hours and Location

- Monday, Wednesday, Friday
7:00 a.m. – 4:30 p.m.
- Tuesday & Thursday
7:30 a.m. – 4:30 p.m.
- The concierge office is located on the ground level, across from the dining room

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7

Mission, Vision and Values

Mission: To unleash the potential of each day.

Vision: To be recognized throughout the world for creating life-enriching experiences.

Values: Trustworthy
Dependable
Resourceful
Compassionate



"We ease the day ... You seize the day!"®
© 2013 Best Upon Request Corporate, Inc.

8

Thank You!



"We ease the day ... You seize the day!"®
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MCLAREN

MCLAREN MEDICAL GROUP
KEEPING MID-MICHIGAN
HEALTHIER



McLaren Medical Group (MMG) is the ambulatory network of McLaren Regional Medical Center. This network of physician offices includes 10 centers that serve patients in Genesee and Shiawassee Counties. Over 40 physicians with specialties in Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology, and Occupational Medicine care for thousands of patients. The McLaren Community Medical Centers offer on-site laboratory and basic radiology services. Some also have on-site pharmacies. Six centers now provide Convenient Care Services for minor injuries and illnesses after regular business hours and on weekends. In 2007 the Flint region introduced Centralized Scheduling to enable patients the opportunity to be seen by a physician at one of the McLaren Community Medical Centers for "same day" appointments. The Network now also offers Centralized Referrals to make your health care needs even easier. Provided here is a listing of the Flint area centers.

MMG NETWORK

- 1** McLaren Community Medical Center – Davison*
10090 E. Lippincott Boulevard
Davison, MI 48423
(810) 653-1130
- 2** McLaren Community Medical Center – Fenton*
2420 Owen Road, Suite A
Fenton, MI 48430
(810) 496-2500
- 3** McLaren Community Medical Center – Flint Township
1314 S. Linden Road
Flint, MI 48532
(810) 342-1700
- 4** McLaren Community Medical Center – Flushing*
2487 Elms Road
Flushing, MI 48433
(810) 487-3500

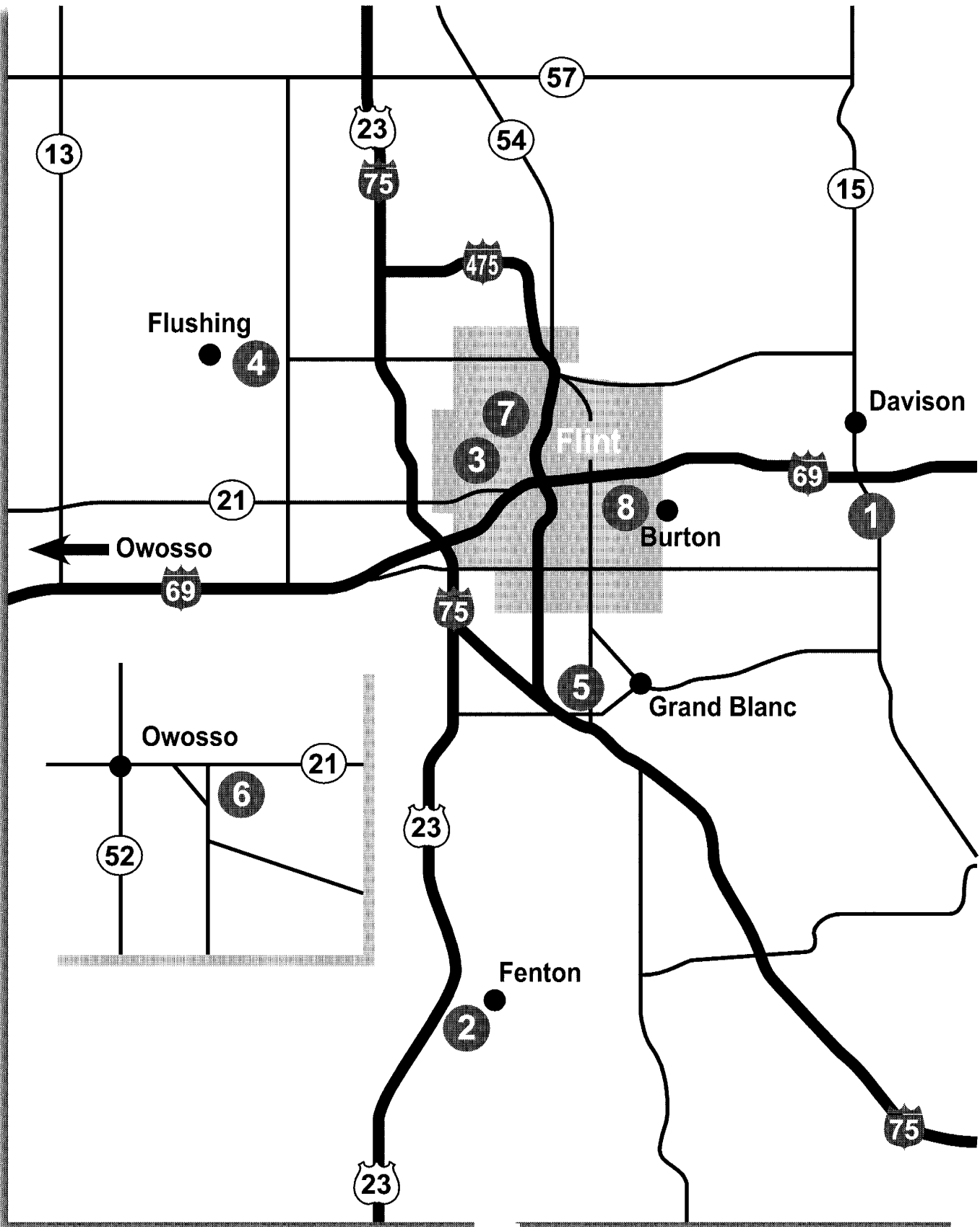
McLaren OB/GYN Associates - Flushing
2487 N. Elms Road
Flushing, MI 48433
(810) 487-3500
- 5** McLaren Community Medical Center – Grand*
Blanc
2313 E. Hill Road
Grand Blanc, MI 48439
(810) 953-6400
- 6** McLaren Community Medical Center – Owosso*
216 E. Comstock
Owosso, MI 48867
(989) 725-6558
- 7** McLaren OB/GYN Associates - Flint Township
1010 N. Linden Road
Flint, MI 48532
(810) 732-3660
- 8** McLaren Occupational and Convenient Care*
Center – Burton
1459 S. Center Road
Burton, MI 48509
(810) 496-0900

**These centers also offer Convenient Care Services.*

**SEE MAP
OF LOCATIONS
ON BACK.**

McLAREN

MCLAREN'S EMPLOYED PHYSICIAN NETWORK



Emergency Management

Your Role...

- Know the emergency code button on your phone or the emergency number to call.
- Know the emergency paging notification codes.
- Know your role for “Code” responses.
- Take all training and drills seriously
- Know your departmental evacuation plan.

Disaster Preparedness

Phases of Disaster

- Mitigation
- Preparedness
- Response
- Recovery


- ## Preparedness
- Develop & Implement Policies
 - Test Polices with drills
 - HICS (Hospital Incident Command System)
 - Collaborate with other hospitals
 - Participate in Region 3
 - Collaborate with Counties

Disaster Codes

MRMC Emergency Codes
Effective 12/01/08

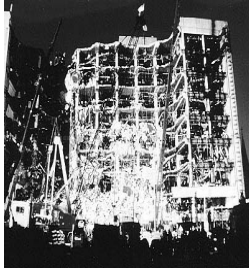
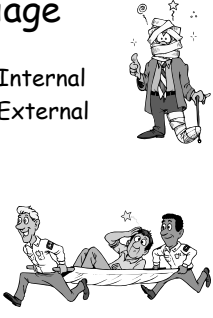
Code Red Fire	Code Pink Infant Abduction	Code Weather Tornado Watch/Warning
Code Blue Cardiac Arrest Adult	Code Orange Hazardous Material Spill/Release	Code Purple Child Abduction
Code White Cardiac Arrest Child	Code Gray Cesarean Section	Code Yellow Bomb Threat
Code Little Blue Neonatal Resuscitation	Code Silver Weapon or Hostage Situation	Code Walker Elopement
Code Internal Internal Disaster	Code Triage External External Disaster	Code Orange (Biochem, Hematol, Chemical & Biological and Radiological) Triage Alert - Chemical Alert Rapid Response Team - Deteriorating Patient Cardiac Alert - Cardiac Arrest/Arrest Code Response Team - Stroke Code W - Water Probability Issue Dr. Strong - Staff Assistance Trauma - Level # of patients: Trauma

Preparedness



- How can we:
 - Recognize an incident
 - Respond safely and effectively
 - Make proper notifications
 - Isolate the scene and deny entry
 - Know your department's policy

Code triage

- Internal
- External

Operations



- Proper ID
- Controlled Site Access
- Chain of command
- Communication Plan
- Medical Plan
- Rehab Plan
- Special hazards

Your Challenge




- Know the disaster plan for your department
- Know how to activate system
- Know the emergency notification codes
- Know your role in the "code" response
- Participate & take all drills seriously
- Know your departments evacuation plan

MRCM Emergency Codes

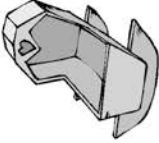
Effective 12/01/08

Code Red



Fire

Code Pink




Infant Abduction
(< 1 Year Old)

Code Weather




Tornado Watch/Warning

Code Blue




Cardiac Arrest Adult

Code Orange




Hazardous Material Spill/Release

Code Purple




Child Abduction

Code White




Cardiac Arrest Child

Code Gray



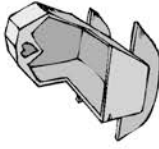
Combative Person

Code Yellow




Bomb Threat

Code Little Blue




Neonatal Resuscitation

Code Silver



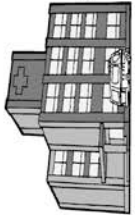
Weapon or Hostage Situation

Code Walker



Elopement

Code Triage Internal



Internal Disaster

Code Triage External



External Disaster

Code Orange Internal: Hazmat (Chemical & Biological and Radiological)
 Code Orange External: Hazmat External
 Triage Alert: Disaster Alert
 Rapid Response Team: Deteriorating Patient
 Cardiac Alert: Cardiac Angioplasty
 Stroke Response Team: Stroke
 Code W- Water Potability Issue
 Dr Strong: Staff Assistance
 Trauma + Level + # of patients: Trauma

EMERGENCY PREPAREDNESS

Disasters may be NATURAL (snowstorms, tornadoes). They may be the result of NATIONAL EMERGENCIES (wars, nuclear attacks), or MASS CASUALTIES (fires, civil disturbances, plane crashes).

A disaster may be INTERNAL (fire, bomb threat) or EXTERNAL.

KNOW THE DISASTER PLAN - especially evacuation routes, alarm signals

KNOW YOUR ROLE - where to report, the person to report to, duties and responsibilities, supplies

KNOW YOUR JOB - what you do is important to our clients and to the community
That depends on us. Knowing your role enables us to:

RESPOND Quickly and effectively to disaster

PROVIDE First aid to victims and minimize loss of life

TREAT Injured and provide temporary food and shelter

CARE For the existing patient load

TAKE DISASTER TRAINING SERIOUSLY

Overhead page "**External Disaster**" or "**Triage Alert**"

Get ready to receive and treat multiple disaster victims

Overhead page "**Triage Alert**" or "**Internal Disaster**"

Victims are arriving

OR

Internal disaster-location is announced

Control Center - located in Administration, serves as the Disaster coordinator of all areas and functions. Any problems during a disaster should be communicated to the Control Center. The person in charge of the Control Center will then act upon the problems.

Priority I - Emergency room (life threatening injury)

Priority II - Heart & Vascular Area (serious injury)

Priority III - Specialty Center (minor injury)

Priority IV - Occupational Therapy (temporary morgue)

Refer to the Red Disaster manual in each department and work area for your specific responsibilities. Every employee has a specific role to play. KNOW YOURS!!!



FLINT

BOMB THREAT CALL CODE YELLOW

QUICK REFERENCE PROCEDURE

I. Receiver of Call:

- A. Keep the caller on the line as long as possible, **DO NOT TRANSFER THE CALL.**
- B. Get as much information as possible - ask the questions who, what, when and why.
- C. When the call is terminated, notify the administrator on call or shift supervisor of the call immediately.
- D. Fill out the form, "Report of Bomb Threat Call," located in the disaster manual and send to the Control Center (Administrative Office).
- E. Administrator on call or supervisor will determine if Code Yellow procedure will be activated and will direct switchboard operator to announce over PA system "Code Yellow."

II. Response to Code Yellow:

- A. Charge person or representative of department is to report to the Control Center, sign-in and obtain information of incident.
- B. Begin a coordinated search of work area. Report back to the Control Center within **1 hour** the status of the search. Report when the search is completed and if anything suspicious was located in the area.
- C. **Search Techniques**
 1. Carry a flashlight - do not turn light switch on/off. Do not change anything in the room.
 2. There are three levels to search all around the perimeter of the room:
 - a. waist down
 - b. waist to eye level
 - c. eye level to the ceiling
 3. Go immediately to the center of the room and listen. Return to the door and proceed along the walls of the room, searching for objects at the wall first.
 4. Look for anything out of place.
 5. Use a quiet mannered approach when searching so as not to panic anyone.
 6. The bomb may take any form, such as, a cigarette package, letter, lunch box, or even a loaf of bread. **REPORT ANY SUSPICIOUS OBJECT TO THE CONTROL CENTER OR SUPERVISOR WHO WILL ALERT ENGINEERING SERVICES.**

- III. The operator at the direction of the Control Center will announce all clear when all searches have been completed.

Paging Routine

EMERGENCY PAGING NOTIFICATION

McLaren Regional Medical Center

A. How to use it:

1. For any emergency codes, press **CODE button on phone or 22222**.
2. Tell the hospital operator the **TYPE OF CODE** you need paged and the **EXACT LOCATION**.
3. This verbal communication is **EXTREMELY IMPORTANT** in facilitating the timely and accurate paging of emergency codes and their locations.

B. The operator will:

1. Call back in 1 - 2 minutes to make sure needed personnel have arrived.

C. When to use it:

1. **CODE Blue**..... **CARDIAC ARREST**
2. **CODE Orange**..... **Hazardous Materials Spill or Release**
3. **CODE Rapid Response team:** **Deteriorating patient**
4. **CODE Pink**..... **ABDUCTION OF INFANT/CHILD**
5. **CODE Silver**..... **HOSTAGE SITUATION**
6. **CODE Walker**..... **PATIENT ELOPEMENT**
7. **CODE Red**..... **FIRE (Pull fire alarm. If fire alarm
..... system out of order, press 22222.)**

D. Other Paging Notification

1. **CODE Yellow** **BOMB THREAT**
2. **CODE External Disaster**.... **DISASTER**
3. **CODE W** **WATER SUPPLY FAILURE**
4. **Code WEATHER** **TORNADO**
- **WATCH**
- **WARNING**
6. **TRAUMA LEVEL I or II**... **MAJOR TRAUMA VICTIM IN
THE EMERGENCY DEPARTMENT**

E. UTILITY INTERRUPTION - Should there be an unscheduled interruption of any of the listed utilities, Engineering Services will keep everyone informed of the estimated down time by the use of "**STATUS CODE**" overhead page.

Status 1 will indicate approximately a one-hour interruption

Status 2 will indicate approximately a two-hour interruption

Status 3 will indicate an indefinite interruption

Status 0(zero) will indicate the system is back to normal operation status.

Hazardous Materials/SDS

Your Role...

- **Know what potentially hazardous materials you are working with.**
- **Know how to obtain Safety Data Sheets (SDS).**
- **Report hazardous material spills.**
- **Use appropriate personal protective equipment (PPE) when working with potentially hazardous materials.**
- **Never put any chemical into an unlabeled container.**
- **Know where emergency eyewash/showers are located and how to use them.**

Chemical Classifications

Chemicals will be classified using a harmonized system that provides standardized language for:



1. **Health Hazard Categories**
2. **Physical Hazard Categories**
3. **Environmental Hazard Categories**

Chemical Classifications:

1. Health Hazards include:

- Acute Toxicity
- Skin Corrosion/Irritation
- Respiratory or Skin Sensitization
- Germ Cell Mutagenicity
- Carcinogenicity
- Reproductive Toxicity
- Specific Target Organ Toxicity – Single Exposure
- Specific Target Organ Toxicity – Repeated Exposure
- Aspiration
- Simple Asphyxiants

Chemical Classifications:

2. Physical Hazards include:

- Explosives
- Flammable Aerosols
- Oxidizing Gases
- Gases under Pressure
 - Compressed Gases
 - Liquefied Gases
 - Refrigerated Liquefied Gases
 - Dissolves Gases



Chemical Classifications:

2. Physical Hazards (cont.)

- Flammable Liquids
- Flammable Solids
- Self-Reactive Chemicals
- Pyrophoric Liquids
- Pyrophoric Solid
- Pyrophoric Gases
- Self-heating Chemicals
- Chemicals, which in contact with water, emit flammable gases



Chemical Classifications:

2. Physical Hazards (cont.)

- Oxidizing Liquids
- Oxidizing Solid
- Organic Peroxides
- Corrosive to Metals
- Combustible Dusts



Chemical Classifications:

3. Environmental Hazards include:

- Products that can pose a threat to the environment if not handled or disposed of properly
- Regulated by the DEQ – Department of Environmental Quality.
- DEQ issues and oversees permits and ensures the facilities meet all applicable laws and that the facilities comply with permit conditions.



Labels

There are several new label elements:

- Symbols called “Pictograms”
- Signal Words
- Hazard Statements
- Precautionary Statements
- Product Identification
- Supplier/Manufacturer Identification

SAMPLE LABEL

PRODUCT IDENTIFIER

CODE _____

Product Name _____

SUPPLIER IDENTIFICATION

Company Name _____

Street Address _____

City _____ State _____

Postal Code _____ Country _____

Emergency Phone Number _____

HAZARD PICTOGRAMS

SIGNAL WORD

Danger

HAZARD STATEMENT

Highly flammable liquid and vapor.
May cause liver and kidney damage.

SUPPLEMENTAL INFORMATION

Directions for use _____

Fill weight: _____ Lot Number _____

Gross weight: _____ Fill Date: _____

Expiration Date: _____

PRECAUTIONARY STATEMENTS

Keep container tightly closed. Store in cool, well ventilated place that is locked.
Keep away from heat/sparks/open flame. No smoking.
Only use non-sparking tools.
Use explosion-proof electrical equipment.
Take precautionary measure against static discharge.
Ground and bond container and receiving equipment.
Do not breathe vapors.
Wear Protective gloves.
Do not eat, drink or smoke when using this product.
Wash hands thoroughly after handling.
Dispose of in accordance with local, regional, national, international regulations as specified.

In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO₂) fire extinguisher to extinguish.

First Aid
If exposed call Poison Center.
If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.

Label: Identification

- Product identification (i.e. name of product)
- Supplier identification:
 - Address
 - Telephone number



Labels: Signal Word

These are words used to indicate the severity of the hazard and to alert employees to the potential hazard.

Only 2 signal words will appear:

- **“DANGER”** (more severe hazard)
- **“WARNING”** (less severe hazard)

Not all labels will have a signal word. Some chemicals are not hazardous enough to require that a signal word appears on the label.

Labels: Hazard Statement

There are specific hazard statements that must appear on the label based on the chemical hazard classification.

Examples:

- Flammable liquid and vapor
- Causes skin irritation
- May cause cancer

Labels and Other Forms of Warning Precautionary Statements

- *Recommended* measures related to:
 - Prevention
 - Response
 - Storage
 - Disposal
- Examples:
 - Wear respiratory protection
 - Wash with soap and water
 - Store in a well ventilated place
- Not a mandate for employers/employees to follow.



Labels: Pictograms

- There are nine (9) pictograms.
 - **Health Hazards (3)**
 - **Physical Hazards (4)**
 - **Environmental Hazards (1)**
- There is 1 pictogram that can represent both a physical and/or a health hazard. It is the corrosive pictogram.












Secondary Container Labels

- Defined as when chemicals are transferred from the original labeled container into a secondary container (bottle, flask, beaker)
- Must contain:
 - Product identifier
 - Words, pictures, symbols, or combination which provide at least general information regarding the hazards of the chemicals
 - Provide employees with the specific information regarding the physical and health hazards of the hazardous chemical [e.g. HMIS (Hazardous Information System), NFPA (National Fire Protection Association) or other label system].

GLOBALLY HARMONIZED SYSTEM (GHS)

Figure 4.9

GHS Pictograms and Hazard Classes		
		
<ul style="list-style-type: none"> ▪ Oxidizers 	<ul style="list-style-type: none"> ▪ Flammables ▪ Self Reactives ▪ Pyrophorics ▪ Self-Heating ▪ Emits Flammable Gas ▪ Organic Peroxides 	<ul style="list-style-type: none"> ▪ Explosives ▪ Self Reactives ▪ Organic Peroxides
		
<ul style="list-style-type: none"> ▪ Acute toxicity (severe) 	<ul style="list-style-type: none"> ▪ Corrosives 	<ul style="list-style-type: none"> ▪ Gases Under Pressure
		
<ul style="list-style-type: none"> ▪ Carcinogen ▪ Respiratory Sensitizer ▪ Reproductive Toxicity ▪ Target Organ Toxicity ▪ Mutagenicity ▪ Aspiration Toxicity 	<ul style="list-style-type: none"> ▪ Environmental Toxicity 	<ul style="list-style-type: none"> ▪ Irritant ▪ Dermal Sensitizer ▪ Acute toxicity (harmful) ▪ Narcotic Effects ▪ Respiratory Tract ▪ Irritation

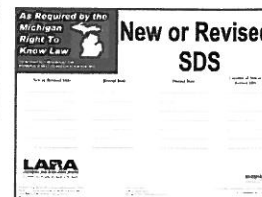
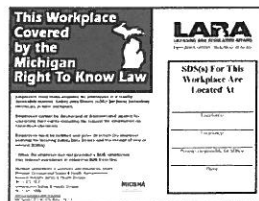
- The GHS establishes new rules for:
 - Classifying chemicals
 - Symbols for hazards
 - Labeling requirements
 - Standardized pictograms, signal words, and hazard statements
 - **Safety Data Sheet requirements (SDS)** *previously Material Safety Data Sheets (MSDS)*
 - The format is based on a 16-heading format

Safety Data Sheets (SDS)

New 16-section standardized SDS format required (ANSI Z400.1)

- | | |
|--|---|
| Section 1 – Identification | Section 10 – Stability and Reactivity |
| Section 2 – Hazard(s) identification | Section 11 – Toxicological Information |
| Section 3 – Composition / Information on Ingredients | Section 12 – Ecological Information |
| Section 4 – First-aid Measures | Section 13 – Disposal Consideration |
| Section 5 – Fire-fighting Measures | Section 14 – Transport Information |
| Section 6 – Accidental Release Measures | Section 15 – Regulatory Information |
| Section 7 – Handling and Storage | Section 16 – Other information including date of preparation of last revision |
| Section 8 – Exposure Controls / Personal Protection | |
| Section 9 – Physical and Chemical Properties | |

Revised Posters – MSDS to SDS



For additional information on OSHA regulations you can visit the Michigan OSHA website at www.miohsa.gov or for select OSHA regulations you can visit the MHCC Intranet, select Environment of Care under the MRMC section, then refer to the MIOSHA file.

**DIRECTIONS FOR COMPLETION
MCLAREN HEALTH CARE CORPORATION
OCCURRENCE REPORT (MHCC 10057)**

Use this form for:

- All **patient** and **visitor** occurrences
- All occurrences involving **hazardous/infectious materials**

To complete the form:

1. Stamp box with patient's name. Fill in admitting diagnosis, if known. For **visitor** incidents, complete the section titled "**Visitor Information.**"
2. Indicate location of incident, ie: Ingham, MRMC, Lapeer or MMMI.
3. Complete section titled "**Occurrence Information**". It is important that **all boxes** be filled in.
4. Go to the section of the form corresponding with the **type** of incident marked in the "Occurrence Information" section. Complete all items in the corresponding section.
5. The following sections **must be completed** on all incidents:
 - Facts about occurrence
 - Patient/Visitor condition prior to and following the incident
 - Follow up treatment
6. If applicable, also complete the "Patient/Visitor Description of Occurrence" and the "Witness" sections of the form.
7. Fill in the names of any persons notified of the incident under the section titled "**Notification**".
8. Give the completed form to your supervisor. The supervisor is to complete the section "**Supervisory Findings**", and then send the completed form to the appropriate department.

DO NOT make copies of the incident report before sending.

DO NOT put the incident report in the patient's chart.

DO NOT make note in the patient's record that an incident report was completed.

The completed form needs to be sent to the appropriate department within 48 hours of the incident:

- **MEDICATION** incident reports are to be placed in the Legal Affairs Med mailbox in the nursing office.
- **ALL OTHER** reports need to be sent to the Legal Affairs department.

McLAREN HEALTH CARE CORPORATION OCCURRENCE REPORT

- INGHAM LAPEER McLAREN McLAREN MEDICAL GROUP
 GRN
 PEN
 NETWORK

CONFIDENTIAL

The purpose of this confidential document is to assist McLaren Health Care Corporation in its effort to reduce morbidity/mortality and improve quality of care. These documents are produced for and on behalf of Performance / Quality Improvement committees. An occurrence is any happening which is not consistent with System procedures or routine patient care.
(MCL 333.20175, 333.21513, 333.21515, 331.531, 331.533)

DO NOT

- reference completion of report in medical record;
- store report in medical record;
- duplicate / copy report;
- or staple attachments

DO

- Document in the medical record facts that are pertinent to the continuity of care for the patient
- Check / complete all applicable boxes and sections; and
- Send this report to Risk Management.
- If employee is injured - complete the Healthcare Worker Incident Report.

↑
(PATIENT STAMP AREA)

ADMITTING DX _____

OCCURRENCE INFORMATION

DATE OF OCCURRENCE	TIME (MILITARY)	DAY OF WEEK	PREPARED BY	DATE OF REPORTING
<input type="checkbox"/> INPT <input type="checkbox"/> OUTPT <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____				
SITE OF OCCURRENCE		DEPT / UNIT: _____		
DEFINE SPECIFIC LOCATION: _____				
TYPE <input type="checkbox"/> FALL <input type="checkbox"/> MEDICATION <input type="checkbox"/> PROCEDURE <input type="checkbox"/> PROPERTY <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> OTHER: _____				

VISITOR INFORMATION

NAME	HOME PHONE	WORK PHONE
ADDRESS - STREET	CITY	STATE ZIP
SECURITY NOTIFIED		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

TYPE OF OCCURRENCE

FALLS

<input type="checkbox"/> ASSISTED TO FLOOR <input type="checkbox"/> FROM TOILET / COMMODE <input type="checkbox"/> FROM CHAIR / WC <input type="checkbox"/> FROM BED / TABLE <input type="checkbox"/> FOUND ON FLOOR <input type="checkbox"/> WALKING W/ ASSIST <input type="checkbox"/> WALKING W/OUT ASSIST <input type="checkbox"/> REPORTED <input type="checkbox"/> VISITOR <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> OTHER	SIDE RAILS IN USE <input type="checkbox"/> NONE <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> FOUR CALL LIGHT IN REACH <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN POSEY / RESTRAINTS ORDERED <input type="checkbox"/> YES <input type="checkbox"/> NO BED / FALL ALARM ON <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> NOT ASSESSED MOBILITY STATUS <input type="checkbox"/> UNLIMITED <input type="checkbox"/> UP W/ ASSIST <input type="checkbox"/> COMPLETE BEDREST <input type="checkbox"/> GAIT DISTURBANCE <input type="checkbox"/> MUSCLE STRENGTH DEFICIT	CONDITION OF AREA SHOES _____ SURFACE _____ HAZARDS _____ FALL RISK PRIOR TO FALL <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> NOT ASSESSED
EXACT LOCATION OF FALL _____		

MEDICATION

ROUTE	<input type="checkbox"/> PO <input type="checkbox"/> IM <input type="checkbox"/> SQ <input type="checkbox"/> IV <input type="checkbox"/> PUMP USED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER: _____
<input type="checkbox"/> WRONG DOSE <input type="checkbox"/> WRONG DRUG <input type="checkbox"/> NOT ORDERED <input type="checkbox"/> NARCOTIC DISCREPANCY <input type="checkbox"/> WRONG ROUTE <input type="checkbox"/> WRONG PATIENT <input type="checkbox"/> ADVERSE REACTION <input type="checkbox"/> WRONG TIME <input type="checkbox"/> NOT GIVEN <input type="checkbox"/> EXTRAVASATION <input type="checkbox"/> DISPENSING ERROR <input type="checkbox"/> TRANSCRIPTION ERROR <input type="checkbox"/> OTHER: _____	

TREATMENT / PROCEDURE

<input type="checkbox"/> DELAYED <input type="checkbox"/> TRANSFUSION RELATED <input type="checkbox"/> TRANSCRIPTION ERROR	<input type="checkbox"/> COMPLICATION <input type="checkbox"/> COUNT / SPONGE / INSTRUMENT <input type="checkbox"/> CONSENT RELATED	<input type="checkbox"/> OTHER: _____ WRONG TX/PROC WRONG PATIENT OMITTED STERILE FIELD OTHER
--	---	--

PROPERTY

<input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> ARTICLE MISSING <input type="checkbox"/> RECOVERED FOUND PROPERTY *SECURITY NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATED VALUE \$ _____ BRIEF DESCRIPTION _____ PER PT, IF KNOWN _____
NOTE: RECOVERED / FOUND PROPERTY MUST BE TURNED OVER TO SECURITY OR AT LAPEER, TO QUALITY MANAGEMENT	
LOCATION WHERE ITEM(S) FOUND: _____	
NAME OF OWNER IF KNOWN: _____ PHONE #: _____	
SIGNATURE OF SECURITY PERSON RECEIVING PROPERTY _____	DATE _____

EQUIPMENT

- MALFUNCTION
- IMPROPER USE
- DEFECTIVE
- UNAVAILABLE
- OTHER: _____

IF SMDA:

- KEEP PACKAGING
- NOTIFY RISK MGMT
- RETAIN EQUIPMENT

- REPORTED TO BIOMED YES NO
- REMOVED FROM SERVICE YES NO
- IMPLANTABLE DEVICE DEFECT YES NO

OTHER

- AMA
- NONCOMPLIANCE
- INAPPROPRIATE BEHAVIOR
- CONTRABAND
- DOCUMENTATION
- SAFETY / SECURITY ISSUE
- DISSATISFACTION
- INJURY
- HAZARDOUS MATERIAL
- PROFESSIONAL CONFLICT
- OTHER: _____

PLEASE COMPLETE THE FOLLOWING FOR ALL OCCURRENCES

FACTS ABOUT OCCURRENCE

BRIEF EXPLANATION:
(BY PERSON COMPLETING FORM)

PATIENT / VISITOR DESCRIPTION OF OCCURRENCE

INCLUDE QUOTES:

(REMEMBER TO DOCUMENT PT / FAMILY QUOTES IN MEDICAL RECORD)

PT / FAMILY ATTITUDE AFTER OCCURRENCE: UNAWARE COOPERATIVE ANGRY THREAT OF LITIGATION

PATIENT / VISITOR CONDITION

PRIOR TO OCCURRENCE

- SEDATED
- CONFUSED
- UNCONSCIOUS
- UNKNOWN
- ALERT
- UNCOOPERATIVE
- COMBATIVE
- MEDICATED (EXPLAIN) _____

FOLLOWING OCCURRENCE

DESCRIPTION / NATURE OF INJURY (IF APPLICABLE):

FOLLOW UP TREATMENT

REFERRED FOR TREATMENT YES NO DESCRIBE _____

X-RAY / TEST ORDERED YES NO RESULTS _____

WITNESSES

NAME _____ PHONE _____ NAME _____ PHONE _____

EMPLOYEE FAMILY OTHER: _____ EMPLOYEE FAMILY OTHER: _____

SUPERVISORY FINDINGS / CORRECTIVE MEASURES TO PREVENT REOCCURRENCE

NOTIFICATION

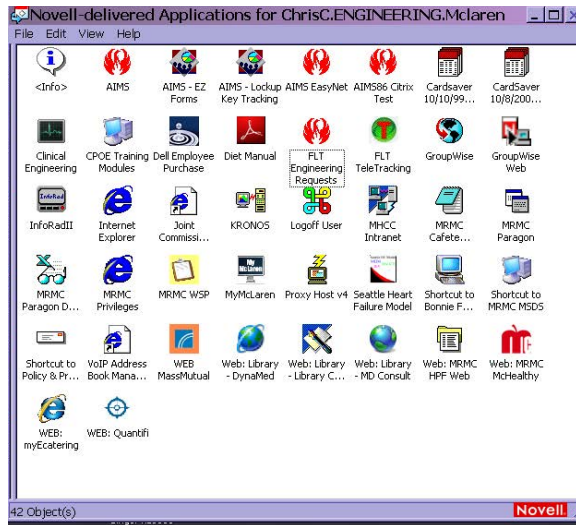
PHYSICIAN NAME _____ TIME _____ BY WHOM _____

MANAGER / SUPERVISOR NAME _____ TIME _____ BY WHOM _____

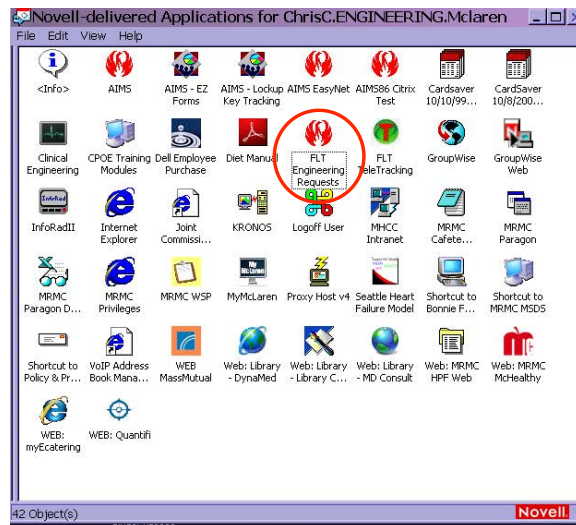
OTHER _____ TIME _____ BY WHOM _____

MANAGER SIGNATURE _____ DATE _____

How to check the status of a submitted **Engineering** (non-Clinical) Work order.



From the Novell-delivered Applications screen, Select the **“FLT Engineering Requests”** Icon.



Select "Work Order Look Up"

McLaren Flint Engineering **EasyNet +**

Home [Login]

McLaren Flint - MAINTENANCE

Welcome to McLaren Flint Maintenance/Engineering work order system. PLEASE NOTE, ALL FIELDS MUST BE COMPLETED BEFORE SUBMITTING WORK ORDER.

Problem

Svc. Dept Requesting Department

Requester Name Phone

Location

Clinical/Biomed

Clinical/Biomedical engineering can be reached @ ext. 24300.

If Work Order # is known, enter number then change Svc. Dept. and Requesting Dept. to ALL. Select Refresh.

McLaren Flint Engineering **EasyNet +**

Home [Login]

Svc. Dept Building

Requesting Department

Location

Open Work Orders

If work order # is not available, select the following fields;
Svc. Dept. (ALL*) and your Requesting Department.
Then select Refresh

Home [Login]

Svc. Dept Building

Work Order # Requesting Department

Location

Open Work Orders

*Note: Select "All" from Svc. Dept drop down as work order may have been re-assigned to another trade after submittal.

Screen will show all **OPEN** work orders which can be sorted by any heading.

Home [Login]

Svc. Dept Building

Work Order # Requesting Department

Location

Request Date	Equipment Description	Problem	Status	Due Date	WO Number	
04/25/12		Door is dragging in room 508,tearing the floor up	OP	04/25/12	697819	More Info
04/12/12		Pelotas are caught in chair webbing, need Engineering to extricate. Please bring bolt cutters. Thanks.	OP	04/12/12	696223	More Info

Once work order is located, select "More Info".

The screenshot shows the EasyNet+ interface with search filters and a table of work orders. The 'More Info' link for the second work order is highlighted with a red box.

Request Date	Equipment Description	Problem	Status	Due Date	WO Number	
04/25/12		Door is dragging in room 508,tearing the floor up	OP	04/25/12	697819	More Info
04/12/12		Pelotas are caught in chair webbing, need Engineering to extricate. Please bring bolt cutters. Thanks.	OP	04/12/12	696223	More Info

Work order DETAIL provides additional information.

The screenshot displays the detailed information for work order 696223, organized into several sections: Requested, Detail, Notes, and Labor.

Requested	Priority	Risk	Tag	Asset	Status	WO Type	Due Date
4/12/2012 2:32:00 PM	0					CM	4/12/2012 2:32:00 PM
Cost Center		Location		Phone/Requester Name			
ICU 5 F Building		Center lower quadrant		OU812 / Ina Pinch			
Responsible Center		Srv. Dept		Assigned To			
		Carpentry Shop		T Olsen			
Problem				Building			
Pelotas are caught in chair webbing, need Engineering to extricate. Please bring bolt cutters. Thanks.							
Notes							
Job requires larger bolt cutters and additional unguent.							
Labor							
Employee / Contract / Vendor	Response	Action	Hours	Date			
David Steller	Work In Progress-Non PM Incmpl	Work In Progress-Non PM Incmpl	0.50	04/26/12			

If no results are found, work order status is no longer Open.

The screenshot displays the EasyNet+ web application interface. At the top left is the McLaren Plant Engineering logo, and at the top right is the 'EasyNet +' title. Below the header is a navigation bar with 'Home' and a '[Login]' link. The main content area features search filters: 'Svc. Dept' (dropdown menu set to 'ALL'), 'Work Order #' (text input field containing '696666'), 'Building' (dropdown menu set to 'No Building'), 'Requesting Department' (dropdown menu set to 'ALL'), and 'Location' (text input field). Below these filters are 'Back' and 'Refresh' buttons. A blue header bar labeled 'Open Work Orders' is present, with a large red oval drawn underneath it, indicating that no results are displayed.

How to submit a Maintenance/Engineering work order for McLaren - Flint

1. Via the Novell-Delivered Applications screen on your computer, select the “**FLT Engineering Requests**” Icon.



note: This icon is **NOT** for use with the BioMed/Clinical Engineering department.

How to submit a Maintenance/Engineering work order for McLaren - Flint

- 2. Complete ALL fields

McLaren Flint - MAINTENANCE
 Welcome to McLaren Flint Maintenance/Engineering work order system. PLEASE NOTE, ALL FIELDS MUST BE COMPLETED BEFORE SUBMITTING WORK ORDER.

Problem: Pelotas are caught in chair webbing, need Engineering assistance to extricate. Please bring bolt cutters. ASAP. Thanks. ASAP.

Svc. Dept: Maintenance
 Requesting Department: ICU 5 F Building
 Requester Name: Ina Pinch
 Phone: OUB12
 Facility: McLaren Flint
 Location: Center lower quadrant

Clinical/Biomed
 Clinical/Biomedical engineering can be reached @ ext. 24300.

Work Order Look Up Clear Submit

How to submit a Maintenance/Engineering work order for McLaren - Flint

3. Once ALL fields are complete, click on the "Submit" button.

How to submit a Maintenance/Engineering work order for McLaren - Flint

4. After the work order has been submitted, the bottom of the screen will give the **Work Order number**. Please make a notation for future reference. This system will allow you to look up open requests.

Infection Control

Your Role...

- Know what is one of the simplest and easiest ways to decrease the spread of infection.
- Take IC training seriously.
- Know and abide by the policies, Bloodborne Pathogen Exposure Plan, TB Infection Control Program, and Standard Precaution Policy.
- Use appropriate Personal Protective Equipment (PPE).
- Use appropriate engineering controls (sharps containers, red bags, sinks)
- Know what steps to take in the event of a blood or body fluid spill.

Employee Health

Your Role...

- What to do in the event of a work related illness or injury.
- How to report (which form) a work related illness or injury.
- What to do in the event of a blood or body fluid exposure.
- How to report (which forms) a blood and body fluid exposure.
- Follow procedures to protect your back.

Employee Health & Infection Control New Hire Orientation

Dina Chron, RN BSN MSN
Employee Health Manager

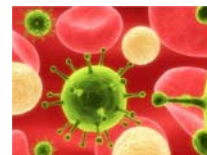
Danielle Donovan MS
Infection Preventionist

Kari Wanless RN BSN MPH
Infection Preventionist

#1 Concern:

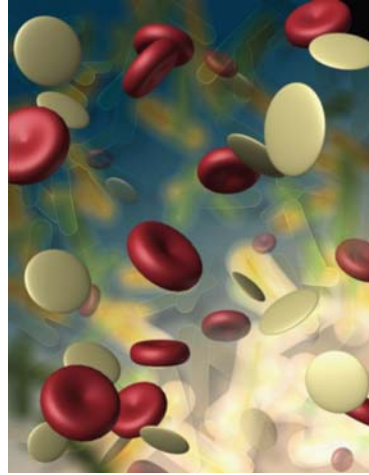
Care must be taken to protect the patient and yourself from spread of microorganisms

- The CDC estimates that one out of every 20 patients admitted to a hospital develops a Healthcare associated infection (HAI).
- Healthcare personal are also at risk for acquiring infections due to work activities. Follow and know policies that will protect you and your patients from infections.
- Joint Commission standards require compliance with CDC guidelines
- 100,000 estimated deaths in hospitals linked to infection that hand washing could prevent



Infection Control

- NHSN
- Keystone Measures/Quality Improvement
- Regulations
- Policy Review
- Education
- Construction



National Patient Safety Goals (NPSG)

- Comply with Hand Hygiene Guidelines- CDC
- Prevent Healthcare Associated Infections (HAI) due to Multi-Drug Resistant Organisms (MDRO)
- Prevent Central Line Associated Blood Stream Infections (CLABSI)
- Prevent Surgical Site Infections (SSI)
- Prevent Catheter Associated Urinary Tract Infections (CAUTI)

Hand Hygiene

What is the best way to prevent the spread infection?

**WASH
YOUR
HANDS!!!**



Hand Hygiene

When should you wash your hands?



- When hands are soiled
- After using the restroom
- Before eating
- Before and after providing direct patient care
- In Between each patient
- When Your hands may be contaminated
- After removing gloves
- Before going home

Hand Hygiene

Hand Rub/Sanitizer

- Apply to palm of one hand, rub hands together covering all surfaces until dry
- Volume: apply enough to completely cover the hands



Hand washing

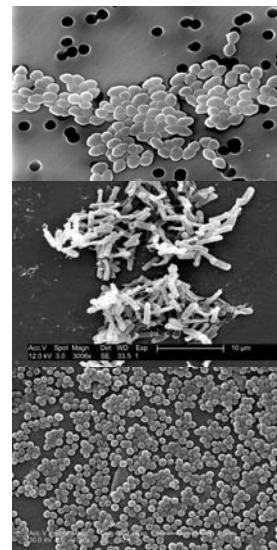
- Wet hands with water, apply soap, rub hands together for at least 15 seconds
- Rinse and dry with disposable towel
- Use towel to turn off faucet
- *C. diff.* & Norovirus – wash hands with soap and water



Prevent HAI due to MDRO

MDRO: Multi-Drug Resistant Organisms

- Defined as microorganisms resistant to one or more classes of antimicrobial agents
- Carried from person to person via hands of HCP
- Adhere to hand washing, gloves, PPE, Standard and Contact Precautions
- Single patient room (private room)



Standard Precautions

- Designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.
- Used for the care of **ALL** patients in all healthcare settings.
- Apply to blood, all body fluids, secretions, excretions (except sweat) whether or not they contain visible blood, non-intact skin, and mucous membranes.
- Treat all blood and other potentially infectious material (OPIM) as if they are infectious.

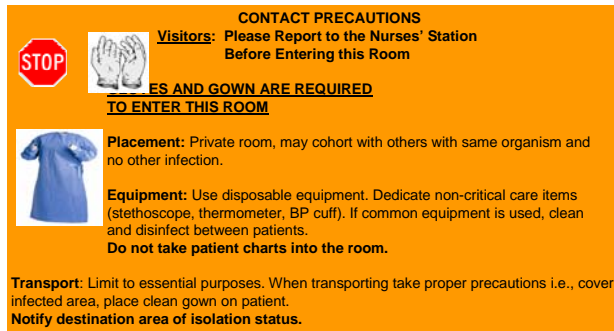
Standard Precautions

- Use of hand hygiene, gloves, gown, mask, eye protection or face shield depending on anticipated exposure.
- Also includes:
 - Respiratory hygiene/cough etiquette
 - Safe injection practices
 - Use of mask for insertion of central venous catheters and injections into spinal or epidural spaces



Contact Precautions

All Precautions require a sign on Patient's door identifying the type of precaution and PPE required


- **Contact:** In addition to Standard Precautions, use for patients known or suspected for germs transmitted by direct or indirect contact
- Examples- C. diff., MRSA, VRE, resistant Acinetobacter, other MDROs, draining wounds & abscesses, lice, scabies
- Private Room
- Gown and Gloves to enter room



CONTACT PRECAUTIONS

  **Visitors:** Please Report to the Nurses' Station Before Entering this Room

GLOVES AND GOWN ARE REQUIRED TO ENTER THIS ROOM

 **Placement:** Private room, may cohort with others with same organism and no other infection.

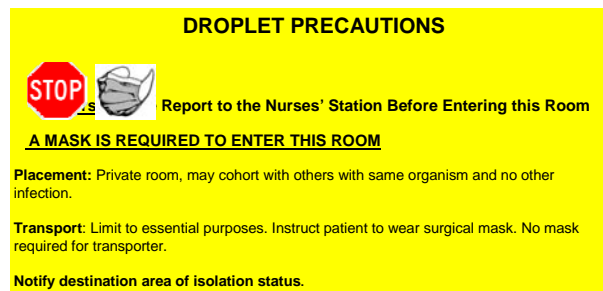
Equipment: Use disposable equipment. Dedicate non-critical care items (stethoscope, thermometer, BP cuff). If common equipment is used, clean and disinfect between patients.
Do not take patient charts into the room.

Transport: Limit to essential purposes. When transporting take proper precautions i.e., cover infected area, place clean gown on patient.
Notify destination area of isolation status.



Droplet Precautions

All Precautions require a sign on Patient's door identifying the type of precaution and PPE required

- **Droplet:** In addition to Standard Precautions, use for patients with known or suspected germs transmitted by large respiratory particles
- Examples- influenza, bacterial meningitis, strep throat, rubella (German measles), mumps, meningococcal pneumonia/bacteremia, pertussis
- Private Room
- Surgical Mask to enter room



DROPLET PRECAUTIONS

  **Report to the Nurses' Station Before Entering this Room**

A MASK IS REQUIRED TO ENTER THIS ROOM

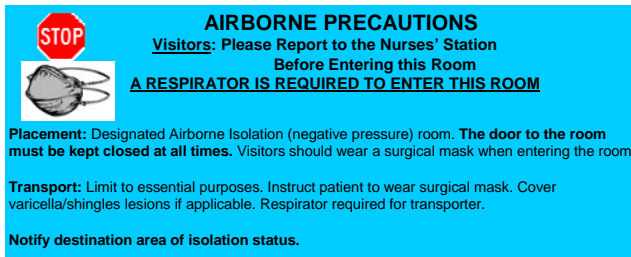
Placement: Private room, may cohort with others with same organism and no other infection.

Transport: Limit to essential purposes. Instruct patient to wear surgical mask. No mask required for transporter.
Notify destination area of isolation status.

Airborne Precautions

All Precautions require a sign on Patient's door identifying the type of precaution and PPE required

- Airborne: In addition to Standard Precautions, use for patients with known or suspected germs transmitted by light, small airborne droplets.
- Staff is to wear respirator to enter
- Patient wears surgical mask when leaving the room
- Examples- tuberculosis (TB), chickenpox, Rubeola (measles), SARS, disseminated shingles (herpes zoster)
- Negative Pressure Room with Ante Room, Door Closed
- Private Room



The sign is a blue rectangular poster with a white border. At the top left is a red octagonal 'STOP' sign with a white border. To its right, the text reads: 'AIRBORNE PRECAUTIONS' in bold black letters, followed by 'Visitors: Please Report to the Nurses' Station Before Entering this Room' in smaller black text, and 'A RESPIRATOR IS REQUIRED TO ENTER THIS ROOM' in bold black text. Below this is a small image of a surgical mask. Underneath the mask image, the text says: 'Placement: Designated Airborne Isolation (negative pressure) room. The door to the room must be kept closed at all times. Visitors should wear a surgical mask when entering the room.' Below that, it says: 'Transport: Limit to essential purposes. Instruct patient to wear surgical mask. Cover varicella/shingles lesions if applicable. Respirator required for transporter.' At the bottom, it says: 'Notify destination area of isolation status.'

Central Line Associated Bloodstream Infection (CLABSI) Prevention

In addition to being potentially life threatening, it costs approximately \$25, 000 to treat a blood stream infection.

Insertion of Central Lines

- Educate healthcare workers, patients and their families about CLABSI prevention
- Central Line Insertion Checklist
 - FAQ sheet to patient/family
 - Hand Hygiene prior to start of catheter insertion
 - Use Mask, hat, sterile gloves, gown
 - Maximum sterile barrier precautions
 - CHG dressing applied to central line site
 - Avoid femoral vein

Central Line Associated Bloodstream Infection (CLABSI) Prevention

Maintenance of Central Line

- Hand Hygiene prior to touching catheter
- Use a protocol to disinfect catheter hubs and injection ports (scrub the hub 15 sec.)
- Assess site every shift
- Use gloves and mask for dressing changes
- CHG dressing change at least every 7 days
- Evaluate need for central line daily

Surgical Site Infection Prevention

Surgical Care Improvement Project (SCIP)

- SCIP - national partnership of organizations committed to improving the safety of surgical care through the reduction of post-operative complications.
- Antibiotic selection and timing
- Control of post operative blood sugar
- Surgical patient hair removal with clippers
- Removal timeframe for post-op urinary catheters
- Prevention of Venous thrombo-embolism (VTE)
- Cardiac surgery patients on beta blockers receive them pre-operatively

Surgical Site Infection Prevention

- Surgical Patients wash with CHG solution the night before and morning of surgery
- CHG wipes used pre-op
- MRSA screening prior to Cardiac and Ortho surgeries
- Smoking Cessation to promote incision healing
- Regulating Blood Sugar to promote healing
- Promoting adequate nutrition
- Peri-operative Normothermia

Tuberculosis (TB)

- How is it spread?
 - Air, very light/small, Airborne droplets
- Prevention:
 - Place in Negative Pressure/AIIR/ANTE Room
 - Place in for actual or rule out TB
- Signs of TB:
 - chronic cough with sputum or blood
 - persistent tiredness and/or weakness
 - shortness of breath
 - Fever
 - night sweats
 - weight loss
- Airborne/Respiratory Precautions
- N95 Respirator or PAPR



TB Screening



- Initial two step process
- TB evaluation based on annual risk assessment
- Annual fit testing for N95 mask or PAPR evaluation

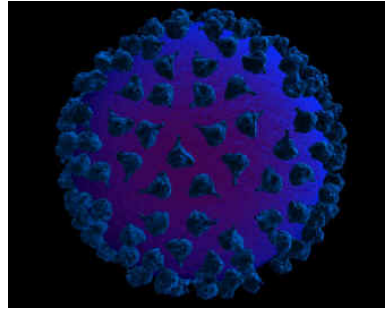
Bloodborne Pathogens

- What are the diseases caused by exposure to blood or body fluid?
- In your job, how can you be exposed?



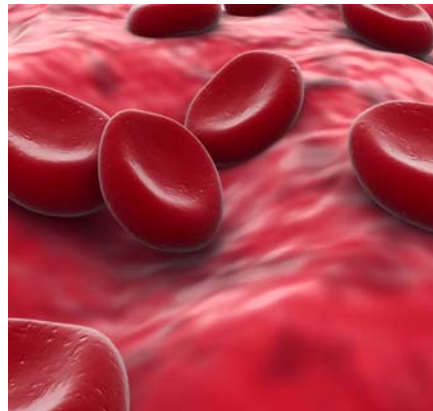
Bloodborne Pathogens

- Prevention is key
- OSHA, MIOSHA and NIOSH requirement
- Assume every patient has something that is infectious or contagious and protect yourself accordingly
- Always use STANDARD PRECAUTIONS/PPE



Bloodborne Pathogen Examples:

- Hepatitis B
- Hepatitis C
- HIV
- Treatment
- Statistics



Bloodborne Pathogens

- Always use **STANDARD PRECAUTIONS** and PPE (Personal Protective Equipment)
- Additional precautions that can be used are: Contact, Droplet, and Airborne
- Hand Hygiene -- Wash Your Hands with soap and water or waterless hand sanitizer
- Exposure Control Plan
- Scrubs
- Pneumatic Tube System
- No Artificial Nails -- Keep nails short and clean



Process Following Bloodborne Exposure

- Immediately
 - Needle Sticks or cuts
 - wash with soap and water, then rinse with water.
 - Splashes to nose or mouth
 - Flush with water
 - Eyes
 - Irrigate with water, saline or sterile eye irrigates.
- Report exposure to immediate Supervisor.
- Complete Incident Report.
- Report ASAP to Employee Health Services (EHS)
 - Hospital Administrative Nursing Supervisor (if EHS is unavailable)



Regulated/Infectious Waste



- Definition: Liquid/semi liquid blood, other potentially infectious materials, caked dried blood, sharps, microbiologic/pathologic, all blood products
- Ways of disposal: Sharps containers located in each room. Don't stick your hand in a needle box
- Other regulated waste in red boxes labeled with biohazard label
- Laundry

Vaccine Preventable Diseases

- MMR
- Varicella
- Tetanus/Tdap
- Influenza (Flu)



Influenza Vaccination Program

- CDC and the Advisory Committee on Immunization Practices (ACIP) recommend that all health care workers get an annual flu vaccine.
- As a health care worker, by getting vaccinated, you can help protect your family at home as well as your patients at work from getting sick.

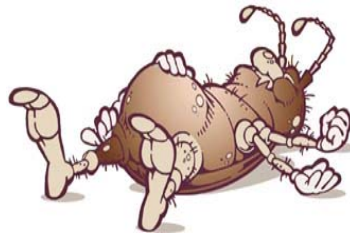
Influenza Vaccination Program

- Since health care workers care for or live with people at high risk for influenza-related complications, it is especially important for them to get vaccinated annually.



Influenza Vaccination Program

- Employee Health Services offers the seasonal influenza to all employees, volunteers, physicians and staff FREE of charge.
- Join us in protecting yourself, your family, and your patients by getting a flu vaccine.

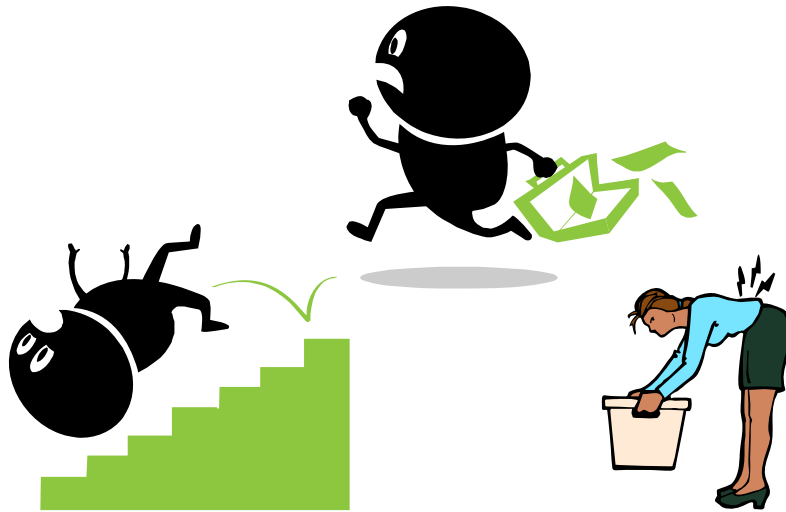


Work-Related Injuries

- Name three injuries you could encounter in your job.
- How can you prevent these injuries?



Work-Related Injuries



THINK Before You Move

- **When Reaching**
 - Keep objects close to body.
 - Use a stool or ladder.
- **When Bending**
 - Bend your knees.
 - Kneel down on one knee for support
- **When Pushing**
 - Use arms and keep elbows bent.
 - Tighten your stomach muscles to protect your back.
- **When Lifting**
 - Use your legs
 - Never twist or lean forward



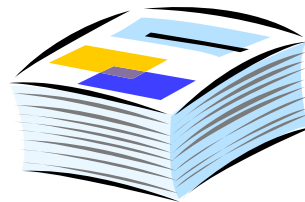
Proper Posture

- Standing
 - Feet side by side
 - Weight on balls of feet
 - Chest out
 - Head upright
 - Lean forward slightly
- Sitting
 - Head and Neck should be upright
 - Arms parallel to floor
 - Support your lower back
 - Keep feet flat on the floor



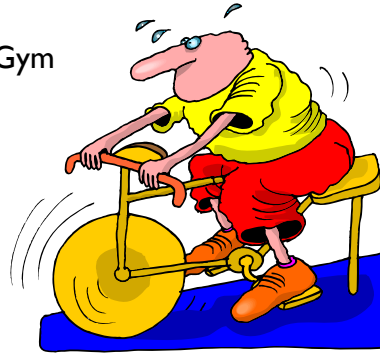
Work-Related Injuries

- Incident sheet
- Reporting an injury
- Reporting an Illness
- Latex allergies
- Early return to work policy





- Location
 - I North Cardiac Rehab Gym
- Classes offered
 - Posted on Intranet
 - Zumba
 - Boot Camp
 - Yoga
 - Tai Chi
- More Information
 - <http://www.mclaren.org/flint/McHealthyProgramFlint.aspx>
 - Or click on the McHealthy tab on the McLaren Intranet under McLaren Flint



Your Responsibility



- Orientation checklist (30 days)
- Learn PPE requirements for your job and ALWAYS use Standard Precautions
- Familiarize yourself with the Isolation Guidelines
- View policies in your book/McLaren Intranet
- Know where policies are located in your department
- WASH YOUR HANDS!!!!

Employee Health Services Contact Information

- Dina Chron, RN MSN, Manager
- Janet Dodge, RN
- Li Bolander, RN
- Tuwanda Davis, Administrative Assistant

Hours: Monday - Friday 7 am - 3:25 pm,
closed daily 12:30 pm – 1:00 pm

Located on I North
Phone: 810-342-2488



Infection Control Contact Information

- Danielle Donovan, MS
- Sue Forrest, RN, BSN, CIC
- Kari Wanless, RN, BSN, MPH
- Kim Tylenda, Data Specialist

Located on I Central (behind patient
care services) next to PAT office

Phone: 810-342-2290



Back pain at work: Preventing pain and injury

Heavy lifting, repetitive movements and sitting at a desk all day can take a toll on your back. Get the facts about back pain at work and how to prevent it.

Whether it's dull and achy or sharp and stabbing, back pain can make it hard to concentrate on your job. Unfortunately, many occupations — such as nursing, construction and factory work — can place significant demands on your back. Even routine office work can cause or worsen back pain. Understand what causes back pain and what you can do to prevent it.

What are the common causes of back pain at work?

A number of factors can contribute to back pain at work. For example:

- **Force.** Exerting too much force on your back — such as by lifting or moving heavy objects — can cause injury.
- **Repetition.** Repeating certain movements can lead to muscle fatigue or injury, particularly if you're stretching to the limit of your range of motion or using awkward body positioning.
- **Posture.** Slouching exaggerates your back's natural curves, which can lead to muscle fatigue and injury.
- **Stress.** Pressure at work can increase your stress level and lead to muscle tension and tightness, which can contribute to or worsen back pain.

What can I do to avoid back pain at work?

You can take steps to prevent back pain and injuries at work. For example:

- **Include physical activity in your daily routine.** Maintaining a healthy weight minimizes stress on your back. For most healthy adults, the Department of Health and Human Services recommends at least 150 minutes a week of moderate aerobic activity or 75 minutes a week of vigorous aerobic activity — preferably spread throughout the week — and strength training exercises at least twice a week. Combine aerobic exercise, such as swimming or walking, with exercises that strengthen and stretch your back muscles and abdomen.
- **Pay attention to posture.** If you stand for long periods at work, occasionally rest one foot on a stool or small box. While you stand, hold reading material at eye level. To promote good posture when sitting, choose a chair that allows you to rest both feet flat on the floor while

keeping your knees level with your hips. If necessary, prop your feet with a foot stool or other support. If the chair doesn't support your lower back's curve, place a rolled towel or small pillow behind your lower back. Remove your wallet or cell phone from your back pocket when sitting, to prevent putting pressure on your buttocks or lower back.

- **Minimize hazards.** Falls can seriously injure your back. Remove anything from your work space that might cause you to trip. Consider wearing low-heeled shoes with nonslip soles.
- **Lift properly.** When lifting and carrying a heavy object, lift with your knees and tighten your core muscles. Hold the object close to your body and lift it between your legs. Maintain the natural curve of your back. If an object is too heavy to lift safely, find someone to help you.
- **Modify repetitive tasks.** Think about how you can modify repetitive tasks at work to reduce physical demands on your body. Use lifting devices or adjustable equipment to help you lift loads. If you're on the phone most of the day, try a headset. If you work at a computer, make sure that your monitor and chair are positioned properly. Avoid unnecessary bending, twisting and reaching. Limit the time you spend carrying heavy briefcases, purses and bags. Consider using a rolling suitcase.
- **Listen to your body.** If you must sit or stand for a prolonged period, change your position often. Try taking a 30-second break every 15 minutes to stretch, move or relax. Or, stand up, stretch and change positions each time you answer the phone, make a call or do another routine task.
- **Address stress.** Stress can make you tense and prone to injury. Use positive coping mechanisms — such as deep-breathing exercises, taking a walk around the block or talking about your frustrations with a trusted friend — to handle stress in a healthy way.

Back pain can plague your workdays and free time. You're not stuck with it, though. Take time to examine your work environment and address situations that might aggravate your back. Even simple steps to ease back pain are steps in the right direction.

<http://www.mayoclinic.com/print/back-pain/HQ00955/METHOD=print>

Hand Care Protocol

by Diane M. Sosovec, RN, MS, CNA

Increased glove usage and associated behaviors may result in some individuals experiencing an increase in skin irritations or even contact dermatitis.

By undertaking a consistent, effective hand care regime, health-care professionals will maintain the integrity of their skin and their first line of defense against bloodborne pathogens and other infectious material.

A hand care protocol should address the following:

- Hand washing
- Use of lotions/moisturizers
- Appropriate glove usage

Hand Washing

Though the purpose of hand washing is to remove soil and transient microorganisms, after glove removal it rids the hands of powder and other debris.

- Wash hands thoroughly with an appropriate hand soap or antiseptic.
- Rinse hands thoroughly to remove residual soap.
- Dry hands appropriately with single-use towels or warm-air dryers.

Concerns

- Frequent hand washing may dry skin.
- Some hand soaps may contain harsh detergents.
- Residual soap may become an irritant.
- Aggressive use of paper or other single-use towels may be irritating.

Recommendations

- Wash hands prior to donning and immediately after removal of gloves.
- Use a good-quality soap or antiseptic that is not harsh or caustic.
- Thoroughly rinse hands.
- Gently dry hands, pat dry or air dry.

Use of Lotions/Moisturizers

Hand lotions will prevent dry skin and reduce the risk of developing skin irritations and contact dermatitis. Frequent and consistent use of an appropriate lotion is an integral component of a hand care regime.

Concerns

- Not all lotions are compatible with antiseptic products.
- Hydrocarbon-based products are NOT compatible with latex gloves

Products containing mineral oil, petroleum or lanolin should not be used when wearing latex gloves.

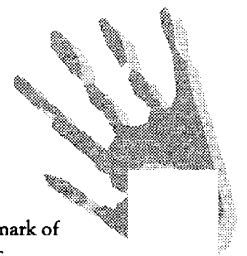
Recommendations

- Frequently apply appropriate hand lotion.
- When wearing latex gloves, water-based lotions, such as Amino+Derm* lotion, are preferred.

Appropriate Glove Usage

Some individuals may be sensitive to either the chemicals used in the manufacturing of latex gloves or to the protein allergen in natural rubber latex. These sensitivities may manifest as either irritations, contact dermatitis or allergic reactions defined as either a Type IV or a Type I hypersensitivity.

Most skin reactions are irritations and most irritations can be managed by improved hand care and understanding gloving practices.



*Amino+Derm is a registered trademark of AminoDerm Laboratories, Inc.

Glove & Non-Glove Reactions

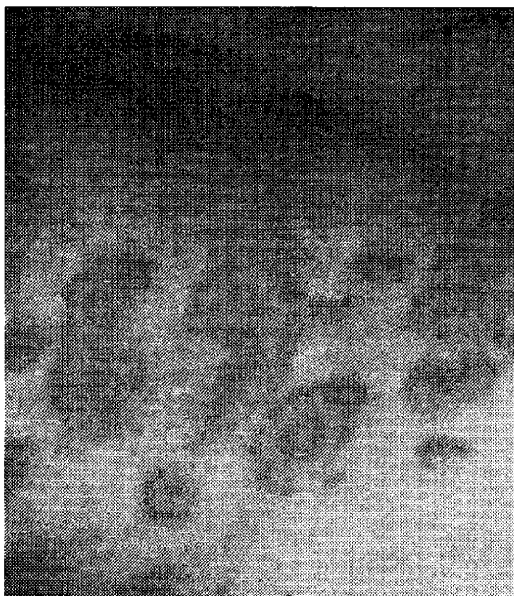
Potential Causes

- Glove chemicals: accelerators, preservatives, colorants, other additives
- Poison ivy, poison oak
- Soaps, detergents, disinfectants
- Individuals with chronic eczema
- Individuals who have other allergies

Management

- Identify and remove causative agent.
- Allow hands to heal.
- May seek intervention from a dermatologist or an allergist.
- Glove selection: vinyl, synthetic or one that is specifically formulated for chemical allergies, such as Ultraderm® or Duraprene™ glove.
- NOTE: A chemical allergy, type IV hypersensitivity, will not progress systemically, nor progress to anaphylaxis.

III. PROTEIN ALLERGY- Type I Hypersensitivity



Signs & Symptoms

Local: Moist, pink, raised hives often blanched in center, urticaria

Systemic: May produce swollen eyelids or face or respiratory distress; rarely progresses to anaphylaxis.

Potential Causes

- Natural rubber latex protein allergen
- Possible cross-reactivity to certain food allergies: banana, avocado, chestnut, kiwi and other fruits and vegetables.
- Individuals with a history of atopy and contact dermatitis may be at higher risk for developing a sensitivity to latex

Management

- Identify and remove causative agent.
- Seek medical management from a physician.
- Glove selection: a) vinyl exam or b) synthetic surgical, such as Duraprene™ glove.

Recommendations

- If you suspect that you may be sensitive to latex protein allergen, seek medical advice from your physician or Employee/Occupational Health Department.
- If you have been assessed as allergic to the protein allergen in latex and are currently wearing gloves that are labeled "hypoallergenic," take note. **Most gloves in the market to day labeled "hypoallergenic" DO CONTAIN natural rubber latex and are specifically formulated for chemical allergies, not latex allergies.**
- Consult the glove manufacturer for latex content.

EMPLOYEE NAME:

SUPERVISOR SECTION

INJURY TYPE	ACCIDENT/INCIDENT TYPE	CAUSE
<input type="checkbox"/> ABDOMEN STRAIN <input type="checkbox"/> ALLERGIC REACTION <input type="checkbox"/> RESPIRATORY <input type="checkbox"/> RASH/SKIN <input type="checkbox"/> BLOOD/BODY FLUIDS EXPOSURE <input type="checkbox"/> NEEDLESTICK/SHARP <input type="checkbox"/> CLEAN <input type="checkbox"/> CONTAMINATED <input type="checkbox"/> SPLASH <input type="checkbox"/> HUMAN BITE <input type="checkbox"/> BRUISE/CONTUSION <input type="checkbox"/> BURN <input type="checkbox"/> CRUSH/PINCH <input type="checkbox"/> ELECTRIC SHOCK <input type="checkbox"/> FOREIGN BODY <input type="checkbox"/> EXPOSURE: <input type="checkbox"/> CHEMICAL <input type="checkbox"/> <input type="checkbox"/> COMMUNICABLE DISEASE <input type="checkbox"/> NO APPARENT INJURY <input type="checkbox"/> PUNCTURE <input type="checkbox"/> STRAIN/SPRAIN <input type="checkbox"/> OTHER _____	<input type="checkbox"/> OBJECT LEFT-BEND-TWIST <input type="checkbox"/> PATIENT/RESIDENT MOVE FROM/ TO BED-CHAIR-WHEELCHAIR-FLOOR <input type="checkbox"/> PATIENT/RESIDENT: TRANSFER TO STRETCHER OR PULL UP IN BED <input type="checkbox"/> INHALATION <input type="checkbox"/> NEEDLESTICK/SHARP <input type="checkbox"/> PULL - PUSH <input type="checkbox"/> REPETITIVE MOVEMENT <input type="checkbox"/> SKIN ABSORPTION <input type="checkbox"/> SPLASH <input type="checkbox"/> VEHICLE ACCIDENT <input type="checkbox"/> STATIC POSTURE/BODY POSITION <input type="checkbox"/> LABORATORY PROCEDURE <input type="checkbox"/> HANDLING TRASH <input type="checkbox"/> HANDLING LINEN <input type="checkbox"/> CLEANING <input type="checkbox"/> STRUCK BY - AGAINST <input type="checkbox"/> CAUGHT UNDER-BETWEEN-ON-IN <input type="checkbox"/> PATIENT AGGRESSION <input type="checkbox"/> OTHER _____	<p>WHAT MAY HAVE CONTRIBUTED TO THE INCIDENT? (CHOOSE THE BEST ONE, OTHERS MAY BE DISCUSSED IN DESCRIPTION)</p> <input type="checkbox"/> EQUIPMENT NOT AVAILABLE OR NOT USED <input type="checkbox"/> TECHNIQUE (LIFTING, RECAPPING, ETC) <input type="checkbox"/> PATIENT COOPERATIVENESS <input type="checkbox"/> NO ASSISTANCE AVAILABLE <input type="checkbox"/> AWKWARD POSITION <input type="checkbox"/> PATIENT SIZE <input type="checkbox"/> INSIDE ENVIRONMENT CONDITIONS <input type="checkbox"/> OUTSIDE ENVIRONMENTAL CONDITIONS <input type="checkbox"/> EQUIPMENT FAILURE/POOR DESIGN <input type="checkbox"/> OTHER (DESCRIBE) _____ <input type="checkbox"/> TRAINING <input type="checkbox"/> REACTION <input type="checkbox"/> WORKING TOO QUICKLY <input type="checkbox"/> IMPROPER DISPOSAL

FOR BACK INJURIES, PLEASE COMPLETE THE FOLLOWING SECTION

WAS LIFTING EQUIPMENT USED: YES NO IF YES, INDICATE: TRANSFER/GAIT BELT PATIENT LIFT TRANSFER BOARD/SHEET

WAS PATIENT ASSESSED FOR LIFTING NEEDS: YES NO ASSISTANCE REQUIRED BY ASSESSMENT? YES NO

WHAT DO YOU SUGGEST TO PREVENT A SIMILAR INCIDENT:

WHAT ACTIONS HAVE BEEN TAKEN?

REFERRED FOR TREATMENT? YES NO WHERE: _____ REFUSED TREATMENT? YES NO EMPLOYEE HEALTH INFORMED? YES NO

SUPERVISOR SIGNATURE _____ DATE SIGNED _____

EMPLOYEE HEALTH SECTION

TREATMENT

NO TREATMENT REFUSED TREATMENT

FIRST AID (ONE-TIME TREATMENT AND SUBSEQUENT OBSERVATION OF MINOR SCRATCHES, CUTS, BURNS, SPLINTERS, AND SO FORTH WHICH DO NOT ORDINARILY REQUIRE MEDICAL CARE)

MEDICAL TREATMENT: NAME OF PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL: _____

EMERGENCY DEPT REFERRED TO OCC MED OTHER FACILITY _____

ADDRESS: _____

BRIEFLY DESCRIBE EVALUATION/TREATMENT/INSTRUCTIONS _____

ITY NOTIFIED OF POSSIBLE AGGRESSIVE BEHAVIOR? YES NO N/A DATE: _____

EMPLOYEE DIED, WHEN DID DEATH OCCUR: DATE OF DEATH: _____ IN PATIENT HOSPITALIZATION? YES NO

SIGNATURE: _____ DATE SIGNED: _____

› Process for Work Related Injury or Illness

Employee Health Services (EHS)

Located: 1 North, McLaren Flint

7:00 am - 3:30 pm

Monday - Friday (closed Thursday from Noon to 1 pm)

- 1. Notify your manager or supervisor** of your work related illness or injury.
- 2. Fill out a health care workers incident report** (PS-1772, located on the intranet under McLaren Health Care. Go to "Form Selection", select "Employee Occupational Incident"), take incident sheet to your manager or supervisor for them to complete analysis.
- 3. Report to EHS**
 - Bring original incident report.
 - You will be evaluated by the EHS RN and referral made to appropriate physician, if indicated.
 - Return immediately to EHS after every follow-up visit with physician. Bring slip regarding work status so the EHS RN can manage your case.
 - When placed on early return to work, EHS will locate a position for you, within your restrictions, you will receive in writing, date, time, place, and whom you report to for work. The disposition sheet must be signed by you indicating you understand your responsibilities when on early return to work (ERTW).
 - You must take the disposition slip to your manager to be placed back to work.
 - All follow-up appointments must be kept. Employees may not return to work until documentation of their work status has been presented to employee health.
- 4. If incident is an exposure to blood or body fluids:**
 - Cleanse injury site well
 - Fill out incident report and come to EHS ASAP for follow-up (within the first 2 hours if possible).
- 5. When injured and EHS is closed**, report to the emergency department if immediate treatment is needed. If this incident is regarding a sharp or mucous membrane exposure: notify the hospital nursing supervisor immediately. You can reach the supervisor through the operator. Follow-up with EHS on next normal business day after all injuries or exposures.

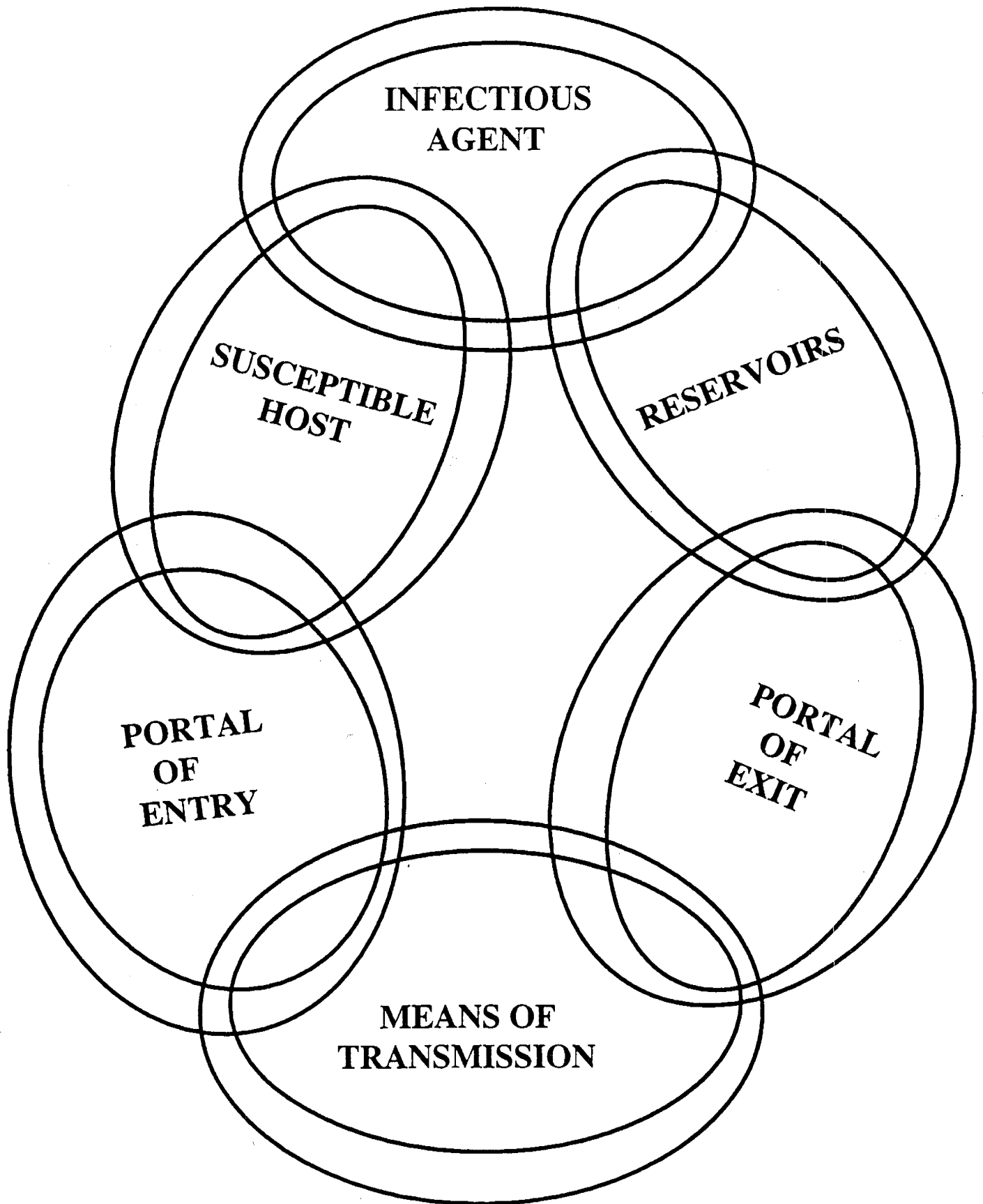





Connect the Question with the correct answer.

- | | |
|--|--|
| 1. The symptoms of TB are? | Airborne droplets |
| 2. Tuberculosis is transmitted by? | Airborne Precautions |
| 3. It is an OSHA regulation to screen health care workers for TB? | Rash on chest
Loss of hair
Vomiting |
| 4. Patients with TB are placed in this type of Isolation. | TB Respirator mask |
| 5. What type of equipment will protect me from Tuberculosis | Productive cough
Weight Loss
Fever |
| | Yes |
| | A small insect |

CHAIN OF INFECTION



	McLaren Regional Medical Center	Policy Title: Standard Precautions	
Section: General Infection Control – Group 400	Effective Date: 4/88	Oversight Level: Level 2	Policy No: IC-417
	Review Dates: 1/12		
	Revised: 10/04, 2/07, 11/07, 11/08, 1/10		
MRMC Business Unit: Infection Control		Interpretation: Infection Control Manager	

Objective: To provide first line of defense guidelines for healthcare workers against the risks of exposure to blood and body fluids. All health-care workers who provide direct patient care or who participate in invasive procedures must routinely use appropriate Personal Protective Equipment (PPE) to prevent the healthcare worker’s skin or mucous membrane from potentially infected blood or other body fluids of all patients. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infections in the healthcare setting. Standard precautions will be used for care of all patients. Standard Precautions are applied to blood, all body secretions, and excretions except for sweat, regardless of whether or not they contain visible blood, non-intact skin and mucous membranes.

Patient Placement: Include the potential for transmission of infectious agents in patient-placement decisions. Place patients who pose a risk for transmission to others (e.g., uncontained secretions, excretions or wound drainage) in a single-patient room when available. If a private room is not available, consult with infection control regarding patient placement or other alternatives.

Scope: This policy applies to all McLaren Regional Medical Center employees, medical staff members and volunteers.

Policy: McLaren Regional Medical Center employees, medical staff members and volunteers will follow the guidelines in this policy.

Definitions: Standard Precautions: defined by CDC, are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens.

Provisions: **Hand washing and hand antisepsis**

HANDWASHING: Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.

- Wash hands with hospital-approved soap and with warm water for at least 15 seconds when visibly soiled or contaminated with blood or other body fluids.
- Use an antimicrobial agent or waterless antiseptic agent for specific circumstances as defined by infection control program.

Alcohol based hand sanitizer: Use about a nickel size of hand sanitizer and rub all over the front, back and between fingers of hands for 15-20 seconds.

- Hospital approved alcohol based hand sanitizers may be used when hands are not visibly soiled and;
- Immediately after removal of gloves.
- After contact with a patient's intact skin (e.g. when taking a pulse of blood pressure or lifting a patient).
- Between tasks and procedures on the same patient to prevent cross-contamination of different body sites.
- After contact with inanimate objects in the immediate vicinity of the patient.
- Use an antimicrobial agent or waterless antiseptic agent for specific circumstances as defined by infection control program.

Personal Protective Equipment (PPE)

- Wear PPE when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur.

Gloves, clean, non-sterile adequate:

- Gloves with fit and durability appropriate to the task at hand are recommended for wear when:
 - Touching blood, body fluids, secretions, excretions, and contaminated items.
 - Touching mucous membranes and not-intact skin
- Gloves must be changed between tasks and procedures on same patient after touching material that may contain high concentration of microorganisms.
- Glove removal:
 - Promptly after use.
 - Before touching non-contaminated items and environmental surfaces.
 - Before going to another patient.
- Immediately following the removal of gloves, hands must be washed with soap or a hospital approved alcohol based hand sanitizer to avoid transfer of microorganisms to other patients or environments.

Mask, Eye Protection or Face Shield: Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

- Will be worn to protect mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
- Remove and discard the disposable mask upon leaving patient room. (TB respirators such as the N-95 can be removed and appropriately stored if they have not been visibly soiled or contaminated with splash.)
- Use mouthpieces, resuscitation bags or other ventilation devices for pulmonary resuscitation as needed.
- Surgical facemask must be worn to prevent spread of oral flora during spinal procedures including and not limited to myelogram, lumbar puncture, and spinal anesthesia.

Gown: Wear a clean, non-sterile gown to protect skin and to prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Remove a soiled gown as promptly as possible, and wash hands to avoid transfer of microorganisms to other patients or environments.

Shall be worn when:

- There is a potential for contamination to the caregiver's skin or clothes from blood or potentially infectious material.
- Procedures and patient-care activities are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Caring for patients in contact isolation.
- Remove and discard a soiled gown immediately after use and all gowns before leaving the patient room.
- Cover gowns and isolation gowns are not to be re-used.

Shoe Covers

- Protective shoe covers must be worn when there is a potential for splash of blood or body fluids onto shoes.
- Remove and discard the protective shoe covers immediately after use and before leaving the patient room/care area and wash hands.

Patient-Care Equipment

- Handle used equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients, staff and the environment.
 - Make certain that reusable equipment is not used for care of another patient until it has been cleaned and reprocessed appropriately.
 - Make certain that single-use items are discarded properly.
 - Wear appropriate PPE when handling patient care equipment that may have been in contact with or is visibly soiled with blood or body fluids.

Linen

- Handle, transport, and process linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing and prevents transfer of microorganisms to other patients and environment.
- All linen shall be considered contaminated and placed in impervious linen bags.
- Linen must be bagged at the location where it is used. It cannot be rinsed or washed at any location except in the Laundry Department.

Respiratory Hygiene/Cough Etiquette:

- Provide tissues and no touch receptacles for disposal of tissues
- Offer masks if there is an increased prevalence of respiratory infections in the community

Occupational Health and Bloodborne Pathogens: Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.

Care of the Environment

- Clean and disinfect surfaces for routine care, cleaning, and disinfection of

environmental surfaces, beds, bed rails, bedside, equipment, and other frequently touched surfaces.

- Use EPA-approved disinfectants that have microbiocidal activity against the pathogens most likely to contaminate the patient care environment.

**Administrative
Responsibility:**

Infection Control Committee

**References or
Appendices:**

References:

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA Guideline for Isolation Precautions in Hospitals, 2007

Association for Professionals in Infection Control, and Epidemiology, Inc. APIC Infection Control and Applied Epidemiology: Principles and Practice; 2002, C: 5-6.

Garner, J.S.; The Hospital Infection Control Practices Advisory Committee. Guideline for Isolation Precautions in Hospitals. *Infection Control and Hospital Epidemiology* 1996; 17(1): 53-80.


UNIVERSAL PRECAUTIONS FOR PREVENTION OF TRANSMISSION OF HIV AND OTHER BLOODBORNE INFECTIONS, CDC 1987

MRMC Policy IC-402 – Hand Hygiene

MRMC Policy IC-425 – Multi-Drug Resistant Organism Colonization or Infection

APPROVAL:

Jeffrey Mtichell, M.D.
Vice President of Medical Affairs

	McLaren Regional Medical Center	Policy Title: Bloodborne Pathogens Exposure Control Policy	
Section: General Infection Control – Group 400	Effective Date: 10/13/2004	Oversight Level: Level 2	Policy No: IC-403
	Review Dates: 1/13		
	Revised: 2/07, 11/08, 11/09, 1/10, 1/11		
MRMC Business Unit: Infection Control		Interpretation: Infection Control Manager	

Objective: To prevent transmission of bloodborne pathogens to patients and employees. The purpose is to eliminate or minimize the likelihood that blood or other potentially infectious materials (OPIM) will contact the employee’s skin, eye, mucous membranes, or underlying clothing. The purpose of OSHA’s Bloodborne Pathogens Standard is to reduce occupational exposure to Hepatitis B, Hepatitis C, HIV and other Bloodborne pathogens that employees may encounter in the work place. The plans includes determination of employee exposure, Implementation of various methods of exposure control, Hepatitis B vaccination, post-exposure evaluation and follow up, communication and training, record keeping, and procedures for evaluating circumstances surrounding an exposure incident.

Scope: This policy includes all employees, medical staff members, volunteers, contractors, patients, and visitors. OSHA’s Bloodborne pathogens standard includes all employees who could be reasonably anticipated to face contact with blood or other potentially infectious materials as the result of job duties.

Policy: MRMC is committed to providing a safe and healthful work environment for entire staff. All patient caregivers and support staff will utilize personal protective equipment, engineering and work practice controls. All employees with the potential for occupational exposure will participate in a required annual training program. Standard Precautions Always Apply: Employees must follow Standard Precautions for all patients. Standard Precautions reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. Standard Precautions means putting a barrier between the healthcare worker and the blood or body fluid of any patient e.g. gown, gloves, mask or face shield based on the task that is to be performed. This includes use of a respiratory barrier when aerosolization may occur e.g. suctioning, irrigation of wounds, intubation.

Program Administering: Environment of Care Committee is responsible for the overall implementation of the policy. Phone: 342-5150.

Each Director, Department Manager/Supervisor is responsible for the overall implementation of the policy.

Materials Management Department is responsible for ensuring that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Employee Health is responsible for ensuring that all medical actions required post exposure are performed and that appropriate employee health records maintained. Phone: 342-2488.

Environment of Care Committee will be responsible for training and documentation of training.

Infection Control will be responsible for making the written policy available. The policy is on line and is presented at new employee orientation.

Definitions:

Biologically hazardous conditions: Equipment, containers, rooms, materials, experimental animals, and animals infected with HBV or HIV virus, or combinations thereof that contain, or are contaminated with, blood or other potentially infectious material.

Blood: Human blood, human blood components, and products made from human blood.

Bloodborne pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C and human immunodeficiency virus (HIV). There are over twenty different Bloodborne pathogens including but not limited to Human T-lymphotrophic virus Type 1, Malaria, Syphilis, Babesiosis, Brucellosis, Leptospirosis, Arboviral infections, Relapsing fever, Creutzfeldt-Jakob disease, Viral hemorrhagic fever. Bloodborne pathogens are viruses, bacteria and other microorganisms that are carried in the bloodstream or transmitted by other potentially infectious materials. Bloodborne pathogens cause disease.

Chain of Infection: Agent, Reservoir, Portal of Exit, Mode of Transmission, Portal of Entry, Susceptible Host

Clinical laboratory: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious material.

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

Contaminated laundry: Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated sharps: Any contaminated object that can penetrate the skin, including any of the following but not limited to: Needles, scalpels, broken glass, broken capillary tubes, exposed ends of dental wires, and scissors.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Disinfect: To inactivate virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms, on inanimate objects.

Engineering controls: Controls that isolate or remove the bloodborne pathogen hazard from the workplace. Engineering controls means (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure (Occupational): Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. This definition excludes incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.

Exposure incident: A specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.

Hand washing facilities: A facility that provides an adequate supply of running, potable water, soap, and single-use towels or a hot air drying machine.

HBV: Hepatitis B Virus.

HIV: Human Immunodeficiency Virus.

Licensed health care professional: A person whose legally permitted scope of practice allows him or her to independently perform the activities required by the hepatitis B vaccination and post-exposure evaluation and follow-up.

Needleless systems: means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure: means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of employee's duties.

Other potentially infectious material: Any of the following human body fluids: Semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, plasma, spinal fluid, breast milk, unfixed tissue or organs other than skin, fluids surrounding the brain, spine, heart and joints, synovial fluid, saliva in dental procedures, animals or cells infected for medical research, any body fluid that is visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids, any unfixed tissue or organ, other than intact skin, from a living or dead human, cell or tissue cultures that contain HIV, organ cultures, and culture medium or other solutions that contain HIV or HBV; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral: Exposure occurring as a result of piercing mucous membrane or the skin barrier, such as exposure through subcutaneous, intramuscular, intravenous, or arterial routes resulting from needle sticks, human bites, cuts, and abrasions.

Personal protective equipment (PPE): Specialized clothing or equipment that is worn by an employee to protect him or her from a hazard. General work clothes, such as uniforms, pants, shirts, or blouses that are not intended to function as protection against a hazard are not considered to be personal protective equipment. When PPE is used there is a reasonable anticipation of exposure to blood, body fluids, mucous membranes, and non-intact skin. PPE provides protection for clothing, skin, eyes, mouth, and nose.

Production facility: A facility that is engaged in the industrial-scale, large-volume production of HIV or HBV or in the high-concentration production of HIV or HBV.

Regulated waste: Any of the following:

- Liquid or semi-liquid blood or other potentially infectious material.
- Contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed.
- Items which are caked with dried blood or other potentially infectious material and which are capable of releasing these materials during handling.
- Contaminated sharps.
- Pathological and microbiological waste that contains blood or other potentially infectious material.

Research laboratory: A laboratory that produces or uses research laboratory-scale amounts of HIV or HBV. A research laboratory may produce high concentrations of HIV or HBV, but not in the volume found in a production facility.

Sharps with engineered sharps injury protections: means a non needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source individual: Any living or dead individual whose blood or other potentially infectious material may be a source of occupational exposure to an employee. Examples of a source individual include all of the following but not limited to:

- A patient of a hospital or clinic.
- A client of an institution for the developmentally disabled.
- A victim of trauma.
- A client of a drug or alcohol treatment facility.
- A resident of a hospice or nursing home.
- Human remains.
- An individual who donates or sells his or her blood or components.

Sterilize: The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

Universal precautions: A method of infection control that treats all human blood and other potentially infectious material as capable of transmitting HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure to bloodborne pathogens by altering the manner in which a task is performed.

Provisions:

In accordance with the OSHA's Occupational Exposure to Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). Category A occupations are those that require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material or that involve a likelihood for spills or splashes of blood or other potentially infectious material. This includes procedures or tasks conducted in non-routine situations as a condition of employment. At MRMC the following job classification are in the category: Reference Appendix A:

In addition, OSHA requires a listing of job classifications, Category B, that do not require tasks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment. Employees in occupations in this category do not perform or assist in emergency medical care or first aid and are not reasonably anticipated to be exposed in any other way. The job classifications and associated tasks for these categories are as follows: Reference Appendix A.

IMPLEMENTATION METHODOLOGY

OSHA also requires that this plan also include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

EXPOSURE CONTROL PLAN

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by looking on the McLaren Intranet or by looking in the New Hire Orientation booklet. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

COMPLIANCE METHODS

Standard precautions will be observed at MRMC in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Standard Precautions will be used on all patients/individuals and used for all contact with blood, all body fluids (except sweat), mucous membranes, and non-intact skin.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At MRMC the following engineering controls and standard precautions will be utilized:

- Sharps Containers
- Hand hygiene facilities (sinks and alcohol based hand sanitizer)
- Safety needle practices and other sharps
- Blunt sutures when appropriate
- PPE
- Prohibit use of Mouth Pipette
- Restrict recapping of needles
- Place specimens in zip lock bags with biohazard label for transportation.
- Waste Disposal
- Laundry/linen
- Respiratory hygiene/Cough Etiquette
- HBV vaccination
- Post-exposure Management

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: At the beginning of each fiscal year.

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure.

Hand washing facilities are located: in each patient care areas as well as in utility rooms, bathrooms and critical workstations. In addition to routine hand washing facilities, alcohol based hand sanitizers are available in all patient care areas.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area IMMEDIATELY or soon as feasibly possible with soap and water.

If employees incur exposure to their skin or mucous membranes then those areas will be washed or flushed with water as appropriate as soon as feasibly possible following contact.

MRMC will solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan-1910.1020 c 1 v.

NEEDLES

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needles be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At MRMC recapping or removal is only permitted for the following

procedures:

- Procedures in OR where needles are used multiple times for the same procedure
- Injection of local anesthesia
- Procedures where the needle remains clean and does not get contaminated with bloodborne pathogens

CONTAINERS FOR REUSABLE SHARPS

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into an appropriate sharps container.

Following use, reusable sharps shall be placed in the instrument tray and delivered to the department specific designated collection area for processing.

WORK AREA RESTRICTIONS

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner, which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods that will be employed at MRMC to accomplish this goal include but are not limited to:

- Splash guards on hoppers
- Centrifuge covers
- Blood transfer in lab
- Smoke evacuators in the operating rooms
- Splash guards in lab used when removing stoppers from tubes

SPECIMENS

Specimens of blood or other potentially infectious materials will be placed in a container, which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard.

Any specimens that could puncture a primary container will be placed within a secondary container, which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

CONTAMINATED EQUIPMENT

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Endoscopes that cannot be cleaned prior to shipping to vendor for repair may be shipped without cleaning if packaged according to manufacturer's recommendations.

PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment used at MRMC will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time, which the protective equipment will be used.

Protective clothing will be provided to employees in the following manner:

When there is reasonable likelihood of an occupational exposure, Supervisors/Managers will assure that appropriate personal protective clothing and equipment are provided and used by employees, such as any of the following:

- Gloves
- Impervious gowns
- Fluid-proof aprons
- Laboratory coats
- Head and foot coverings
- Face shields or mask and eye protection
- Mouthpieces
- Resuscitation devices
- Pocket masks
- Other ventilation devices
- Respirators, N-95, PAPR, etc

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. The employer at no cost will make all repairs and replacements of PPE.

All garments, which are penetrated by blood, shall be removed immediately or as soon as feasibly possible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area: Refer to the Standard Precautions/Transmission Precautions (# IC 417 and IC 407).

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.

Gloves will be available from Materials Management.

Gloves will be used for the following procedures:

All procedures where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.

Disposable gloves used are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasibly possible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid state shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations that require such protection, are as follows: Any procedures where splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

This OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The following situations require that such protective clothing be utilized: Gowns, lab coats, aprons, clinic jackets, or similar outer garments shall be worn where appropriate if there is a reasonably anticipated exposure to blood or body fluids. Such clothing shall protect all areas of exposed skin that have a significant likelihood for contamination. The type and characteristics depends upon the task and degree of exposure anticipated.

HOUSEKEEPING

Equipment will be cleaned and decontaminated according to the schedule as determined by Housekeeping as indicated by the location within a facility, the type of surface to be cleaned, the type of soil present and the tasks or procedures being performed.

Decontamination will be accomplished by utilizing the following materials: Hospital approved germicidal and disinfectant solutions

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasibly possible after any spillage of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning. Protective coverings such as plastic wrap, aluminum foil, or plastic-backed absorbent paper may be used to cover equipment and environmental surfaces. These coverings shall be removed and replaced at the end of the work shift if contaminated or as soon as feasible when they become overtly contaminated.

All bins, pails, cans and similar receptacles will be inspected and decontaminated on a regularly scheduled basis. All bins, pails, cans, and similar receptacles which are intended for reuse and which have a reasonable likelihood for becoming contaminated with blood and other potentially infectious material shall be inspected and decontaminated on a regularly scheduled basis as determined by Housekeeping and shall be cleaned and decontaminated immediately, or as soon as possible, upon visible contamination

Any broken glassware, which may be contaminated, will not be picked up directly with hands. The following procedures will be used: Broken glassware will be cleaned up using mechanical means, such as a brush and dust pan, tongs, cotton swabs, or forceps and placed in the appropriate glass receptacle.

REGULATED WASTE DISPOSAL

Housekeeping regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

All contaminated sharps shall be discarded as soon as feasibly possible in sharps containers, which are located in the facility. Sharps containers can be found in the following places:

- All patient, exam and treatment rooms
- All OR rooms
- All lab draw and work stations

- Physical therapy
- Crash carts
- Sharps box collection points

All the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof.

Sharps Containers:

- Housekeeping or the departmental staff replaces sharps containers.
- Sharps Containers will be evaluated for volume with each use and/or during daily rounds by Housekeeping.
- Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.
- Wear appropriate PPE when handling and/or sorting contaminated laundry.

Nothing will be removed from the Sharps Containers once placed inside.

Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located in Dirty Utility Rooms.

LAUNDRY PROCEDURES

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry at MRMC is cleaned in the Laundry Department.

HEPATITIS B VACCINE

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine and has positive antibody results or who wishes to submit to antibody testing which shows the employee to have a sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. The Employee Health Department at MRMC will be responsible for assuring the vaccine is offered and the waivers are signed and documented.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

When the employee incurs an exposure incident, it should be reported to the Employee Health Department utilizing the Post-Exposure Protocol.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and if possible, the status of the source individual will be tested for HIV/HBV/HEP C infectivity.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee will be offered baseline blood collection. If the exposed employee consents to baseline blood collection, but not to HIV testing at that time, the sample shall be preserved for not less than 90 days. If within those 90 days the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. The Employee Health Department utilizing the Post-Exposure Protocol.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy:
Employee Health Department

INTERACTION WITH HEALTH CARE PROFESSIONALS

A written opinion shall be obtained from the health care professional that evaluates employees. Written opinions will be obtained within 15 days in the following instances:

- When Hepatitis B vaccine is indicated for an employee.
- When the employee has had an occupational exposure.

Health care professionals shall be instructed to limit their opinions to:

- Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
- That the employee has been informed of the results of the evaluation, and
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information).

TRAINING

Training for all employees will be conducted prior to initial assignment and annually to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include the following an explanation of:

- The OSHA standard for Bloodborne Pathogens
- Epidemiology and symptomatology of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.)
- Procedures which might cause exposure to blood or other potentially infectious materials at MRMC
- Control methods, which will be used at the facility to control exposure to blood or other potentially infectious materials.
- Personal protective equipment available at MRMC and who should be contacted

concerning:

- Post Exposure evaluation and follow-up
- Signs and Labels used at the facility
- Hepatitis B vaccine program at the facility

BLOODBORNE PATHOGENS ENTER THE BODY:

Bloodborne pathogens enter the body by break in skin integrity such as with needle sticks, cut, scrapes and breaks in skin. Bloodborne pathogens may enter the body through mucous membranes such as splashes to eyes, nose and mouth or life style issues such as IV drug use.

RECORDKEEPING

All employee health records required by the OSHA standard will be maintained by: The Employee Health Department or in an offsite storage facility for 30 years.

Employee Health Department maintains a sharps injury log. The sharps injury log will be maintained for five years from the date the exposure incident occurred. All sharps injury incidents will be logged within fourteen days of the date the incident is reported. The included information for recording will include the following if known or reasonably available: date and time of exposure, type of sharps involved in the incident, a description of the exposure incident.

DATES

All employees will receive annual refresher training. Note that this training is to be conducted within one year of the employee's previous training.

**Administrative
Responsibility:**

Chairperson of the Infection Control Committee

**References or
Appendices:**

OSHA Bloodborne pathogens Regulations – 1910.1030, Standards – 29 CFR. Last amended Jan., 18, 2001.

Sample Bloodborne Pathogens Exposure Control Plan, The Western Kentucky University Industrial Hygiene Student Association.
<http://www.wku.edu/www/stuorgs/ihsa/bloodborne/written.html>

APPROVAL:

Jeffrey Mitchell, M.D.
Vice President of Medical Affairs

Appendix A

The following is a list of occupations for Category A*:


AM Hosts Anesthesia Personnel Biomedical Personnel Case Managers Central Processing Central Supply Personal Clinical Case Coordinator Clinical Students Clinical Therapist Dialysis Personnel Diabetes Education Personnel Director of Nursing Education Instructor Education Personnel Educators Acute and Critical EEG Tech EKG Personnel Employee Health Staff EMT Instructor Emergency Techs Endo/GI Personnel Engineering Heart & Vascular Personnel Housekeeping Personnel Infection Control Personnel IV Therapy Lab Operations Staff Laundry Personnel MA's Midwifery Program Nuclear Medical Personnel Nursing Staff Nutritional Services Paramedic Instructor Pastoral Patient Care Technicians Patient Registration Personnel Perinatal Education Specialist	Pharmacists Pharmacy Technicians Psychiatric Personnel Psychologist Physician Assistants Physicians Pre Admission Testing Staff Pulmonary Diagnostic Personnel Radiology Radiology/US/CT Personnel Respiratory Personnel Respiratory Therapy Staff Security Personnel Social Work Staff Surgical Services Personnel Surgical Techs Therapy Services Personnel Transportation Personnel Unit Clerks Wound Care Personnel
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Appendix A (cont'd)

The following is a list of occupations for Category B:**

Administrative Assistant	Patient Accounts Personnel
Administrative Personnel	PHNS IS Support Personnel
Benefits and Compensation Personnel	Physician Billing Personnel
Bio Ethics	Print Shop Personnel
Coding Personnel	Quality Management Personnel
Communication Personnel	Reimbursement Personnel
Distribution Personnel	Satellite Patient Accounts Personnel
Finance Personnel	Transcription Personnel
Human Resource Personnel	Tumor Registry Personnel
Legal Affairs Personnel	Wellness Personnel
Marketing Personnel	
Materials Management Personnel	
McLaren Connect (referral service)	
McLaren Health Plan Personnel	
Medical Education Library Personnel	
Office Personnel	

Job categories: Category A*: Occupations that require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material, or that involve a likelihood for spills or splashes of blood or other potentially infectious material. This includes procedures or tasks conducted in non-routine situations as a condition of employment. **Category B**:** Occupations that do not require tasks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment. Employees in occupations in this category do not perform or assist in emergency medical care or first aid and are not reasonably anticipating to be exposed in any other way.

	McLaren Regional Medical Center	Policy Title: Isolation Precautions	
Section: General Infection Control – Group 400	Effective Date: 11/1996	Oversight Level: Level 2	Policy No: IC-407
	Review Dates: 6/13		
	Revised: 9/07, 11/09, 1/10, 6/11		
MRMC Business Unit: Infection Control		Interpretation: Infection Control Committee	

- Objective:** To describe precautions to prevent the spread of infections. These precautions are based on evidence-based research and practice. To prevent the exposure of patients, visitors and healthcare workers to communicable diseases.
- Scope:** This policy includes all MRMC employees, medical staff members, volunteers, contractors, patients, and visitors.
- Policy:** It is the policy of MRMC to isolate patients diagnosed or suspected of having communicable diseases.
- Definitions:** Are included throughout the policy.

Provisions:

This policy is divided into the following two sections and each section has a separate index:

Section I - Isolation (Transmission-based) Precautionspages 2 - 18

Section II - Airborne Precautions (includes TB)pages 19 - 25

SECTION I

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ISOLATION PRECAUTIONS

I. Definitions:

- A. **Standard Precautions** is a method of infection control designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. It treats all human blood and body substances as capable of transmitting HIV, HBV, and **other pathogens**. These precautions apply to all body fluids, secretions, and excretions; nonintact skin and mucous membranes. Place a patient who contaminates the environment, or who does not (or who cannot be expected to) assist in maintaining appropriate hygiene, in a private room if possible.
- B. **Transmission-based Isolation Precautions** are used for patients known or suspected to be infected or colonized (organisms are living in tissue but not causing an infection) with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission. These precautions at MRMC are:
1. **Airborne:** Reduces the risk of diseases such as **pulmonary** tuberculosis (TB), chickenpox (varicella), and measles (rubeola). Transmission occurs by the dissemination of either airborne droplet nuclei (small particle residue of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing the infectious agent. Pulmonary TB, chickenpox (varicella), disseminated herpes zoster (shingles), and measles can be widely dispersed by air currents and may become inhaled by or deposited on a susceptible person within the same room, therefore, special air handling and ventilation are required. Chickenpox and disseminated shingles are spread by direct and indirect contact, use also Contact isolation. See also Section II.
 2. **Contact:** Prevents the most common mode of transmission. Reduces the risk of transmission of epidemiologically important organisms by:
 - a) **Direct contact:** Involves skin-to-skin contact and physical transfer of organisms to a susceptible person from an infected or colonized person (i.e., bathing a patient, changing a dressing). Can also occur between two patients (e.g., hand contact).
 - b) **Indirect contact:** Involves contact of a susceptible person with a contaminated intermediate, usually inanimate object in the patient's environment. Examples include: patient care devices/equipment (contaminated electronic thermometers), shared toys, and inadequately cleaned instruments.
 3. **Droplet:** Reduces the risk of large-particle droplets. Involves contact of the eye or the mucous membranes of the nose or mouth of a person with large-particle droplets containing microorganisms generated from a person who has a clinical disease or is a carrier of the microorganism. Droplets do not remain suspended in the air and generally travel only short distances (i.e., 3 to 6 feet). Droplets are generated usually during:
 - a) Coughing.
 - b) Sneezing.
 - c) Talking.
 - d) Suctioning.
 - e) Endotracheal Intubation
 - f) Cough Induction
 - g) CPR
 4. **Protective Environment Precautions:** Reduces the risk of microorganisms from staff, visitors, and the environment from infecting the patient. Is not always effective because patients often become infected with their own (endogenous) microorganisms.

II. Category Specific Information:

- A. **Standard Precautions:** Check first Table 1, on page 10, and if not found check Table 2, on page 16 for those infections/conditions that require only Standard Precautions. See the *Bloodborne*

Pathogens Exposure Control Policy, IC-403, for measures to reduce the transmission of infections in this category.

B. **Airborne:** See Airborne Precautions, Section II, for measures to reduce the transmission of TB and other airborne diseases. Susceptible persons should not enter the room of patients known or suspected to have chickenpox (varicella) or rubeola (measles) if other immune caregivers are available. If susceptible persons must enter the room of a patient known or suspected to have varicella or measles they should wear respiratory protection (N-95 respirator).

C. **Contact:**

1. Indication for Use: For those conditions indicated by the letter C on Table 1.
2. Patient Placement: In a private room. When a private room is not available, place the patient in a room with a patient(s) who has active infection or colonization with the same microorganism, but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, consider the epidemiologic pattern of the microorganism and the patient population when determining patient placement. Contact Infection Control at 22290 for further instructions.
3. Gloves and Handwashing: **Wear gloves when entering the patient's room.** During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material and wound drainage). When patients are cohorting, wash hands and change gloves between patients. Remove gloves before leaving the patient's environment and wash hands immediately. After glove removal and handwashing ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.
4. Gown: **Wear a gown (clean, nonsterile) when entering the room.** After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces.
5. Patient Transport: Limit the movement and transport of the patient from the room for essential purposes only. If the patient is transported out of the room, ensure that precautions (appropriate barriers, i.e., dressings, gown) are maintained to minimize the risk of transmission of microorganisms to other patients, personnel and visitors. Barriers should also be used to prevent contamination of environmental surfaces and equipment. Personnel in the area to which the patient is being taken should be notified of the impending arrival of the patient and the precautions to be used to reduce the risk of transmission of infectious microorganisms.
6. Patient ambulation for patients that require ambulation: Ensure that all wound drainage is appropriately contained. Ensure that the patient is wearing a clean gown/pajamas and washes his hands before leaving the room. Accompany the patient at all times in public areas.
7. Patient Care Equipment: When possible, dedicate the use of noncritical patient care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items (i.e., toys) is unavoidable, then adequately clean and disinfect them before use for another patient. Patient charts should not be taken into the rooms of patients in Contact isolation. See Policy IC-424, *Cleaning and Disinfection of Patient Care Equipment*.

D. **Droplet:**

1. Indication for Use: For those conditions indicated by the letter D on Table 1.
2. Patient Placement: In a private room. When a private room is not available, place the patient in a room with a patient(s) who has active infection or colonization with the same microorganism, but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, maintain at least 3 feet and pull the curtain between the infected patient and other patients and visitors. Contact Infection Control at 22290 for further instructions. Special air handling and ventilation are not necessary, and the door to the room

may remain open.

3. **Mask:** Wear a surgical mask when entering the room of the patient.
4. **Patient Transport:** Limit the movement and transport of the patient from the room for essential purposes only. If transport or movement is necessary minimize patient dispersal of droplets by having the patient wear a surgical mask when possible. Personnel in the area to which the patient is being taken should be notified of the impending arrival of the patient and the precautions to be used to reduce the risk of transmission of infectious microorganisms.

E. Protective Environment:

1. **Indication for Use:** When the white blood cell count is less than 1800, or when the patient has neutropenia, an absolute neutrophil count (ANC) of less than 500, or when specifically ordered by a physician.
2. **Patient Placement:** In a private room. When a private room is not available, place the patient in a room with a patient(s) who has no active infections.
3. **Handwashing:** Should be performed by staff and visitors before entering the room, and before and after patient contact.
4. **Masks:** All persons with a possible bacterial or viral respiratory infection (i.e., common cold, bronchitis, pneumonia) should not enter the room if possible and must wear a surgical mask if entry is unavoidable.
5. **Visitors:** No visitors with communicable diseases.
6. **Greenery:** No fresh flowers or plants.
7. **Patient Transport:** Limit the movement and transport of the patient from the room for essential purposes only. If the patient is transported out of the room, ensure that precautions (appropriate barriers, i.e., mask, gown) are worn by the patient to minimize the risk of transmission of microorganisms to him. Patients should also be informed of ways in which they can assist in preventing the transmission of infectious microorganisms to themselves, i.e., handwashing.
8. **Patient Care Equipment:** When possible, dedicate the use of noncritical patient care equipment to a single patient to avoid sharing between patients. Patient charts should not be taken into the rooms of patients in Protective Environment precautions.

III. Isolation of Patients in Specialty Areas:

- A. **Psychiatric unit** - In instances where it has been determined that a patient needs to be isolated from other patients due to the threat of transmitting a disease to other patients or employees (i.e., tuberculosis), the patient will be transferred to another hospital area to an appropriate isolation room.
 1. For patients with multidrug resistant organisms (MDRO) or a history of having an MDRO, (i.e., MRSA, VRE, ESBL) they may be admitted to the Psychiatric Unit as long as they have none of the following:
 - a) S/S of active infection, i.e., fever, ↑ WBC.
 - b) Purulent drainage.
 - c) A draining wound where the drainage is not contained.
 - d) A skin condition that may facilitate transmission (e.g., eczema), unless covered.In situations where it is unclear whether the patient should be admitted to the Psychiatric Unit, Infection Control will make the determination.
- B. **Emergency Department (ED)** - If a patient with an infectious disease that requires isolation precautions is to be admitted, the ED will:
 1. Order the appropriate isolation precautions.
 2. Assign the patient to an appropriate room or notify Patient Registration to assign the patient to an appropriate room.
 3. Give the patient any protective equipment (i.e., mask, gown) needed to prevent the transmission of the infectious disease.
- C. **Surgical Areas** - Patients that are in transmission based (isolation) precautions in nursing areas will be isolated while in the surgical areas:

1. These patients will be placed in the designated isolation room and the appropriate isolation sign placed on the door. For Airborne isolation the door to the room will be kept closed.
2. Patients requiring Airborne or Droplet isolation must be placed in the designated isolation room.
3. For all other isolation precautions, if the designated isolation room is occupied, the patient will be placed on side 1 or in cubicle 20.
4. For those patients placed on side 1 or cubicle 20, an appropriate isolation sign will be placed where all staff will be able to see it. Coworkers will be informed of the need to follow isolation precautions.
5. All persons providing care to the patient will follow the sign and use appropriate precautions when caring for the patient.

- D. **Outpatient clinics** - If a patient with an infectious disease that requires isolation precautions is to be admitted, the clinic will:
1. Order the appropriate isolation precautions.
 2. Notify Patient Registration so the patient can be assigned to an appropriate room.
 3. Give the patient any protective equipment (i.e., mask, gown) needed to prevent the transmission of the infectious disease.

IV. **Initiating Isolation:**

- A. Overall, it is safer to “over isolate” than to “under isolate,” particularly when the diagnosis is uncertain and several diseases are seriously being considered. For a patient who appears to have a disease requiring transmission-based precautions, it is important to begin precautions immediately rather than wait for confirmation of the diagnosis.
- B. Isolation precautions may be started and maintained without a physician’s order if infectious disease processes are suspected.
- C. All patients that have a test ordered for *C. difficile* should be placed in Contact precautions until active infection is ruled out.
- D. All patients with Infection Control flags in Paragon should be placed in contact isolation immediately and notification of the need for isolation should be communicated to all areas where the patient may be transferred.
- E. If there are questions as to whether a patient’s condition requires isolation, Infection Control or the Nursing Supervisor should be contacted.
- F. If a physician orders isolation which is felt to be inappropriate, Infection Control or the Nursing Supervisor should be contacted.
- G. Infection Control Practitioners can order isolation as outlined in this policy.
- H. Patients that have an Infection Control flag indicating a previous infection with an MDRO should be placed in isolation immediately. Isolation precautions are the same for colonization or history of a disease versus an active infection, as the patient is capable of spreading the organism to others.
- I. Panic values for certain infections/conditions will be called to the nursing unit by the laboratory (i.e., MRSA, VRE, AFB). In these instances the patient should be isolated as soon as possible.
- J. Isolation rooms are non-territorial, that is, consideration for the appropriate type of isolation is a priority over matching the patient to the nursing unit that houses the patient’s hospital service.

V. **Entering Isolation into Paragon**

- A. Transmission-based isolation precautions should be entered into Paragon as follows:
 1. Select “Clinical Carestation”, sign in.
 2. Select “CareGlance”.
 3. Click on the patient to be isolated.
 4. Click on the alert lantern, either red or blue, the blue alert lantern is on the toolbar.
 5. **If the blue alert lantern is selected** (for red alert see below), click on the drop down menu under “**Alert Code**”.
 6. Scroll to and select the appropriate isolation category, i.e., isolation-contact.
 7. **Under the “Level” heading select from the drop down menu “Visit”.**
 8. Select OK.

9. **If the patient has a red alert lantern**, select it.
10. Click on the blank page symbol at the bottom of the box.
11. A blank box with a drop down menu will appear under “Alert Code”.
12. Click on the drop down arrow.
13. Scroll to and select the appropriate isolation category, i.e., isolation-contact. **Do not select the MDRO flags** to start isolation, if the patient is flagged please place the patient in contact isolation.
14. **Follow the blue highlight to the right and under the “Level” heading select from the drop down menu “Visit”.**
15. Select OK.

VI. **Procedure to Isolate Patients:**

- A. For Contact isolation obtain an isolation cart and stock it with at least one dozen yellow isolation gowns. Materials Management should be called as needed to acquire gowns.
- B. Other personal protective equipment should be put on the cart as specified by the isolation category (i.e., surgical masks, gloves). Read the isolation sign to know what equipment may be needed.
- C. Have a trash receptacle available to place used gowns. Do not store clean gowns **inside** the patient’s room.
- D. All regulated medical waste should be disposed of in red medical waste containers.
- E. The isolation cart should be placed in an anteroom if available; if not available it should be placed directly outside the patient’s door in the hallway. **NOTE:** This is **not** a fire code violation.
- F. Do not store unnecessary supplies or equipment in the room. All equipment removed from the room should be cleaned before it leaves the room using aseptic technique. See Policy IC-424, *Cleaning and Disinfection of Patient Care Equipment*.
- G. Make sure the isolation sign has been placed on the door.

VII. **Procedure to put on Gown, Mask/Respirator, Goggles/Face Shield and Gloves:**

- A. GOWN
 1. Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back.
 2. Fasten in back at neck and waist.
- B. MASK OR RESPIRATOR
 1. Secure ties or elastic band at middle of head and neck.
 2. Fit flexible band to nose bridge.
 3. Fit snug to face and below chin.
 4. Fit-check respirator.
- C. GOGGLES/FACE SHIELD
 1. Put on face and adjust to fit.
- D. GLOVES
 1. Use non-sterile for isolation.
 2. Select according to hand size.
 3. Extend to cover wrist of isolation gown.

VIII. **Procedure to remove Gloves, Goggles/Face Shield, Gown, and Mask/Respirator:**

- A. GLOVES
 1. Outside of gloves are contaminated.
 2. Grasp outside of glove with opposite gloved hand; peel off.
 3. Hold removed glove in gloved hand.
 4. Slide fingers of ungloved hand under remaining glove at wrist.
- B. GOGGLES/FACE SHIELD
 1. Outside of goggles/face shield, are contaminated.
 2. To remove, handle by “clean” head band or ear pieces.
 3. Clean with alcohol or place in waste container.
- C. GOWN

1. Gown front and sleeves are contaminated.
2. Unfasten neck, then waist ties.
3. Remove gown using a peeling motion; pull gown from each shoulder toward the same hand.
4. Gown will turn inside out.
5. Hold removed gown away from body, roll into a bundle and put into trash receptacle. **DO NOT REUSE GOWNS.**

D. MASK OR RESPIRATOR

1. Front of mask/respirator is contaminated, do not touch.
2. Grasp only bottom then top ties/elastics and remove.
3. Discard in waste container. Respirators for TB isolation can be re-used.

E. **Wash hands thoroughly.**

IX. **Isolation Discontinuation:**

- A. For all multi-drug resistant organisms (MDRO) and active TB obtain approval from a physician or Infection Control to discontinue isolation precautions. If the physician's order appears to be in direct conflict with the guidelines in this policy Infection Control should be contacted immediately.
- B. Delete the isolation alert in Paragon. This will let other personnel know that the patient is no longer in isolation. **Please note: do not delete the MDRO flag.**
- C. Remove all isolation supplies from the cart and clean/dust the cart as needed.

X. **Isolation Discontinuation for MDRO:**

- A. **Methicillin Resistant *Staph aureus* (MRSA)** – The patient no longer has signs/symptoms of active MRSA infection, there is documentation of negative nares cultures and negative MRSA cultures from all previous positive sites. If the previous site is a wound and the wound is healed, a repeat culture of the wound is not required. If the previous site was blood, repeat blood cultures are not required unless clinically indicated.
- B. **Vancomycin Resistant *Enterococcus* (VRE)** – The patient no longer has signs/symptoms of active VRE infection, there is documentation of three negative VRE stool cultures or rectal swabs, taken at least 1 day apart, and negative VRE cultures from all previous positive sites. If the previous site is a wound and the wound is healed, a repeat culture of the wound is not required. If the previous site was blood, negative blood cultures are required.
- C. **Resistant *Klebsiella*, and *E. coli*, (ESBL), (CRE)** – The patient no longer has signs/symptoms of active ESBL infection, and has negative cultures for ESBL from all previous positive sites. If the previous site is a wound and the wound is healed, a repeat culture of the wound is not required. If the previous site was blood, repeat blood cultures are not required unless clinically indicated.
- D. **Resistant *Acinetobacter baumannii* (MDR-AB)** – There are no criteria for removing a patient from isolation for multidrug resistant *Acinetobacter*. These patients will remain in isolation for the duration of hospitalization and placed in isolation upon readmit.
- E. ***Clostridium difficile*** – This is not an MDRO and there are no criteria for removing a patient from isolation. Repeat cultures should not be performed as many patients continue to carry the organism. These patients will remain in isolation for the duration of hospitalization. Patients should be assessed on subsequent admissions for diarrhea and if present placed in isolation until active infection is ruled out.

XI. **Patient and Visitor Education:**

- A. Educate patients, and their families as needed, who are infected or colonized with a MDRO about strategies to prevent the spread of infection. Infection Control Patient Education FAQs can be found on the MRMC intranet under Patient Education, Infections.
- B. All patient/family education should be documented in the patient record.
- C. Visitors should talk to a nurse before entering the room of a patient in transmission-based precautions.
- D. If visitors will have close contact with the patient or be visiting other patients, they should be instructed in the appropriate use of gowns, surgical masks, and gloves; and reminded to wash

hands as needed.

XII. **Housekeeping:**

- A. Dishes, Glasses, Cups or Eating Utensils: No special cleaning or precautions are needed. The combination of hot water and detergents used in the hospital dishwashers is sufficient to decontaminate these items. Tray service to patients in isolation will be as follows:
 - 1. All patients will receive non-disposable dishes and stainless ware except those patients in the Psychiatric units. These units will receive disposable service for safety reasons.
 - 2. Traypassers will only deliver and pick up trays to patients in Contact isolation. For all other isolation categories the tray will be delivered and picked up by the Nursing staff.
- B. Linen: Place all linen directly into a plastic bag that prevents seepage of body substances to the outside of the container. Keep soiled linen away from your clothing. Avoid putting used linen on bedside tables, chairs, or on countertops. Soiled linen does not need special labeling.
- C. Patient Room Cleaning: Rooms that have housed patients in transmission-based precautions should be cleaned the same as patient rooms that have housed patients in standard precautions unless the amount of environmental contamination indicates a need for special cleaning. See Policy IC-424, *Cleaning and Disinfection of Patient Care Equipment*.
- D. Toy Cleaning:
 - 1. No stuffed or cloth toys will be allowed in the public areas to be shared between children. These items will only be allowed for personal use of each child in their possession.
 - 2. Toys will be cleaned as follows: With a bleach and water cleaner/wipe or with an appropriate hospital grade disinfectant when visibly soiled or weekly.
- E. Tools: that become grossly contaminated with potentially infectious material (i.e., blood or body fluids/substances) will be wiped off with an appropriate hospital grade disinfectant cleaner or alcohol. Only tools needed to complete required jobs will be taken into critical care areas, surgical suites and recovery areas, nurseries, Central Processing, or rooms occupied by isolated patients.

XIII. **Patient Exposures to Infectious Diseases:**

- A. The unit or department where the exposure occurred will immediately notify Infection Control.
- B. If the exposure occurred from an infected employee or if employees were also exposed the Employee Health Office will also be notified.
- C. The unit or department will immediately provide Infection Control with a complete list of all possible patient exposures and the medical record numbers of all patients involved.
- D. Infection Control will then notify each attending physician, listed under the patient's medical record number in the hospital computer, of the exposure.
- E. Notification and possible treatment of such cases will be at the discretion of the primary physician. Infection Control will only notify patients directly in extremely extenuating circumstances. Infection Control is not able to order appropriate lab tests and prophylactic measures (i.e., immune globulin) or counsel patients on the appropriate actions to take.
- F. Infection Control will isolate patients that may become infectious from their exposure as outlined in this policy.
- G. If the physician prefers, patients that have been discharged can be seen in an outpatient clinic for diagnostic procedures or treatments as indicated.

TABLE 1
Infections/Conditions Requiring Transmission Based Precautions

	Type	Duration	Precautions - Comments
Abscess			
Draining, major	C	DI	No dressing or containment of drainage, until drainage stops or can be contained by dressing.
Draining, minor or limited	S		Dressing covers and contains drainage.
Adenovirus infection (see agent-specific guidance under gastroenteritis, conjunctivitis, pneumonia)			
Anthrax			Notify Infection Control immediately. See Bioterrorism Policy, IC-419.
Botulism			Notify Infection Control immediately. See Bioterrorism Policy, IC-419.
Bronchiolitis in infants and young children	C, D	DI	Contact plus Droplet Precautions; Droplet Precautions may be discontinued when adenovirus and influenza have been ruled out.
Chickenpox (see varicella)			
Congenital rubella	C	1 yr	Standard Precautions if nasopharyngeal and urine cultures repeatedly negative after 3 mos. of age.
Conjunctivitis			
Acute bacterial	S		
<i>Chlamydia</i>	S		
Gonococcal	S		
Acute viral (acute hemorrhagic)	C	DI	Adenovirus most common; enterovirus & Coxsackie virus also associated with outbreaks. Highly contagious; outbreaks in eye clinics, pediatric and neonatal settings, & institutional settings reported.
Coxsackie virus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease CJD, vCJD	S		Notify Infection Control immediately. Use disposable instruments or special disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O.
Croup	C	DI	May cohort with other patients with croup.
Decubitus ulcer (see Pressure ulcer)			
Diarrhea, acute-infective etiology suspected (see gastroenteritis)			
Diphtheria			
Cutaneous	C	CN	Until 2 cultures taken 24 hrs. apart are negative.
Pharyngeal	D	CN	Until 2 cultures taken 24 hrs. apart are negative.
Encephalitis or encephalomyelitis (see specific etiologic agents)			
<i>Enterococcus</i> species (see multidrug-resistant organisms if epidemiologically significant or vancomycin resistant)			
Enteroviral infections (i.e., Group A and B Coxsackie viruses and Echo viruses) (excludes polio virus)	S, C	DI	Use Contact Precautions for diapered or incontinent children for duration of illness and to control institutional outbreaks.
Epiglottitis, due to <i>Haemophilus influenzae</i> type b	D	24 hrs	See specific disease agents for epiglottitis due to other etiologies.
Erythema infectiosum (see Parvovirus B19)			
Furunculosis, staphylococcal	S		Contact if drainage not controlled. See MDRO if MRSA.
Infants and young children	C	DI	

LEGEND

Type of Precaution:

S = Standard Precautions, no extra precautions needed.

A = Airborne, requires Airborne isolation room and respiratory protection (N95 respirator)

C = Contact, requires private room or cohorting

D = Droplet, requires private room (no special air flow) or cohorting, and surgical mask.

When A, C, and D are specified also use S.

Duration of Precautions:

CN = Until off antimicrobial treatment and culture negative.

DI = **Duration of illness (with wound lesions, DI means until wounds stop draining).**

DH = **Duration of hospitalization**

TABLE 1
Infections/Conditions Requiring Transmission Based Precautions

	Type	Duration	Precautions - Comments
Gastroenteritis			
Adenovirus	S, C	DI	Use Contact precautions for patients who are diapered, incontinent, have an altered mental status, or are likely to contaminate the environment.
Amebiasis	S, C	DI	Same as above.
<i>Campylobacter</i> species	S, C	DI	Same as above.
Cholera (<i>Vibrio cholerae</i>)	S, C	DI	Same as above.
<i>C. difficile</i>	C	DH→	The patient will remain in precautions until discharge. A negative test is not required and should not be done to remove a patient from isolation. Patients readmitted with a previous history of <i>C. difficile</i> infection should be assessed for diarrhea.
<i>Cryptosporidium</i> species	S, C	DI	Use Contact precautions for patients who are diapered, incontinent, have an altered mental status, or are likely to contaminate the environment.
<i>E. coli</i> , Enteropathogenic O157:H7 and other shiga toxin-producing strains	S, C	DI	Same as above.
<i>Giardia lamblia</i>	S, C	DI	Same as above.
Hepatitis A	S, C	DI	Same as above.
Hepatitis E	S, C	DI	Same as above.
Noroviruses (Norwalk agent)	S, C	DI	Same as above. Persons who clean areas heavily contaminated with feces or vomitus may benefit from wearing masks since virus can be aerosolized from these body substances. Cohorting of affected patients to separate air spaces and toilet facilities may help interrupt transmission during outbreaks.
Rotavirus	C	DI	Prolonged shedding may occur in both immunocompetent and immunocompromised children and the elderly.
<i>Salmonella</i> species (including <i>S. typhi</i>)	S, C	DI	Use Contact precautions for patients who are diapered, incontinent, have an altered mental status, or are likely to contaminate the environment.
<i>Shigella</i> species (Bacillary dysentery)	S, C	DI	Same as above.
<i>Vibrio parahaemolyticus</i>	S, C	DI	Same as above.
Viral (if not covered elsewhere)	S, C	DI	Same as above.
<i>Yersinia enterocolitica</i>	S, C	DI	Same as above.
German measles (see rubella; see congenital rubella)			
<i>Haemophilus influenzae</i> (see disease-specific recommendations)			
Hand, foot, and mouth disease (see enteroviral infection)			
Herpangina (see enteroviral infection)			
Herpes simplex (<i>Herpesvirus hominis</i>)			
Encephalitis	S		
Mucocutaneous, disseminated or primary, severe	C	→	Until lesions dry and crusted.
Mucocutaneous, recurrent (skin, oral, genital)	S		
Neonatal	C	→	Until lesions dry and crusted. Also, for asymptomatic, exposed infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hrs until infant surface cultures obtained at 24-36 hrs of age negative after 48 hrs incubation.
Herpes zoster (varicella-zoster) (shingles)			
Disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out	A, C	DI	Susceptible HCWs should not enter room if immune caregivers are available.
Localized in patient with intact immune system with lesions that can be contained/covered	C	DI	Susceptible HCWs should not enter room if immune caregivers are available.
Impetigo	C	24 hrs	
Influenza			
Human (seasonal influenza)	D	5 days	Single patient room when available or cohort; avoid placement with high-risk patients; Chemoprophylaxis/vaccine may be given to control/prevent outbreaks. Duration of precautions for immunocompromised patients cannot be defined;

TABLE 1
Infections/Conditions Requiring Transmission Based Precautions

	Type	Duration	Precautions - Comments
Influenza (cont.)			prolonged duration of viral shedding (i.e. for several weeks) has been observed.
Avian (e.g., H5N1, H7, H9 strains)	→	→	See www.cdc.gov/flu/avian/professional/infect-control.htm for current guidance.
Pandemic influenza (also a human influenza virus)	D	5 days	See http://www.pandemicflu.gov for current pandemic influenza guidance.
Lice			See http://www.cdc.gov/lice/
Head (pediculosis)	C	24hrs	Clean clothing and clean bedding should be used immediately after treatment. Nits should be removed if possible.
Body	S		Transmitted person to person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes.
Pubic	S		Transmitted person to person through sexual contact. Clean clothing and clean bedding should be used immediately after treatment.
Measles (rubeola)	A	→	4 days after onset of rash; DI in immune compromised. Susceptible HCWs should not enter room if immune care providers are available. Place exposed susceptible patients on Airborne Precautions from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine.
Meningitis			
Aseptic (nonbacterial or viral; also see enteroviral infections)	S		Contact for infants and young children.
Bacterial, gram-negative enteric, in neonates	S		
Fungal	S		
<i>Haemophilus influenzae</i> , type b known or suspected	D	24 hrs	
<i>Neisseria meningitidis</i> (meningococcal) known or suspected	D	24 hrs	Postexposure chemoprophylaxis for household contacts.
<i>M. tuberculosis</i>	S		Concurrent, active pulmonary disease or draining cutaneous lesions may necessitate addition of Airborne and/or Contact Precautions. For children, Airborne precautions until active tuberculosis ruled out in visiting family members (see tuberculosis below).
Other diagnosed bacterial	S		
Meningococcal disease: sepsis, pneumonia, meningitis	D	24 hrs	
Monkeypox	A, C	→	A-until monkeypox confirmed and smallpox excluded, C-until lesions crusted. See www.cdc.gov/ncidod/monkeypox
Multidrug-resistant organisms (MDROs), infection or colonization e.g., MRSA, VRE, resistant <i>S. pneumoniae</i> , resistant gram-negative rods (e.g., <i>Pseudomonas</i> , <i>Acinetobacter</i> , <i>Klebsiella</i> , <i>E. coli</i>) including ESBL and CRE	C	DH – see Isolation D/C for MDRO	Includes all MDROs judged by Infection Control to be of clinical and epidemiologic significance. All patients flagged for an MDRO will be placed in Contact precautions upon readmit.
Mumps (infectious parotitis)	D	9 days	After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available.
<i>Mycoplasma pneumoniae</i>	D	DI	
Parainfluenza virus infection, respiratory in infants and young children	C	DI	Viral shedding may be prolonged in immunosuppressed patients. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
Parvovirus B19 (Erythema infectiosum)	D	→	Maintain precautions for duration of hospitalization when chronic disease occurs in an immunocompromised patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days. Duration of precautions for immunosuppressed patients with persistently positive PCR not defined, but transmission has occurred.
Pediculosis see lice			

TABLE 1
Infections/Conditions Requiring Transmission Based Precautions

	Type	Duration	Precautions - Comments
Pertussis (whooping cough)	D	5 days	Single patient room preferred. Cohorting an option. The household contacts of children that are R/O pertussis should be evaluated for the S/S of pertussis. Symptomatic individuals should be told to seek immediate medical care, and should be discouraged from visiting the nursery. If they must visit they should be instructed regarding respiratory etiquette and wear a surgical mask until they are no longer potentially contagious.
Plague (<i>Yersinia pestis</i>)			
Bubonic	S		Notify Infection Control immediately. See Bioterrorism Policy, IC-419.
Pneumonic	D	48 hours	Notify Infection Control immediately. See Bioterrorism Policy, IC-419.
Pneumonia			
Adenovirus	D, C	DI	Outbreaks in pediatric and institutional settings reported In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus.
Bacterial not listed elsewhere (including gram-negative bacterial)	S		
<i>B. cepacia</i> in patients with CF, including respiratory tract colonization	C	Unk	Avoid exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. See CF Foundation guideline.
<i>Chlamydia</i>	S		
Fungal	S		
<i>Haemophilus influenzae</i> , type b			
Adults	S		
Infants and children	D	24 hrs	
<i>Legionella spp.</i>	S		
Meningococcal	D	24 hrs	See meningococcal disease above.
Multidrug-resistant bacterial (see multidrug-resistant organisms)			
<i>Mycoplasma</i> (primary atypical pneumonia)	D	DI	
Pneumococcal pneumonia	S		Use Droplet Precautions if evidence of transmission within a patient care unit or facility.
<i>Pneumocystis jiroveci</i> (<i>Pneumocystis carinii</i>)	S		Avoid placement in the same room with an immunocompromised patient.
<i>Staphylococcus aureus</i>	S		For MRSA see MDRO.
<i>Streptococcus</i> , group A			
Adults	D	24 hrs	See streptococcal disease (group A streptococcus) below Contact precautions if skin lesions present.
Infants and young children	D	24 hrs	Contact precautions if skin lesions present.
Varicella-zoster (See Varicella-Zoster)			
Viral			
Adults	S		
Infants and young children (see bronchiolitis and croup)			
Poliomyelitis	C	DI	
Pressure ulcer (decubitus ulcer, pressure sore) infected			
Major	C	DI	If no dressing or containment of drainage; until drainage stops or can be contained by dressing.
Minor or limited	S		If dressing covers and contains drainage.
Rabies	S		Person to person transmission rare. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer postexposure prophylaxis.
Respiratory syncytial virus infection, in infants, young children and immunocompromised adults	C	DI	In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
Rhinovirus	D	DI	Droplet most important route of transmission. Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants).

TABLE 1
Infections/Conditions Requiring Transmission Based Precautions

	Type	Duration	Precautions - Comments
Ritter's disease (staphylococcal scalded skin syndrome)	C	DI	See staphylococcal disease, scalded skin syndrome below.
Rubella (German measles) (also see congenital rubella)	D	7 days after rash	Susceptible HCWs should not enter room if immune caregivers are available. Place exposed susceptible patients in Droplet Precautions from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine.
Scabies	C	24 hrs	Clean clothing and clean bedding should be used immediately after treatment. (see http://www.cdc.gov/parasites/scabies/)
Scalded skin syndrome, staphylococcal	C	DI	See staphylococcal disease, scalded skin syndrome below.
Severe acute respiratory syndrome (SARS)	A, C	DI →	Plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving. Airborne Precautions preferred; D if airborne isolation room unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-generating procedures and "supershedders" highest risk for transmission via small droplet nuclei and large droplets. Vigilant environmental disinfection (see http://www.cdc.gov/ncidod/sars/)
Smallpox (variola)	A, C		Notify Infection Control immediately. See Bioterrorism Policy, IC-419.
Staphylococcal disease (<i>S aureus</i>)			
Skin, wound, or burn			
Major	C	DI	No dressing or dressing does not contain drainage adequately
Minor or limited	S		Dressing covers and contains drainage adequately
Enterocolitis	S		Use Contact Precautions for diapered or incontinent children for duration of illness.
Multidrug-resistant (see multidrug-resistant organisms)			
Pneumonia	S		
Scalded skin syndrome	C	DI	Consider healthcare personnel as potential source of nursery, NICU outbreak.
Toxic shock syndrome	S		
Streptococcal disease (group A streptococcus)			
Skin, wound, or burn			
Major	C,	24 hrs	No dressing or dressing does not contain drainage adequately.
Minor or limited	S		Dressing covers and contains drainage adequately.
Endometritis (puerperal sepsis)	S		
Pharyngitis in infants and young children	D	24 hrs	
Pneumonia	D	24 hrs	
Scarlet fever in infants and young children	D	24 hrs	
Serious invasive disease	D	24 hrs	Outbreaks of serious invasive disease have occurred 2ndary to transmission among patients & healthcare personnel.
Streptococcal disease (group B streptococcus), neonatal	S		
Streptococcal disease (not group A or B) unless covered elsewhere	S		
Multidrug-resistant (see multidrug-resistant organisms)			
Syphilis			
Skin and mucous membrane, all stages and seropositivity without lesions	S		
Congenital	C	24hrs	After treatment begins.
Tuberculosis (<i>M. tuberculosis</i>)			
Extrapulmonary, draining lesion)	A, C	→	Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage.
Extrapulmonary, no draining lesion, meningitis	S		Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne Precautions until active pulmonary tuberculosis in visiting family members ruled out.
Pulmonary or laryngeal disease, confirmed	A	→	See page 22 for when and how to discontinue precautions.

TABLE 1
Infections/Conditions Requiring Transmission Based Precautions

	Type	Duration	Precautions - Comments
Pulmonary or laryngeal disease, suspected	A	→	Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, see page 22.
Skin-test positive with no evidence of current active disease	S		
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	S, D	24 hrs	Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if Group A streptococcus is a likely etiology.
Tularemia			Notify Infection Control immediately. See Bioterrorism Policy, IC-419.
Varicella Zoster	A, C	→	Until lesions dry and crusted. Susceptible HCWs should not enter room if immune caregivers are available. In immunocompromised host with varicella pneumonia, prolong duration of precautions for duration of illness. Post-exposure prophylaxis: provide post-exposure vaccine ASAP but within 120 hours; for susceptible exposed persons for whom vaccine is contraindicated (immunocompromised persons, pregnant women, newborns whose mother's varicella onset is <5 days before delivery or within 48 hrs after delivery) provide VariZIG when available through the Pharmacy, within 96 hours; if unavailable, use IVIG. Use Airborne Precautions for exposed susceptible persons beginning 8 days after first exposure until 21 days after last exposure or 28 if received VariZIG, regardless of postexposure vaccination.
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	A, C	DI	Notify Infection Control immediately. See Bioterrorism Policy, IC-419.
Whooping cough (see pertussis)			
Wound infections			
Major	C	DI	No dressing or dressing does not contain drainage adequately.
Minor or limited	S		Dressing covers and contains drainage adequately.
<i>Yersinia enterocolitica</i> gastroenteritis (see gastroenteritis)			
Zoster (varicella-zoster) (see herpes zoster)			

TABLE 2
Infections/Conditions Requiring Standard Precautions Only

Abscess: draining, minor or limited (dressing covers and contains drainage)
Acquired immunodeficiency syndrome (AIDS) *
Actinomycosis
Adenovirus infection in adults
Arthropodborne viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St. Louis, California encephalitis, West Nile Virus)
Arthropodborne viral fevers (dengue, yellow fever, Colorado tick fever)
Ascariasis
Aspergillosis
Babesiosis
Blastomycosis, North American, cutaneous or pulmonary
Brucellosis (undulant, Malta, Mediterranean fever)
Candidiasis, all forms including mucocutaneous
Cat-scratch fever (benign inoculation lymphoreticulosis)
Cellulitis, with controlled drainage
Chancroid (soft chancre) (*H. ducreyi*)
Chlamydia trachomatis:
 Conjunctivitis
 Genital
 Respiratory, pneumonia
Closed-cavity infection:
 Draining, limited or minor (dressing covers and contains drainage)
 Not draining
Clostridium:
 C. perfringens: food poisoning and gas gangrene
Coccidioidomycosis (valley fever): draining lesions and pneumonia
Colorado tick fever
Conjunctivitis:
 Acute bacterial
 Chlamydia
 Gonococcal
Cryptococcosis
Cysticercosis
Cytomegalovirus infection, neonatal or immunosuppressed
Decubitus ulcer, infected: minor or limited (dressing covers and contains drainage)
Dengue
Echinococcosis (hydatidosis)
Endometritis (endomyometritis)
Enterobiasis (pinworm disease, oxyuriasis)
Enterococcus species (vancomycin sensitive)
Enteroviral infections in adults
Epstein-Barr virus infection, including infectious mononucleosis
Food poisoning:
 Clostridium perfringens or *welchii*
 Staphylococcal
Gangrene (Gas gangrene)
Gonococcal ophthalmia neonatorum (gonorrhoeal ophthalmia, acute conjunctivitis of newborn)
Gonorrhoea
Granuloma inguinale (donovaniasis, granuloma venereum)
Guillain-Barre syndrome
Hantavirus pulmonary syndrome
Helicobacter pylori

Hepatitis, viral:

- Type B - HBsAg positive, acute or chronic
- Type C
- Type D
- Type G

Herpes simplex (Herpesvirus hominis):

- Encephalitis
- Mucocutaneous, recurrent (skin, oral, genital)

Herpes zoster localized in a normal patient

Histoplasmosis

Hookworm disease (ancylostomiasis, uncinariasis)

Human immunodeficiency virus (HIV) infection

Infectious mononucleosis

Kawasaki syndrome

Legionnaires' disease

Leprosy

Leptospirosis

Listeriosis

Lyme disease

Lymphocytic choriomeningitis

Lymphogranuloma venereum

Malaria

Melioidosis, all forms

Meningitis:

- Aseptic (nonbacterial or viral meningitis) in adults
- Bacterial, gram-negative enteric, in neonates
- Fungal
 - Listeria monocytogenes*
 - Streptococcus pneumoniae*
 - M. tuberculosis*

Molluscum contagiosum

Mononucleosis

Mucormycosis

Mycobacteria, nontuberculosis (atypical), all body sites

Necrotizing enterocolitis

Nocardiosis, draining lesions or other presentations

Orf

Pinworm infection

Pneumonia:

- Bacterial not listed elsewhere (including gram-negative bacterial)
 - Chlamydia*
- Fungal
 - Haemophilus influenzae*, type b, in adults
- Legionella
- Pneumococcal (nonresistant)
 - Staphylococcus aureus* (nonresistant)
- Viral in adults

Pneumocystis jiroveci (*Pneumocystis carinii*)

Poison Ivy, Poison Oak, Poison Sumac

Psittacosis (ornithosis)

Q fever

Rabies

Rat-bite fever (*Streptobacillus moniliformis* disease, *Spirillum minus* disease)

Relapsing fever

Respiratory infectious disease, acute (if not covered elsewhere) in adults

Reye syndrome

Rheumatic fever

Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)

Rickettsialpox (vesicular rickettsiosis)

Ringworm (dermatophytosis, dermatomycosis, tinea)
Rocky Mountain spotted fever
Roseola infantum (exanthem subitum)
Schistosomiasis (bilharziasis)
Sporotrichosis
Spirillum minus disease (rat-bite fever)
Staphylococcal disease (*S. aureus*):
 Skin, wound, or burn: minor or limited (dressing covers and contains drainage)
 Enterocolitis
 Pneumonia
 Toxic shock syndrome
Streptobacillus moniliformis disease (rat-bite fever)
Streptococcal disease (group A *Streptococcus*):
 Skin, wound, or burn: minor or limited (dressing covers and contains drainage)
 Endometriitis (puerperal sepsis)
 Scarlet fever in adults
Streptococcal disease (group B *Streptococcus*), neonatal
Streptococcal disease (not group A or B) unless covered elsewhere
Strongyloidiasis
Syphilis:
 Skin and mucous membrane, primary, secondary, Latent (tertiary) and seropositivity without lesions
Tapeworm disease:
 Hymenolepis nana
 Taenia solium (pork)
 Other
Tetanus
Tinea (fungus infection dermatophytosis, dermatomycosis, ringworm)
Toxoplasmosis
Trachoma, acute
Trench mouth (Vincent's angina)
Trichinosis
Trichomoniasis
Trichuriasis (whipworm disease)
Tuberculosis:
 Extrapulmonary, no draining lesion, meningitis
 Skin-test positive with no evidence of current pulmonary disease
Typhus, *Rickettsia pro wazekii* (Epidemic or Louse-borne typhus) and *Rickettsia typhi*
Urinary tract infection (including pyelonephritis), with or without urinary catheter
Vincent's angina (trench mouth)
Viral diseases: respiratory (if not covered elsewhere) in adults
Wound infections: minor or limited (dressing covers and contains drainage)
Zoster (varicella-zoster) localized in normal patient
Zygomycosis (phycomycosis, mucormycosis)

SECTION II

AIRBORNE PRECAUTIONS INDEX

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Airborne Transmission-based Precautions

- I. **Definition of Airborne isolation precautions:** These are transmission-based isolation precautions that reduce the risk of pulmonary tuberculosis (TB) and other agents. TB Transmission occurs by the dissemination of either airborne droplet nuclei (small particle residue of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing TB. These droplet nuclei may be generated when a person infected with TB coughs, speaks, sings, sneezes or spits. Droplet nuclei may also be generated during suctioning, endotracheal intubation and bronchoscopy. TB can be widely dispersed by air currents and may become inhaled; therefore, special air handling and ventilation are required. **The door to an Airborne Infection Isolation (All) room must be kept closed at all times to maintain the air handling and ventilation.** If an anteroom is available, this must be the means of entering or exiting the patient's room, and must be kept closed except for entering and exiting.

Airborne precautions apply to patients known or suspected to be actively infected with **pulmonary TB**, chickenpox (varicella), disseminated herpes zoster and measles (rubeola). Airborne precautions are also used for certain biological weapons, i.e., viral hemorrhagic fevers, smallpox, see the Bioterrorism Policy, IC-419.

II. Airborne Category Specific Information:

- A. Indication for Use: For those conditions indicated by A in Table 1, in Section I.
- B. Patient Placement: In an Airborne Infection Isolation (All) Room which is a private room with negative air pressure and at least 12 air exchanges per hour. Currently the following rooms are designated All rooms:
1. Critical Care areas:
 - a) 5S Intensive Care - 506, 507, 514, 515.
 - b) 6S Coronary Care - 606, 607, 614, 615.
 2. Medical/Surgical areas:
 - a) 5 Rehab - 540
 - b) 8S - 822, 823.
 - c) 9S - 922, 923.
 - d) 10S - 1022, 1023.
 - e) 11S - 1122, 1123.
 - f) 12S - 1222, 1223.
 3. Obstetrical area:
 - a) LDRP - 718
 4. Specialty Areas:
 - a) Emergency Department - 18, decontamination room
 - b) PACU - Isolation room 21.
 - c) Bronchoscopy - Endo rooms.
 - d) Radiology - Nuclear medicine rooms 1, 2.
 - e) Select Care - 558
 - f) Morgue
- If all appropriate rooms are occupied then an All room must be opened to accommodate TB placement. Please note that the isolation of TB patients takes priority over **all** other patients (including prisoners), that may be occupying All rooms, and should be done **as soon as possible**. If difficulties arise in arranging for transfer to an All room contact Infection Control at 22290 or the Nursing Supervisor.
- C. Respiratory Protection: **Employees must wear respiratory protection**, an N-95 respirator, when entering the room of a patient with known or suspected infectious pulmonary TB. **Employees must be fit tested for N-95 respirators in order to wear them.**
- D. Patient Transport: Limit the movement and transport of the patient from the room for essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient. Personnel in the area to which the patient is being taken

should be notified of the impending arrival of the patient and the precautions to be used to reduce the risk of transmission of TB.

- E. Patient Surgery: Patients with active pulmonary TB that require an operative procedure will have their surgery performed at the end of the day or at a time when the least amount of patients and employees are present in the Surgery Department, if possible. The used OR will be aired at least 28 minutes. All employees that participate in the surgery will wear an N-95 respirator. The patient will go to the PACU isolation room.

III. Protocol for the Early Identification of Patients with Active Pulmonary TB:

- A. It will be the policy of the Emergency Department (ED) to assess patients at the time of triage for signs and symptoms of TB. Those patients with cough/fever/upper lobe pulmonary infiltrate will be placed in Airborne isolation. Those patients with cough/fever/pulmonary infiltrate in any lung location that are HIV infected or at high risk for HIV infection will be placed in Airborne isolation. Airborne isolation will be instituted in the ED as follows:
 1. The patient will be admitted to or transferred to room 18 as soon as possible.
 2. An Airborne sign will be placed on the door to the room and the door will be kept closed.
 3. The nurse will explain Airborne isolation to the patient.
 4. A family member or significant other will be asked to complete the registration process.
 5. The charge nurse and ED physician on duty will be notified.
 6. All staff entering the room will adhere to Airborne precautions.
 7. Patients who can tolerate wearing a surgical mask will do so to leave the isolation room for procedures or to be admitted.
 8. The department where the procedure is to be performed will be notified to follow Airborne precautions.
 9. The patient will be admitted to an All room and report will be called to the receiving unit before transfer.
 10. The room will be aired 35 minutes for room 18 and 70 minutes for all other rooms.
- B. Patient Registration - If a physician indicates the patient will need isolation for TB, Patient Registration will direct the physician to send the patient with a surgical mask in place. If the patient presents without a mask, Patient Registration will immediately mask the patient with a surgical mask. Patient Registration will then assign the patient to an All room.
- C. All patients admitted directly to the nursing units will be assessed at the time of admit for signs and symptoms of TB. If signs or symptoms are present, the nurse will notify the primary physician and Infection Control. Physicians whose patients have cough/fever/upper lobe pulmonary infiltrate will order Airborne isolation unless pulmonary TB has been ruled out. Physicians whose patients have cough/fever/pulmonary infiltrate in any lung location that are HIV infected or at high risk for HIV infection will order Airborne isolation. The patient will then be transferred to an All room as soon as possible.

IV. Initiating Isolation:

- A. In general, it is safer to “over isolate” than to “under isolate,” particularly when the diagnosis is uncertain and TB is seriously being considered. For a patient who appears to have pulmonary TB requiring Airborne precautions, it is important to institute precautions **immediately** rather than wait for confirmation of the TB diagnosis.
- B. Isolation procedures may be instituted and maintained without a physician’s order if TB is suspected. **Droplet isolation should not be ordered when TB is suspected.**
- C. Infection Control Practitioners can order Airborne isolation as outlined in this policy.
- D. Positive smears and cultures for AFB will be called to the nursing unit by the Laboratory. In these instances the patient should be isolated as soon as possible. **Please note:** Patients with atypical Mycobacteria, (i.e., avium) do not require isolation.
- E. All rooms are non-territorial, that is, consideration for the appropriate type of isolation is a priority over matching the patient to the nursing unit that houses the patient’s hospital service.
- F. To enter airborne isolation into Paragon see Section I, V, page 7.

V. Patient and Visitor Education:

- A. Patients should be informed of Respiratory/Cough Etiquette:
 - 1. Cover your mouth and nose with a tissue every time you cough or sneeze. Discard tissue in appropriate receptacle.
 - 2. Sneeze or cough in your sleeve if you don't have a tissue.
 - 3. Turn your head away from others when coughing or sneezing.
 - 4. After coughing or sneezing always clean your hands with soap and water or an alcohol based hand sanitizer.
- B. Visitors should talk to a nurse before entering the room of a patient in Airborne precautions. Visitors should wear a surgical mask when entering the room unless they have had prolonged exposure to the patient before hospitalization and choose not to. Visitors are not given respirators because they have not been fit tested.
- C. If indicated, visitors should be instructed in the correct use of the surgical mask.

VI. Procedure to Terminate Isolation:

- A. Obtain a physician's order or approval from Infection Control to discontinue Airborne isolation precautions.
- B. Delete the Airborne isolation code in Paragon if the patient is not to be discharged. This will let personnel know that the patient is no longer in isolation.
- C. TB patients remain in Airborne isolation while hospitalized until they have had **three** consecutive negative sputum smears collected on different days and they demonstrate clinical improvement. In rare instances patients may have undergone treatment and shown clinical improvement but still remain smear positive and are culture negative. In these instances patients can be removed from Airborne isolation only with the approval of an infectious disease or pulmonary physician.
- D. Patients may be discharged that are still considered contagious with a physician's order. These patients should be instructed to wear a surgical mask when leaving the medical center and as instructed by their physician.
- E. Infection Control and the attending physician should be notified immediately of any patient that is in Airborne isolation that leaves against medical advice (AMA).

VII. Procedure to Discharge a TB Patient that will be on Direct Observed Therapy:

- A. Any patient that has been in the past, or appears now will be, noncompliant with taking his TB medications should be referred to Genesee County Health Department's (GCHD) Direct Observed Therapy (DOT) program before discharge.
- B. A doctor's order is needed to initiate DOT.
- C. Referrals should be called to the GCHD Communicable Disease Division at 257-1017.
- D. Referrals should be made well in advance to allow the health department adequate time to schedule home visits.
- E. As soon as the approximate date of discharge is known, GCHD should be notified of the discharge date and copies of the TB drug prescriptions should be faxed to GCHD at 257-3247.
- F. The Public Health Nurse will meet with the patient before discharge to:
 - 1. Have him sign a release form so that his medical record can be sent to the health department.
 - 2. Get a telephone number from the patient where he can be reached.
 - 3. Make arrangements for the public health nurse to visit his home and administer his medications.

VIII. Procedure to Discharge a TB Patient that will be Followed By Genesee County Health Department (GCHD) Chest Clinic:

- A. GCHD Chest Clinic services are provided to TB patients without insurance or who have Medicaid coverage.
- B. Chest Clinic appointments can be made through GCHD Communicable Disease Division at 257-1017.

- C. As soon as the approximate date of discharge is known, GCHD should be notified of the discharge date and copies of the TB drug prescriptions should be faxed to GCHD at 257-3247.
- D. The Public Health Nurse will meet with the patient before discharge to:
 - 1. Have him sign a release form so that his medical record can be sent to the clinic.
 - 2. Give the patient a clinic appointment card.
 - 3. Get a telephone number from the patient where he can be reached.
 - 4. Drop off his TB medications to get him through until his clinic appointment as needed.
 - 5. Give the patient surgical masks to wear when going out, or to the clinic, until he is AFB smear and culture negative.

IX. Patient Exposures to TB:

- A. The unit or department where the exposure occurred will immediately notify Infection Control.
- B. If the exposure occurred from an infected employee or if employees were also exposed the Employee Health Office will also be notified.
- C. The unit or department will immediately provide Infection Control with a complete list of all possible patient exposures and the medical record numbers of all patients involved.
- D. If the exposures did not recently occur, Infection Control will investigate to try and identify room occupants that shared a room with the TB patient during his admission.
- E. Infection Control will then notify each admitting physician, listed under the patient's medical record number in the hospital computer, of the exposure.
- F. Notification and possible treatment of such cases will be at the discretion of the admitting physician. Infection Control will only notify patients directly in extremely extenuating circumstances. Infection Control is not able to order appropriate tests and prophylactic measures or counsel patients on the appropriate actions to take.
- G. If the physician prefers, patients that have been discharged can be seen in an outpatient clinic for diagnostic procedures or treatments that are indicated.

X. Cleaning of All Rooms:

- A. Rooms that have housed patients in Airborne precautions should be cleaned the same as patient rooms that have housed patients in standard precautions unless the amount of environmental contamination indicates a need for special cleaning.
- B. For routine cleaning of patient rooms housing patients suspected or confirmed to have pulmonary TB (Airborne isolation) an N-95 respirator will be worn.
- C. When patients with active pulmonary TB are discharged, All rooms should be aired for 35 minutes, with the door closed, and no Environmental Services personnel allowed in unless an N-95 respirator is worn. **Please note:** For patients that are no longer considered contagious at discharge, the room will not need to be aired.
- D. Regular patient rooms that have housed a patient with active pulmonary TB (before transfer) should be aired for 70 minutes, with the door closed, unless an N-95 respirator is worn.

XI. Maintenance and Monitoring of Ventilation:

- A. The Engineering department will be responsible for the regular maintenance and monitoring of the general ventilation and local exhaust (laboratory hoods etc.) systems. Designated All rooms will:
 - 1. Have a single pass system where after air passes through the room (or area) 100% of the air will be exhausted to the outside away from air intake vents, persons, sidewalks, windows and animals.
 - 2. Have a negative pressure to the hallway or anteroom.
 - 3. Have a minimum of 12 air exchanges per hour (ACH).
 - 4. Be monitored daily (tissue test) by the Engineering Department while a patient is in Airborne isolation. A log will be kept of pressure measurements in the Engineering Department.
- B. The tissue test procedure will be done as follows:
 - 1. Outside the closed All room door hold the tissue near the bottom of the door and approximately two inches in front of the door, or at the face of a grille or other opening if the door has such a feature.

2. The tissue should be held parallel to the door, and the tissue will travel in the direction of the airflow. Note the direction of the airflow. If the room is at negative pressure, the tissue will travel under the door and into the room. If the room is not at negative pressure, the tissue will be blown outward or will stay stationary.
3. Document the direction of the airflow. Notify the Engineering managerial staff of any All room that is not at negative pressure.
4. If the room is unoccupied the managerial staff of Facilities Management will initiate a work order to have the ventilation for the room repaired. If the room is occupied with a TB patient, notification will be given to the Nursing Supervisor if the patient needs to be moved to a different All room.

XII. Respirator Use and Care:

- A. Employees will wear N-95 respirators when:
 1. Entering rooms housing individuals with suspected or confirmed infectious pulmonary TB.
 2. Performing high hazard procedures on individuals who have suspected or confirmed TB disease, such as:
 - a) Aerosolized medication treatment.
 - b) Bronchoscopy.
 - c) Sputum induction.
 - d) Endotracheal intubation.
 - e) Suctioning procedures.
 - f) Autopsies.
 3. Transporting in a closed vehicle, an individual with suspected or confirmed TB disease.
- B. Respirator care:
 1. N-95 respirators should be disposed of if contaminated with blood or other potentially infectious materials.
 2. Respirators should be checked for damage before use. N-95 respirators can be reused as long as the respirator maintains its structural and functional integrity wherein the mask is not compromised by being too moist.
 3. Respirators should never be shared between employees. Respirators should be marked or stored in such a manner to assure that they are only worn by the assigned employee.
 4. Respirators should be stored in a convenient, clean and sanitary location.
 5. Replacement N-95 respirators are available from Materials Management. It is the employee's responsibility to care for their N-95 respirator and replace it as needed.

XIII. Information and Training:

- A. MRMC will ensure that all category A employees participate in a TB training program. This training will be provided at no cost to the employees and during working hours.
- B. Training will be provided at the time of initial assignment to category A work and at least annually thereafter.
- C. Material appropriate in content and vocabulary to the educational level, literacy, and language background of employees will be used.
- D. The training program will contain all of the following elements:
 1. The hazard of TB transmission.
 2. The signs and symptoms of TB.
 3. Medical surveillance of TB.
 4. TB therapy.
 5. Site specific protocols, including the purpose and proper use of controls.
- E. Training will be conducted as follows:
 1. All employees in category A positions will receive initial training and annual retraining.
 2. Training methodologies will be determined by and the sole responsibility of the Education Department. Content of the initial and annual training programs will be overseen by the

- Infection Control Department.
3. The person or persons who conduct training will be knowledgeable in all of the following areas:
 - a) The information presented in the training session.
 - b) MRMC's Respiratory Protection Program, Policy IC-206.
 - c) Conditions of the work environment that affect the implementation of the Respiratory Protection Program.
 4. Individual departments will be responsible for orientating employees to task-specific standard operating procedures (SOPS) that address all of the following areas:
 - a) Employee recognition of reasonably anticipated exposure to TB.
 - b) Appropriate selection, use, maintenance, and disposal of respirators.
- F. Documentation of training will be done as follows:
1. The Education Department will develop and maintain training records for each category A employee. Training records will be maintained for at least 3 years beyond the date that the training occurred.
 2. Infection Control will maintain training records for all groups that are not employees (i.e., volunteers, students) that receive training through Infection Control. These records will be maintained for at least 3 years beyond the date that the training occurred.
 3. Training records will include all of the following information:
 - a) The dates of the training sessions.
 - b) The contents or a summary of the training sessions.
 - c) The names and qualifications of persons who conduct the training.
 - d) The names and job titles of all persons who attend the training sessions.
- G. Employee training records will be provided, upon request, for examination and copying to employees, employee representatives, and to representatives of the Michigan Department of Community Health (MDCH) or the Director of MDCH.
- H. Employee training records will be provided, upon request, for examination and copying to employees, employee representatives, and the Director of MDCH.
- I. Special training: Any special problem or question that warrants attention on a given unit or within a particular department will be addressed via an "ad hoc" inservice program set up by the Infection Control. This information will be shared on all shifts involved, generally at "report time" between shifts.

Administrative Responsibility: Infection Control Committee

References or Appendices: 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (HICPAC)

Management of Multidrug-Resistant Organisms In Healthcare Settings 2006 (HICPAC)

Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Healthcare Settings, 2005 (CDC)

IC-403, *Bloodborne Pathogens Exposure Control Policy*
IC-419, *Bioterrorism Policy*
IC-424, *Cleaning and Disinfection of Patient Care Equipment*

APPROVAL:

Jagdish Bhagat, MD, Chief of Staff

Patient Safety

Your Role...

- Know my role and responsibility for maintaining a safe environment.
- Know how to report patient safety issues.
- What steps to take in the event of a medical device failure (what the Safe Medical Device Act is, what is a medical device, what must be reported, etc).
- Know what committee oversees patient safety issues.
- Know the Performance Improvement (PI) process and PI initiatives you are involved in.

Regulatory Compliance



Agenda

- Regulatory Compliance
- Joint Commission Accreditation/Patient Safety
- Recipient Rights

What is compliance?

“Compliance” by definition: Acting in accordance with applicable laws and public trust.

Compared to a “Corporate Compliance Program”:

- A pro-active, coordinated, hospital-wide attempt at finding and fixing violations of state and federal regulations and third party payer (insurance) rules.
 - Culture that promotes prevention, detection and resolution of instances of conduct that do not conform to laws, and/or McLaren-Flint’s ethical and business policies

CORPORATE COMPLIANCE

- Mandatory program required by the federal government if a healthcare provider accepts federal or state funded-money
 - Medicare & Medicaid reimbursement
 - If a health care provider’s compliance program deemed “effective”, the government may lessen or negate penalties and fines if found to be in unintentional non-compliance.
- Our program was established to identify issues/concerns & encourage anyone to report
- Prevent issues from recurring

DO THE RIGHT THING!
Compliance begins with YOU!

Benefits of a Compliance Program

- Demonstrates McLaren-Flint’s commitment to honest and responsible conduct – patient care & business activities
- Identifies and prevents unethical and criminal conduct
- Creates a centralized department for accessing & distributing information
- Minimizes hospital’s exposure to liability

Your Responsibilities

- Learn and follow policies, expectations, and your own professional ethic.
- Complete all required training, read newsletters and e-mails with updated information.
- Report real or suspected violations; support others that do the same.
- Seek additional information from your supervisor or Compliance Officer when something does not seem right.

Most of all, be a model of ethical behavior.

7 ESSENTIAL ELEMENTS

An "effective" Compliance Program should have:

1. Written Standards of Conduct
2. High level responsibility
3. Education & Training
4. Communication/reporting Hotline
5. Discipline & Enforcement
6. Auditing & Monitoring
7. Response & Correction

High Level Responsibility

Compliance Committee

- Compliance Officer
- McLaren-Flint Executives, Directors and Managers
- Board Member(s)
- Physicians & Nurses
- Board of Trustees have Overall Responsibility

Education and Training

- General New Hire Orientation
- Nursing Orientation
- Job & departmental orientation
- Annual Compliance, HIPAA, and general Environmental & Safety education modules
- Ongoing departmental and hospital education through newsletters and other sessions.

Stay Informed and Ask Questions!

Communication Methods & Hotline

Get information to the people that need to know and can make a difference in how things are done.

- Compliance Hotline - **(810) 342-2256**
- Callers may be Anonymous
- Supervisor
- Mail, Drop In, Call Directly

Non-Retaliation policy for Referrals made in "Good Faith"

Discipline and Enforcement

- Failure to follow guidelines or report a potential violation will result in disciplinary action, up to and including termination.
- Discipline is determined by the nature, severity, and frequency of the violation.
- **Intentional or reckless non-compliance can result in significant actions, including**
 - Termination of employment
 - Legal prosecution.

Auditing and Monitoring

- Oversight by the A/M Committee
 - Main focus on appropriate documentation, coding and billing of patients' services
 - Only submit bills for necessary services performed
 - Much interaction with health insurance payers
- Yearly evaluation of the Compliance Program
 - Are we reaching intended audiences?
 - Proactive monitoring of activities & responsiveness to reported concerns
- Departmental Internal and External Audits
 - Review of specific processes by departments
 - Conducted by McLaren-Flint or outside payers/consultants
- Review and Modify processes or policies based on findings

Response and Correction

Based on audit or investigation findings...

- Determined out how error happened, fix it and how to ensure it won't happen again!
- Repay any inappropriate payments to payers or customers, as needed
- Self report areas of non-compliance, as required
- Educate, update processes and/or policies as needed

Written Standards

McLaren Health Care's Standards of Conduct:

- Guidelines that direct our actions and decisions as we represent our organization to the patients, physicians, other employees, volunteers, insurance companies, and the community
- Provide a framework of our ethical culture and outlines behaviors expected of all workforce members
- Supplemented by departmental policies & procedures
- Must use own professional judgement and common sense
- If you are unsure, always ask for clarification

Standards of Conduct

Patient Care

- Admit only when medically necessary
- Discharge only when appropriate
- Patient Rights (covered in Patient Safety section of orientation)
- Informed Consent – discuss process and purpose
- Respect for:
 - Care and Treatment Decisions - even when different from our own.
 - Cultural Beliefs and Values - even when different than our own.

Standards of Conduct

Managed Care

- Hospitals must provide the same care to all patients, regardless of their ability to pay or any insurance coverage.
- Changing a patient's course of treatment based on that coverage is not acceptable.

Standards of Conduct

Documentation and Coding

- Must be accurate, legible and complete
 - Implications to billing for services rendered
- Diagnosis, procedure and other billing codes must follow all coding guidelines and be based on documentation in the medical record.
- Some of this data is publically available
 - Check out Hospital Compare:
<http://medicare.gov/hospitalcompare/>

Standards of Conduct

Teaching Hospital

- Teaching Faculty Physicians (aka "Attending" doctor) can only submit claims for services that they personally provided, or if they supervised the Resident and controlled the key portions of the patient visit.
- Teaching Physician's presence must be reflected daily in the medical record through documentation.

Standards of Conduct

McLaren-Flint Property – What **NOT** To Do

- Purchase something for personal use with hospital funds
- Falsify travel expenses
- Steal (borrow long term) money, equipment or supplies
- Misrepresent productivity for personal gain
- Fail to secure or properly inventory supplies
- Fail to appropriately document care or business activities

Standards of Conduct

Gifts

- Gifts should be appropriate to the circumstances
 - Per McLaren Healthcare corporate policy, employees may not solicit or accept anything, including a loan, reward, material or property, from a patient or a patient's family, visitor, contractor, supplier or competitor.
 - Do not accept cash or a cash equivalent, like a gift card
 - Value may not exceed \$50 per occasion
 - Situations could occur where refusal of a small token of appreciation from a patient, such as candy or cookies, would be awkward and embarrassing. In these situations, acceptance of such small items is permissible.
 - Employees should direct patients or family members wanting to make donations or provide gifts to McLaren-Flint's foundation.
- Should not be given or accepted with the intent of influencing someone's decision making process in their job
- Notify your supervisor or Compliance Officer if you are uncertain of whether you should give or receive a gift.

Standards of Conduct

Conflict of Interest

- A conflict of interest arises when outside interests intrude (or appear to intrude) on the decisions we make in our jobs.
 - Family members, close friends, etc.
 - Be especially careful with the appearance of personal gain with vendors and other representatives.
 - Report any real/potential conflicts to Human Resources or Compliance departments
- (Refer to Human Resources "Conflict of Interest" policy)

Federal False Claims Act

False Claim Act is a federal law that addresses fraud involving federally funded programs.

Medicare & Medicaid payments make up the majority of healthcare claims paid by the U.S. government.

Approximately ½ of McLaren-Flint's patients have Medicare coverage.

Federal False Claims Act

- Knowing and willful submission, or failure to report or correct the following:
 - Billing for services not rendered
 - Billing for services not ordered by a physician
 - Billing for medically unnecessary services
 - Billing for conditions acquired at the hospital that should not have occurred
 - Care documented doesn't reflect level of care given
 - Keeping payments from patients or payers that are not appropriate
 - Claims resulting from relationships that violate Anti-Kickback and Stark Laws

FCA Example – Show Me the \$\$

Example: \$100 overpayment on 200 billed claims

- \$100 X 200 = \$20,000 in overpayment
- \$20,000 X 3 = \$60,000 in treble (3 times) damages
- 200 claims X \$11,000 = \$2,200,000 in fines
- \$20,000 + \$60,000 + \$2,200,000 = **\$2,280,000**

Benefits of having a compliance program and avoiding False Claims Act violations....
PRICELESS!

EMTALA

Emergency Medical Treatment and Active Labor Act (EMTALA)

- Must provide medical screening (by a Dr., PA, NP) and emergency medical treatment to all patients regardless of their ability to pay.
- Assess, stabilize and treat FIRST...figure out payment method AFTER
- Known as the "Anti-dumping" law

EMTALA

As a hospital, we have a responsibility to treat all patients seeking care, not only those able to pay for it.

- Stabilize the emergent condition before transferring the patient.
- Inform the patient of the reason for transfer.
- Obtain the patient's consent for the transfer
- Notify the receiving facility of the transfer

NOTE: Transfers should occur when the hospital does not have the resources or services that are necessary for the best interest of the patient, or at the patient, family, or primary physician's request.

Standards of Conduct

Illegal Business Relationships

Anti Kickback Statute - Financial incentives linked to number of patient referrals is illegal

- Anyone who willfully pays, or receives anything of value to bring about a patient referral
- Payment of any form, including cash, gifts, discounts, etc.
- Waiver of co-insurance or deductibles, professional courtesy
- Offer or acceptance of payment other than "fair market value"
- Lunches, free CME trips, golf outings, office supplies

Standards of Behavior

Illegal Business Relationships

Self-Referrals (Stark Parts 1-3)

- Commonly called "Stark law"
- When a physician or immediate family member has financial interest or payment arrangement with an entity receiving their patient referral
- Yearly limits on "Non-Monetary Compensation" to patient referral sources must be closely tracked

Whistleblower Protections

Any person, internal or external to an organization, has the right to report suspected compliance violations to the appropriate government agency without fear of retaliation.

- Allow an individual – for example, an employee – to bring suit on behalf of the government
 - Whistleblower must have documented evidence
 - Government can decline to participate if evidence is insufficient
 - Can have financial benefit for whistleblower
 - Rewarded a percentage of the penalty paid
 - Requires non-retaliation protections
 - Retaliation is considered a compliance violation

Remember, the McLaren-Flint Compliance Hotline is your internal method to report concerns.

Standards of Behavior

The laws and regulations are very complex, filled with exceptions, and constantly changing.

Any questions should be referred to the Compliance Officer or Compliance Hotline for additional discussion and investigation.

The Joint Commission (TJC) Accreditation

- Accredits health care facilities to ensure safe patient care in a safe and appropriate environment
 - Most standards based on Medicare requirements
- Survey about every 3 years
 - Expect our next survey in late 2013, early 2014
- Perform annual reviews of all standards to check for ongoing compliance
- Survey Readiness team meets monthly
- Mock surveys performed monthly
- TJC standards available on FLT computers

National Patient Safety Goals

- Joint Commission releases yearly updates to the NPSG's.
- All accredited facilities must achieve full implementation of these goals to avoid negative survey findings.
- NPSG's tend to stay the same over time, with additions and/or deletions as Joint Commission deems appropriate.

MPMC Patient Safety Program Goals

- Promote a culture of SAFETY
- Promote a reporting environment that moves away from blame
- Promote communication among the healthcare team, patients and families
- Engage patients in the safety of their care
- Compliance with TJC's 2013 National Patient Safety Goals.

Just Culture

Each type of behavior has a different cause, so a different response is required.

- **Human Error**
 - The worker did not intend the action or the risk/harm that resulted (oops).
- **At Risk Behavior**
 - Normalization of deviance. Drift into unsafe habits, lose perception of the risk attached to everyday behaviors or mistakenly believe the risk is justified.
- **Reckless Behavior**
 - Perceive the risk he/she is taking, understands the risk is substantial, behave intentionally, make a conscious choice to disregard the risk, or know that others are not engaging in the same behavior.

National Patient Safety Goals (2014)

Goal 1: Use at least two patient identifiers when providing care, treatment, and services.

1. Use name and birth date, (physical location is not to be used as an identifier).
2. Label all blood and specimen containers in the presence of the patient.
3. Before initiating a blood or blood component transfusion:
 - Match blood to the order
 - Match patient to the blood.
 - Use a two person verification process including one RN involved in the transfusion).

Goal 2: Report critical results of tests and diagnostic procedures on a timely basis.

1. Develop written procedures for managing critical results, including the definition of a critical result and by whom and to who critical results can be communicated to.
2. Implement the procedures for managing the critical results of tests and diagnostic procedures.
3. Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures.

National Patient Safety Goals (2014)

Goal 3: Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. (includes containers, syringes, medicine cups, and basins.

1. In perioperative and procedural areas both on and off the sterile field, label all meds that are not immediately administered.
2. Label all meds that are transferred from the original packaging.
3. Label includes: med name, strength, quantity, diluent, volume, prep date, exp date if not to be used within 24 hours.
4. Two qualified people verify the meds with their labels, one person is to be the person administering the med.
5. Immediately discard meds found unlabeled.
6. Remove all labeled containers and discard at end of procedure.
7. All meds and solutions both on and off sterile field are reviewed by entering and exiting responsible staff.

Goal 3.05: Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

1. Use only oral unit dose products, prefilled syringes, premixed IV's.
2. Use approved protocols for the initiation and maintenance of anticoagulant therapy.
3. Before patient begins therapy, assess patients coagulation status (INR).
4. Use authoritative resources to manage potential food/drug interactions.
5. IV heparin needs to be on a pump.
6. Written policy addresses baseline and ongoing lab tests required for monitoring.
7. Provide education to staff, patients and families.
8. Evaluate safety practices, take action to improve practices and evaluate the effectiveness of those actions.

National Patient Safety Goals (2014)

Goal 7

7.01 Comply with either the current CDC or WHO hand hygiene guidelines.

1. Set goals for compliance with guidelines.
2. Improve compliance with hand hygiene guidelines based on established goals.

7.03 Implement evidence based practices to prevent HAI due to MDRO.

7.04 Implement evidence based practices to prevent central line infections (includes long and short term use and PICC's)

7.05 Implement evidence based practices for preventing surgical site infections.

7.06 Prevent catheter related urinary tract infections.

National Patient Safety Goals (2014)

Goal 8: A process exists for comparing the patients current medications with those ordered for the patients while under the care of the hospital.

1. When a patient comes to the hospital or is admitted, a complete list of home meds is documented.
2. The medications ordered for the patient while in the hospital are compared to the home list.
3. Discrepancies are reconciled and documented.
4. When patient is transferred within or out of the hospital a current med list is communicated to the next caregiver.
5. When patient is discharged, a current list of meds is provided to the patient and/or family.
6. In settings where meds are used minimally a modified medication reconciliation process is performed.

Goal 15: Identify patients at risk for suicide.

1. Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase risk of suicide.
2. Address the patient's immediate safety needs and the most appropriate treatment setting.
3. When a patient at risk for suicide leaves the hospital, provide suicide prevention information (such as a crisis hotline).

National Patient Safety Goals (2014)

UP 01.02 Mark the procedure site

UP 01.01 Conduct a preprocedure verification process.

1. Implement a process to verify the correct procedure, correct patient, at the correct site. involve the patient when possible).
2. Identify the items that must be available for the procedure and use a standard list to verify their availability
3. Match the items that are to be available in the area to the patient. UP 01.03

1. A time out is performed before the procedure

1. Identify procedures that require site marking.
2. Mark the site before the procedure if possible with the patient involved.
3. Site to be marked by LIP responsible for the procedure and will be present during procedure.
4. Consistent application of process throughout organization.
5. Alternative process for patient who refuse or when site marking is impossible or impractical.

TJC Patient Safety Standards

- Read back of Verbal Orders
- Do not Use Abbreviations
- Hand off Communications
- Look alike sound alike Drugs
- Patient and Family Involvement- How they report concerns about safety
- Rapid Response Team
- Fall Prevention Program

The Joint Commission

- Patients, visitors, and employees may contact Joint Commission to communicate compliments or concerns related to a Joint Commission accredited organization.

Contact Information:

- 800-994-6610 or
- complaint@jointcommission.org

- How to answer a surveyor's questions...

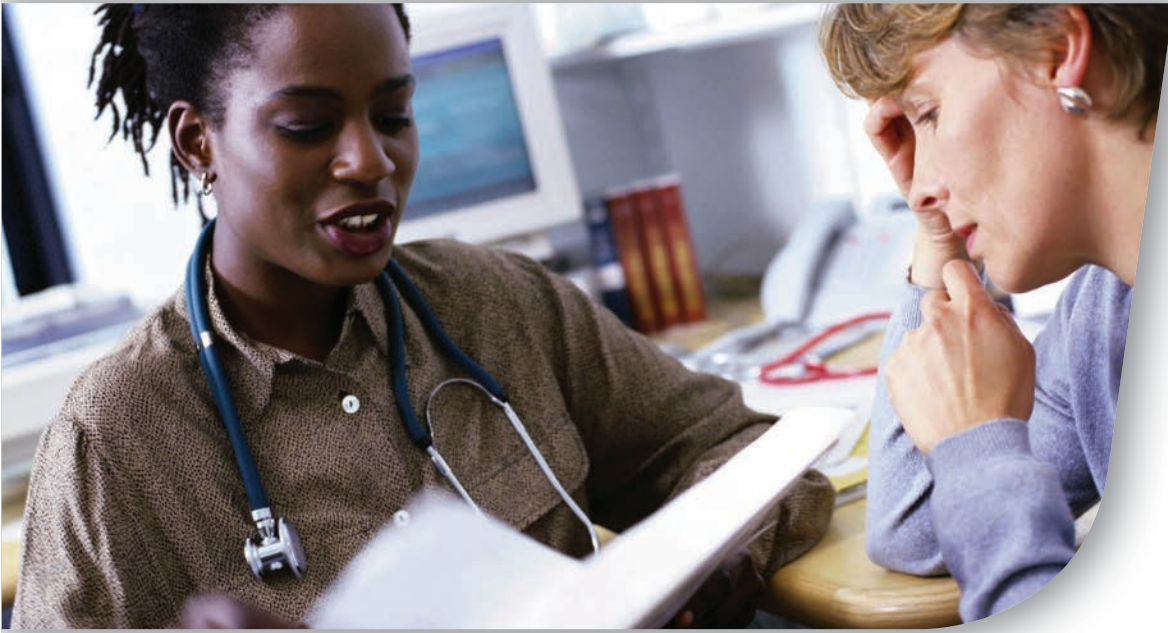
How can you help?

- Communicate - Communicate - Communicate
- Report the facts – as soon as you become aware (HR-435 Fitness for Duty)
- Document on the appropriate forms or systems
- Use available technology to reduce errors
- Avoid blame and a “whodunit” attitude
- Participate in a Root Cause Analysis
- Avoid “spreading the news” about an incident
- Look for opportunities to streamline and standardize processes
- Call the 2-HELP Line for question about Serious Occurrences or immediate Patient Safety concerns



QUESTIONS?

Thank you for your time and attention!



➤ Patient Safety and Patient Rights



FLINT
mclaren.org

COMMITMENT TO PATIENT SAFETY

PLEASE SPEAK UP

McLaren-Flint invites patients and their families/representatives to get involved in your health care and treatment plans. Please SPEAK UP!

The Joint Commission, together with the Centers for Medicare and Medicaid Services (CMS), launched a national campaign to urge patients to take an active role in preventing health care errors by becoming active, involved and informed participants on the health care team.

The **Speak Up™** program encourages the public to:

Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals. Don't assume anything.

Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.

Ask a trusted family member or friend to be your advocate.

Know what medications you take and why you take them. Medication errors are the most common health care errors.

Use a hospital, clinic surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation, such as the evaluations provided by Joint Commission. McLaren-Flint is Joint Commission accredited.

Participate in all decisions about your treatment. You are the center of the health care team.

CARING FOR YOU...

THE PATIENT

At McLaren-Flint, your care and satisfaction are our main concern. As health care professionals, we are dedicated to providing you with high quality, personalized care in partnership with you and your family. Our commitment is to make you as comfortable as possible while we serve your health care needs. If there is anything you need during your stay, please do not hesitate to talk with a member of your healthcare team.



You may receive a written patient satisfaction survey by mail after you are discharged. We appreciate your participation in our patient satisfaction efforts. Your comments are important to us. If you would like to share your feedback, you can also contact our patient compliment/concern line at (810) 342-CARE (342-2273).

Thank you for entrusting us with your care.

Warmest Regards,

A handwritten signature in black ink that reads "Donald Kooy". The signature is fluid and cursive, with the first name being more prominent.

Donald Kooy, President/CEO
McLaren-Flint

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Patient Safety

PATIENT SAFETY

STEPS TO SAFER HEALTH CARE

Here is how you can make your stay a safe and positive experience:

1. Ask Questions

- Speak up if you have concerns. It's okay to ask questions and to expect answers you can understand.
- Write down your questions so they will be ready when you see your doctor.
- Tell the nurse or doctor if you are not getting what you think you should be getting.
- Ask the doctor what test results mean.

2. Identify Yourself

- Wear your hospital ID bracelet at all times. If your bracelet comes off, ask someone to get you a new one.
- Check the information on your hospital ID bracelet to make sure that your name, birth date and medical record number are on it.
- Make sure all staff check your ID bracelet before any procedure or test, or ask you your name **and** birth date.
- Do not take medication given to you unless the nurse has identified you by checking your wristband and/or asking you your name and birth date.

3. Get the Most From Your Medications

- While in the hospital, do not take any medication you brought from home, unless told to do so by your doctor or hospital staff.
- If you bring any medications to the hospital, please send them home with a family member.
- If the medication looks different than you expected, ask the nurse about it.
- Tell your doctor and nurse about all the medicines you take, including over-the-counter medicine such as aspirin, ibuprofen, vitamins and herbals.
- Tell your nurse and doctor about any allergies you have.

- When you are discharged, ask the doctor if you should continue to take the medications you were taking at home. Do not assume that you should resume any medications previously taken before speaking to the doctor.

4. Help Prevent the Spread of Germs

General:

- Hand washing is the best way to prevent the spread of germs.
- The McLaren Staff will welcome your reminder to wash their hands, wear gloves before examining you or giving you your medicine.
- Ask friends and relatives who have colds, respiratory symptoms, or other contagious illnesses not to visit you or anyone in the hospital.
- Get vaccinated, if it is recommended. Flu and pneumonia vaccines can help prevent illnesses in elderly and high-risk patients. The Pneumonia vaccine is available year round in the hospital. The Flu vaccine is available during flu season.

Central Line:

- Central line is a tube that is placed in a large vein for medications, blood draws, fluids or nutrition.
- Central line infection can occur when a germ travels down the tube and enters your blood.
- Do not touch the catheter or the tubing.
- Make sure your health care providers wash their hands before touching the central line.
- There will be a bandage covering the central line. If the bandage comes off, becomes wet or dirty, tell your nurse right away.
- Inform your nurse if the area around your central line is sore, red, or swollen.

MDRO (Multi Drug-Resistant Organisms):

- Examples of MDRO are MRSA, VRE and Clostridium Difficile (C-Diff).
- These are germs that normally do not cause any problems for most people, but can sometimes cause serious infections such as skin, wound, pneumonia or blood infections.
- If you have a history of a MDRO, inform your nurse.
- Make sure health care providers wash their hands before examining you as these types of germs may be spread by touch.
- Make sure that your room is carefully cleaned.

- Be sure to finish any antibiotic that you are prescribed. Do not stop or take less than prescribed antibiotic medication.
- If you have a MDRO, you will have a sign on your door stating “Contact Precautions” and health care providers will wear gown and gloves. Your visitors should also wear gown and gloves.

5. Protect Those Around You - No Latex Balloons

- Tell friends and family members not to bring latex balloons to the hospital. Many people have serious allergies to latex.

6. Surgery

- Make sure you understand what will happen if you need surgery.
- Ask the surgeon if you are unclear about your surgery.
- Tell the surgeon, anesthesiologist and nurses if you have ever had a bad reaction to anesthesia.
- Remove your jewelry or other valuables and send it home.

Surgical Site Infections:

- Surgical Site Infection is an infection that occurs after surgery in the part of the body where the surgery took place.
- Ask your health care provider if you will get antibiotics before surgery.
- Do not remove body hair by shaving where you will have surgery.
- Quit smoking. Studies show that smokers are more likely to get infections.
- Inform your nurse if there is pain or redness at your surgery site
- Make sure all health care providers wash their hands before examining you or your surgical site.

Ask the doctor/surgeon:

- Who will take charge of my care while I’m in the hospital?
- Exactly what will you be doing?
- How long will it take?
- What will happen after surgery?
- How can I expect to feel during the recovery?

FALLS - ARE YOU AT RISK?

Certain conditions make us more prone to falls and other accidental injuries.

Be Alert To Situations Which Could Cause You To Experience A Fall.

Here are just a few:

- **Medications**
The more medications you take, the more likely you are to feel dizziness or other side effects. Tell all of your health care providers about all of the drugs you take. Ask them about any side effects that might place you at risk for falls.
- **Walking Difficulties**
Shuffling, weakness, stooped over posture, inability to walk in a straight line, numbness or tingling of toes can make falls more likely. Ask your doctor about helpful devices such as a cane or walker and learn how to use them correctly.
- **Chronic conditions that interfere with thinking such as Alzheimer's Disease.**
- **Impaired vision or hearing**
- **Generalized weakness**
- **Fear of falling**
If you feel unsteady on your feet, talk to your doctor, nurse, or any member of your healthcare team. You may benefit from a cane or a walker. Inactivity can lead to more falls because of lost muscle strength.
- **Two or more falls in the past 6 months**

GUIDELINES TO PREVENT FALLS IN THE HOSPITAL

1. Always follow your doctor's orders and nurses' instructions about whether you must stay in bed or if you need assistance to go to the bathroom or walk around.
2. Make sure the nurse call-button works and you know how to use it. Let your nurse know if you will have trouble using the call-button.
3. Ask the staff for help if you feel dizzy or weak getting out of bed. If you must get up without waiting for help, sit in bed awhile before standing. Then get up carefully and slowly begin to walk, unless you have been advised not to walk without help.

4. Wear non-skid slippers whenever you walk in the hospital. If you don't have any slippers, ask the nurse.
5. Remain lying or seated while waiting for assistance. Please be patient. Someone will answer your call as quickly as possible.
6. Do not tamper with side rails that may be in use. Side rails are reminders to stay in bed and are designed to ensure your safety.
7. Walk slowly and carefully when out of bed. Do not lean on rolling objects such as IV poles, bedside tables or furniture.
8. Ask for help when out of bed, especially at night. Make sure there is enough light and keep your eyeglasses within reach.

A CULTURE OF SAFETY

Our first priority is promotion of safety and prevention of injury. The single most important way you can help maintain a safe environment is to be an active member of your health care team. To assist you in managing your care, we are providing information that will help you be an active member of your health care team.

HOW CAN I REPORT SAFETY CONCERNS?

We consider patients and their family members/visitors to be a vital part of our patient safety program. McLaren-Flint encourages patients and their visitors to report any risks to patient safety. If you notice something that could cause an unsafe situation, you can report it to your physician, the department manager or any of the staff providing your care. You may also report patient safety concerns, or improvement suggestions to:

Patient Relations Advocate (810) 342-2273

or

Safety Officer (810) 342-5150

Your well-being is our primary concern.

Patient Discharge

PREPARING FOR DISCHARGE

About 24 hours before your anticipated discharge from the Medical Center, you may want to talk with your nurse and/or case manager to make sure you have everything needed for a smooth transition from your stay at McLaren to your discharge destination.

Questions to ask your health care providers:

It is important that you understand your medical condition and any special instructions you need to follow to complete your recovery at home. Below are some questions you may find helpful when talking to your doctor, nurse, or case manager. Questions about your discharge process should be directed to the Case Management department at (810) 342-2375.

- What health problems do I have, and what should I do about them?
- Where do I go for tests, medicines and appointments?
- How should I take my medicine?
 - When do I take it?
 - What will it do?
 - How do I know if it is working?
 - Who do I call if I have questions?
- Are there any special precautions that need to be taken while I continue to recover?
 - What to do?
 - How to do it?
 - When to do it?
- Are there any physical or dietary restrictions?

Next Steps:

- When do I need to be seen again?
- Which doctor(s) do I need to see?
- Do I call them to schedule an appointment?
- Do I have the necessary phone numbers to call?

You may want to arrange for your transportation home. The staff will make every effort for you to be discharged by 11:00 a.m. If you have more belongings than you could carry, including flowers and balloons, it may be helpful to send some things home before you're discharge.

YOUR DISCHARGE

As you are discharged from McLaren-Flint, we want to thank you for selecting McLaren for your healthcare.

We hope that your stay with us was pleasant, and that we were able to meet your needs in a timely and caring manner.

After your discharge, you may receive a telephone call or written survey from us, asking you to answer some questions about your experience at the Medical Center.

We appreciate you taking the time to answer our questions. Your feedback will help us to evaluate our services and to identify ways to improve our care.

Whether you are contacted by us or not, we welcome any comments you would like to share with us about your stay at McLaren.

If you wish to speak with a Patient Relations staff member, please call us at 810-342-2273.

Patient Rights

PATIENT RIGHTS

DECISIONS

McLaren-Flint is committed to maintaining the respect and dignity of each person, from birth through the life and death process. This commitment includes the physical, emotional, psychological, and spiritual care of each person.

You, the patient, may have to make many decisions while you are in the Medical Center. Some of these decisions are more difficult than others, and at times additional information is needed to make these decisions. Doctors, nurses, and social workers can provide the information you need. Discussion with your family/support persons may be helpful in making these decisions.

Some of the more common decisions that need to be made are: consent for surgery and/or treatment, organ/tissue donations, whether to use life support or whether to stop some type of treatment in



progress. You may require time to think, ask questions, and discuss options with your support person. It is helpful to give thought to these decisions before they occur, as it is usually difficult to make them under pressure.

Your doctor is responsible for diagnosing illness, and prescribing medications and treatments. There are times when you have to choose between different kinds of treatments. To make the best decision possible, you may want to discuss the following points with your doctor:

- How will this treatment affect my condition?
- What are the benefits of treatment?
- What are the risks of treatment?
- How long will the treatment need to continue?
- Are there other treatment options and any associated risks?

This is the time to be honest and open with your physician, so that the

decision that is made will reflect your values and true feelings. As illness changes or progresses (for better or worse), more decisions may need to be made. Discussing your feelings with your family is also important, so they know how you feel and can support your choices.

HOSPICE SERVICES

Patients have a right to access Hospice Services. Hospice is a special way of caring for people who have a limited life expectancy and for their family. The goal and focus of hospice care is to provide comfort rather than cure. If you qualify, hospice care includes nursing care, medical social work services, physician services, counseling services and trained volunteers to help you and your family cope with the illness. Bereavement services are also available.

WHAT IF I AM UNABLE TO MAKE MY OWN DECISION?

Your family and doctor may need to make decisions if you are unable to do so. Those decisions should be what you, as the patient, want done in that situation.

Even though it is difficult to discuss illness, treatment, and the possibility of death, sharing your views with your family and physician will help them carry out your wishes.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILLS

The law in Michigan allows you to name a person to make medical decisions on your behalf, if you are unable to do so. This person must be at least 18 years of age, and is known as the "Patient Advocate." The form used to designate someone to be your Patient Advocate is called the Durable Power of Attorney for Health Care.

When you name someone to be your Patient Advocate, it must be done in writing, signed by you, dated and witnessed by at least two people. Your Patient Advocate must sign a written acceptance of the responsibility before they can make decisions for you. Your Patient Advocate will not be asked to make decisions for you, unless you become unable to make your own

decisions. That determination will be made by your attending physician, and either another physician or licensed psychologist. You also have the right to cancel or change your Patient Advocate designation at any time.

If you already have a Patient Advocate, you should make sure that your doctor and the Medical Center are aware of this. A copy of that form will need to be placed in your medical records, to be sure that your wishes are followed.

If you have not named a Patient Advocate, but would like to do so, forms are available through the Social Work Department here at the Medical Center or through your attorney. It is very important for you to discuss this decision with your family, and attending physician.



A “living will” is a statement about your health care preferences to be used if you can no longer make your own choices. While the living will is not the legislated form of advance directive in Michigan, it does tell healthcare providers about your preferences. If you have a living will, please provide your doctor and the Medical Center with a copy.

If you would like further information, please contact the Social Work Department at 342-2375.

DECISIONS ABOUT LIFE SUPPORT

Many people tend to think of life support as being kept alive on a ventilator or breathing machine. However, life support can be as simple as an I.V. (intravenous line) to provide fluid or nutrition.

In some situations, life support may only be able to extend the death process and not have any true benefit. In these instances, decisions can be made to stop this treatment. Deciding to discontinue life support treatment does not mean that all medical and nursing care will be stopped. Supportive

nursing and medical care will be continued, and every effort will be made to ensure that you will be comfortable.

DECISIONS ABOUT RESUSCITATION (CPR)

CPR (cardiopulmonary resuscitation) is a method used to assist the heart and lungs. This method is beneficial in certain circumstances, but is not always helpful. Other terms for CPR are “Code Blue” or “Resuscitation.”

At certain times, the decision about whether or not to perform CPR as a method of treatment needs to be made. A decision to have no resuscitation is called a “DNR” (Do Not Resuscitate). If you have made a decision about CPR for yourself or if you have questions about the usefulness of this procedure for yourself, please discuss this with your physician. If at any time you wish to change your decision, be sure to discuss this with your family and physician/nurse so that your decision may be documented in your medical record.

DECISIONS ABOUT ORGAN AND TISSUE DONATIONS

Michigan law requires that hospitals ask about donating tissues or body organs if there is a death. Tissue donation can include eyes, skin, and bone. Organ donation includes kidneys, heart, liver, and pancreas. A request for organ donation will not be made if the patient is not an acceptable candidate for donation.

The nursing staff are available to answer questions, and assist you in making contact regarding donation arrangements with the Michigan donor organization, Gift of Life.

PAIN CONTROL

Every patient has the right to pain control that is appropriate to their situation and needs. If you feel that your pain is not being adequately relieved, you should tell your nurse and physicians so that your treatment may be reevaluated.

THE BIOETHICS COMMITTEE

Advances in medical technology and a growing public interest in healthcare issues, have given rise to complex ethical, legal and social questions about healthcare decision-making. Bioethics Committees have been formed to help physicians and patients solve ethical problems.

The Bioethics Committee is available to provide consultation to you, your family members, physicians, or health care professionals. A case consultation may be requested by contacting your nurse, physician, Medical Center Social Worker, or by calling 342-2375 for consultation.

Some situations can be resolved on an informal basis. If the issues are more complex, a formal case consultation will be arranged. All appropriate individuals involved with the patient's care, and members of the Bioethics Committee will meet to review the situation. The Committee provides supportive consultation, however, the final decision rests with the patient, family, and physician.

FILING A COMPLAINT OR CONCERN AT McLAREN

It is the goal of the administration and staff of the Medical Center that you have a pleasant hospital stay and that we meet your needs and expectations. Each employee is charged with making your stay as pleasant as possible. However, in the event you or your family members have a concern about the care you are receiving, you have the right to voice your concern(s) without fear of retaliation. To do this, please notify your caregiver immediately. If your caregiver is unable to meet your needs, he/she will contact the appropriate person to resolve your complaint. You may also request to speak with the manager of the department where you are receiving care. The manager is usually available Monday – Friday during normal business hours. After hours, or on holidays/weekends, you may request to speak with the Nursing Supervisor.

Complaints may also be filed with:

McLaren-Flint

Patient Relations Department

401 S. Ballenger Hwy, Flint, MI 48532

(810) 342-2273

While we hope you will give us every opportunity to resolve any complaints or concerns you have, patients have the right to file a concern about a health facility with the Michigan Department of Licensing and Regulatory Affairs Bureau of Health Systems Division of Operations,
Complaint Investigation Unit
P.O. Box 30664, Lansing, Michigan 48909
1-800-882-6006
michigan.gov/bhs

Compliance Hotline: (810) 342-2256

Patients and their representatives are encouraged to use the Medical Center's Compliance Hotline (810-342-2256) to report issues or concerns related to the privacy and security of your health information, or any other regulatory matter.

McLaren-Flint is accredited by The Joint Commission. The Joint Commission is also committed to quality care. You may also contact them to communicate compliments or concerns through their website complaint@jointcommission.org or by calling 800-994-6610.

YOUR DECISIONS

These topics are not intended to make you uncomfortable, rather, they are intended to insure that you are a part of your medical treatment choices. Spending some time thinking about these concerns and discussing them with your doctor, family or support person can help you make better decisions.

PATIENT RIGHTS & RESPONSIBILITIES

As a patient of the McLaren-Flint and its affiliates, you have the following rights and responsibilities:

PATIENT RIGHTS

- **No discrimination.** A patient will not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, sexual preference, or source of payment.
- **Inspection of medical records.** A patient or former patient is entitled to inspect, or receive for a reasonable fee, a copy of his or her medical record, within a reasonable timeframe, upon request in accordance with the Medical Records Access Act, 2004 PA 47, MCL 333.26261 to 333.26271. A third party shall not be given a copy of the patient's medical record without prior authorization of the patient, except as otherwise permitted or required under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or regulations promulgated under that Act, 45 CFR parts 160 and 164.
- **Confidentiality of records.** A patient or former patient is entitled to confidential treatment of personal and medical records, and may refuse their release to a person outside the health facility or agency except as required because of a transfer to another health care facility, as required by law or third party payment contract, or as permitted or required under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or regulations promulgated under that Act, 45 CFR parts 160 and 164.
- **Privacy.** A patient is entitled to privacy, to the extent feasible, in treatment and in caring for his or her personal needs.
- **Respect.** A patient is entitled, to the extent feasible, in treatment and caring for his or her personal needs, to consideration, respect, and full recognition of his or her dignity and individuality.
- **Appropriate care.** A patient is entitled to receive adequate and appropriate care.
- **Informed decisions.** A patient has the right to make informed decisions and to receive from the appropriate individual, information about his or her medical condition, proposed course of treatment, prospects for recovery, and available choices for treatment, in terms the patient can understand, unless harmful to the patient's medical condition, as noted by the patient's physician in the medical record. A patient is entitled to know who is responsible for and who is providing his or her direct care.
- **Refusal of treatment.** A patient is entitled to refuse treatment to the extent provided by law, and to be informed of the consequences of that refusal. However, when a refusal of treatment prevents the Medical Center or the physician from providing appropriate care according to ethical and professional standards, the Medical Center or the physician may terminate the relationship with the patient.
- **Exercise of rights.** A patient is entitled to exercise his or her rights as a patient and as a citizen free from restraint, interference, coercion, discrimination, or reprisal. A patient's civil and religious liberties, including the right to independent personal decisions, shall not be infringed.
- **Experimental procedures.** A patient is entitled to information concerning an experimental procedure proposed as part of his or her care and shall have the right to refuse to participate in the experiment without jeopardizing his or her continuing care.
- **Explanation of the bill.** A patient is entitled to receive and examine an explanation of his or her bill, regardless of the source of payment and to receive, upon request, information relating to financial assistance available through the Medical Center.
- **Plan of care.** A patient is entitled to receive information concerning his or her continuing health needs and alternatives for meeting those needs and has the right to participate in the development and implementation of his or her plan of care.
- **Private communications.** A patient is entitled to associate with, and have private communications and consultations with his or her physician, attorney, or any other person of his or her choice and to send and receive personal mail unopened on the same day it is received at the Medical Center, unless harmful to the patient's medical condition, as noted by the patient's physician in the medical record.
- **Social activities.** A patient may meet with, and participate in the activities of social, religious, and community groups at his or her discretion, unless harmful to the patient's medical condition, as noted by the patient's physician in the medical record.
- **Freedom from restraint and abuse.** A patient is entitled to be free from mental and physical

abuse and from physical and chemical restraints, except those restraints authorized by the patient's physician in the medical record for a specified and limited time or as necessitated by an emergency to protect the patient from injury to self or to others.

- **No services by the patient.** A patient is entitled to be free from performing services for the Medical Center that are not included for therapeutic purposes in the patient's plan of care.
- **Information about the Medical Center.** A patient is entitled to information about the Medical Center's rules and regulations affecting patient care and conduct. A patient is entitled to information about the Medical Center's policies and procedures for initiation, review, and resolution of patient complaints.
- **Advance directives.** A patient is entitled to receive information about designating another person to make decisions about his or her medical care at the Medical Center in the event the patient is not capable of making decisions himself or herself. A patient may formulate an advance directive and the Medical Center staff will comply with the provisions of the directive within the guidelines of the law and medical ethics.
- **Personal safety.** A patient is entitled to expect reasonable safety as to the Medical Center's practices and environment.
- **Transfer of care.** A patient may not be transferred to another facility unless the patient has received a complete explanation of the need for the transfer.
- **HIV testing.** A patient may not be tested for HIV infection without the patient's consent, unless a health professional or Medical Center employee sustains percutaneous, mucous membrane, or open wound exposure to the blood or other body fluids of the patient. If such exposure has occurred, an HIV test may be performed upon the patient without the patient's consent.
- **Pain control.** A patient has the right to pain control that is appropriate to their situation and needs.
- **Additional information.** If you feel that your rights have not been respected, or if you have concerns about the care you have received, you may file a complaint by calling (810) 342-2273 or writing to:

McLaren-Flint

Patient Relations Department

401 S. Ballenger Hwy, Flint, MI 48532

PATIENT RESPONSIBILITIES

- **Medical history.** A patient is responsible for providing honest and complete information about his or her current condition and about his or her past medical condition and treatment.
- **Lack of understanding.** A patient is responsible for making it known if the patient does not understand the description of his or her condition or the description of the course of treatment proposed for his or her condition.
- **Refusal of treatment.** A patient has the right to refuse treatment, but a patient who refuses treatment is responsible for the results of the decision to refuse treatment.
- **Following instructions.** A patient is responsible for following the treatment plan recommended by the patient's health care team, including physicians, nurses, and therapists. This responsibility also includes keeping appointments and giving notice when unable to do so.
- **Charges for treatment.** Regardless of the type of insurance the patient has, the patient is responsible for paying for, or for ensuring payment for, the medical treatment rendered to the patient at the Medical Center.
- **Respect for others and for property.** A patient is responsible for being considerate of the rights of other patients and for Medical Center personnel. This responsibility particularly recognizes that other patients may be harmed by noisy conversation or behavior. Each patient is also responsible for being respectful of Medical Center property.
- **Medical Center rules and regulations.** A patient is responsible for following the rules and regulations of the Medical Center regarding patient care and conduct.
- **Notice of admission.** A patient has the right to have a family member, a representative and his or her own physician notified promptly of his or her admission.

Revised 12/06

Medicare Rights

MEDICARE RIGHTS

YOUR RIGHTS IF YOU ARE A MEDICARE HOSPITAL PATIENT

- You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal law, your discharge date must be determined solely by your medical needs, not by diagnoses or by Medicare payments.
- You have the right to be fully informed about decisions affecting your Medicare coverage and payment for your hospital stay and for any post-hospital services.
- You have the right to request a review by a Peer Review Organization of any written Notice of Noncoverage that you receive from the hospital stating that Medicare will no longer pay for your hospital care. **Peer Review Organizations (PROs)** are groups of doctors who are paid by the Federal Government to review medical necessity, appropriateness and quality of hospital treatment furnished to Medicare patients. The phone number and address of the PRO for Michigan is:

Michigan Peer Review Organization (MPRO)

40600 Ann Arbor Road, Suite 200

Plymouth, Michigan 48170

1-800-365-5899

or TTY 711-800-365-5899

TALK TO YOUR DOCTOR ABOUT YOUR STAY IN THE HOSPITAL

You and your doctor know more about your condition and your health needs than anyone else. Decisions about your medical treatment should be made between you and your doctor. If you have any questions about your medical treatment, your need for continued hospital care, your discharge, or your need for possible post hospital care, don't hesitate to ask your doctor. The hospital's patient representative or social worker will also help you with your questions and concerns about the hospital services.

IF YOU THINK YOU ARE BEING ASKED TO LEAVE THE HOSPITAL TOO SOON

Ask a hospital representative for a written notice of explanation immediately, if you have not already received one. This notice is called a "Notice of Noncoverage." You must have this Notice of Noncoverage if you wish to exercise your right to request a review by the Peer Review Organization (PRO). (See page 27 for Michigan PRO.)

The Notice of Noncoverage will state either that your doctor or the PRO agrees with the hospital's decision that Medicare will no longer pay for your hospital care.

If the hospital and your doctor agree, the PRO does not review your case before a Notice of Noncoverage is issued. But the PRO will respond to your request for a review of your Notice of Noncoverage and seek your opinion. You cannot be made to pay for your hospital care until the PRO makes its decision, if you request the review by noon of the first work day after you receive the Notice of Noncoverage.

If the hospital and your doctor disagree, the hospital may request the PRO to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation the PRO must agree with the hospital or the hospital cannot issue a Notice of Noncoverage. You may request that the PRO reconsider your case after you receive a Notice of Noncoverage but since the PRO has already reviewed your case once, you may have to pay for at least one day of hospital care before the PRO completes this reconsideration.

If you do not request a review, the hospital may bill you for all the costs of your stay beginning with the third day after you receive the notice of noncoverage. The hospital, however, cannot charge you for care unless it provides you with a Notice of Noncoverage.

HOW TO REQUEST A REVIEW OF THE NOTICE OF NONCOVERAGE

If the Notice of Noncoverage states that your physician agrees with the hospital's decision to discharge you:

- You must make your request for review to the PRO by noon of the first work day after you receive the Notice of Noncoverage by contacting the PRO by phone or in writing.
- The PRO must ask for your views about your case before making its decision. The PRO will inform you by phone or in writing of its decision on the review.
- If the PRO agrees with the Notice of Noncoverage, you may be billed for all costs of your stay beginning at noon of the day after you receive the PRO's decision.
- Thus, you will not be responsible for the cost of hospital care before you receive the PRO's decision.
- If the Notice of Noncoverage states that the PRO agrees with the hospital's decision to discharge you:
 - You may make a request for reconsideration to the PRO immediately upon receipt of the Notice of Noncoverage by contacting the PRO by phone or in writing.
 - The PRO can take up to three working days from receipt of your request to complete the review. The PRO will inform you in writing of its decision on the review.
 - Since the PRO has already reviewed your case once, prior to the issuance of the Notice of Noncoverage, the hospital is permitted to begin billing you for the cost of your stay beginning with the third calendar day after you receive your Notice of Noncoverage even if the PRO has not completed its review.
 - Thus, if the PRO continues to agree with the Notice of Noncoverage, you may have to pay for at least one day of hospital care.

NOTE: The process described above is called "immediate review." If you miss the deadline for this immediate review while you are in the hospital, you may still request a review of Medicare's decision to no longer pay for your care at any point during your hospital stay or after you have left the hospital. The Notice of Noncoverage will tell you how to request this review.

POST-HOSPITAL CARE

When your doctor determines that you no longer need all the specialized services provided in a hospital, but you still require medical care, he or she may discharge you to a skilled nursing facility or with home care services. The discharge planner at the hospital will help arrange for the services you may need after your discharge. Medicare and supplemental insurance policies have limited coverage for skilled nursing facility care and home health care. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult with your doctor, hospital discharge planner, patient representative and your family in making preparations for care after you leave the hospital. Don't hesitate to ask questions.

Be Our Guest - Go Wireless



Simply do the following from your personal computer/ device:

- 1) View available wireless networks
- 2) Select and connect to wireless connection named **“guest”** *

** Connection does not require an access code or key.*



FLINT

401 S. Ballenger Highway
Flint, Michigan 48532

mclaren.org

JCAHO TIP #2

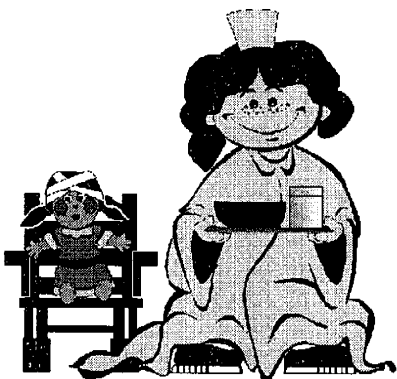
What is a “Serious Occurrence?”

1. Which of the following would be considered a “serious occurrence”?

- a) Suicide of a patient
- b) Infant abduction or discharge to the wrong family
- c) Rape
- d) Hemolytic transfusion reaction involving blood group incompatibilities
- e) Surgery of the wrong patient or wrong body part
- f) Situation having the risk of potential harm
- g) All of the above

2. JCAHO requires hospitals to perform the “Root Cause Analysis” on all Serious Occurrences, reportable or non-reportable

True or False



A Serious Occurrence is:

- An unexpected occurrence or event involving death or major permanent loss of function or the risk thereof, not related to the natural course of the patient’s illness or underlying condition
- Patient suicide where the patient receives around the clock care
- Infant abduction
- Rape
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
- Surgery on the wrong patient or body part

Such events are called “sentinel” because they signal the need for immediate investigation and response

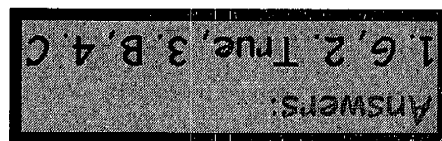
McLaren addresses JCAHO’s “Sentinel Event Standards” with the Serious Occurrence Policy.

3. After a “serious occurrence” how long does the hospital have to perform a thorough “Root Cause Analysis”?

- a) 30 seconds
- b) 45 days
- c) 24 hours

d) What is the purpose of the “Root Cause Analysis”?

- a) To identify the root cause
- b) ID those things that ultimately resulted in an error at the process level
- c) Both A and B



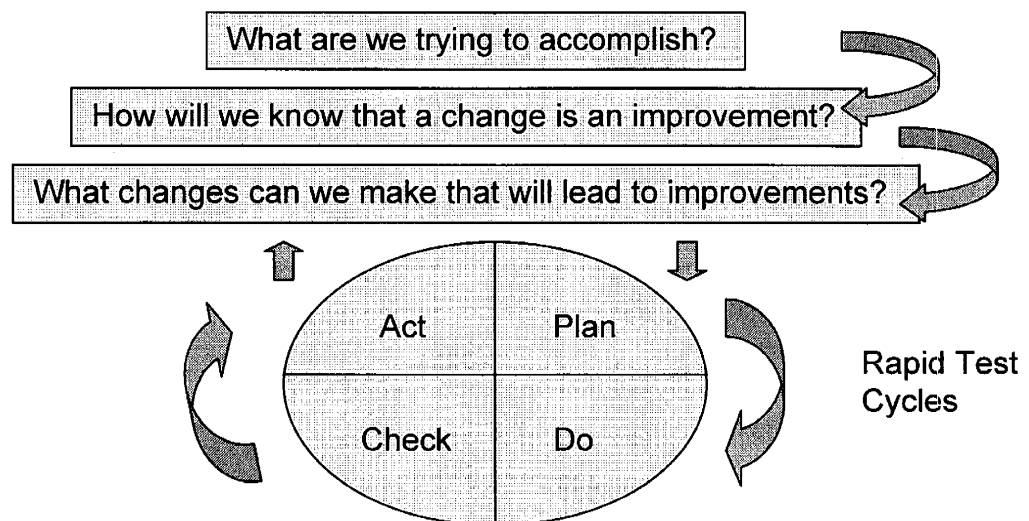
JCAHO TIP #7

Performance Improvement

During the past few years, the Joint Commission has focused less on telling hospitals exactly what they should do. They have become much more focused on what hospitals have done to improve services and patient safety. JCAHO surveyors have moved away from asking administrators about their improvement plans and begun to quiz the hospital staff members.

A common question the surveyors have recently been asking is "What have **you** done this year to improve **your** working environment?" The answer can be as simple as describing a new hand-washing product you have been using. Or you can describe a complex improvement project you have been participating in.

Here at MRMC, we have adopted the PDCA methodology because it is suited for all types of improvement projects. When we find a problem, we Plan what we want to do, Do it (or set the plan in motion on a small scale), Check to make sure it is working, and Act to either improve the plan or apply it on a larger scale. If the problem is a big one, we use the PDCA cycle over and over again until the problem is resolved or improved. Below is a picture of how it works:



Every day, we all improve the way we do our work. That comes naturally to us as we grow and develop. The hard part is remembering all that we've done when a JCAHO surveyor is questioning us. The JCAHO surveyors call it '**Surveyor Induced Amnesia**'. To help get ready, spend some time brainstorming and quizzing each other about the improvements you have made this year; will help you overcome stage fright when a surveyor picks you out of the crowd to talk to.

What Do I and Every Employee Need to Know about Safe Medical Devices Act?

What is the act?

National legislation that regulates when and to whom medical device failures must be reported. This law mandates that every employee (nurses, physicians, aides, clerks, etc.) must report every incident. An **incident** is a situation which is not consistent with the routine operation of the facility, or the routine care of a particular patient, or the routine uses of a piece of medical equipment used in the direct provision of patient care. Injury does not have to occur. An occurrence report must be completed. This occurrence is reportable to the FDA if the device caused or contributed to serious illness, injury or death.

This act gives the FDA authority to order device manufacturers, importers, distributors, and/or retailers to cease distribution of a device and to notify healthcare providers to stop using the device if the device could cause death or serious health consequences.

What must be reported?

All incidents must be reported to Quality Management whether caused by device malfunction or operator error. Many incidents thought to be caused by operator error have been identified as equipment design problems.

What is a Medical Device?

Medical devices include simple things such as bandages syringes, stretchers and more technical and complex equipment such as infusion pumps, defibrillators, monitors and implants. **Almost everything we use in a hospital is a medical device of some type.**

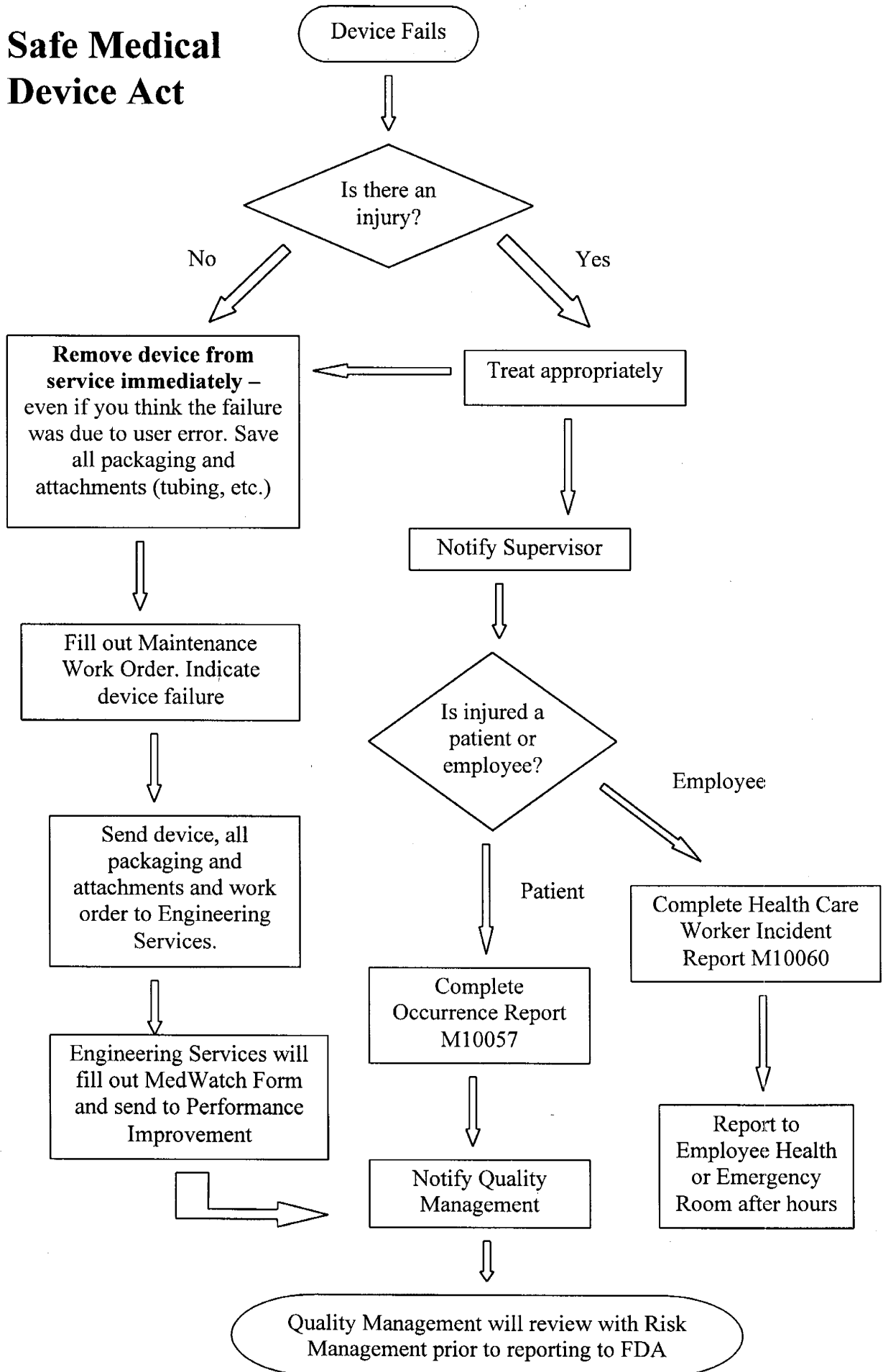
What do I do when a Device Fails?

Remove the Device from service – See Flowchart

Purpose of Safe Medical Device Act

Is to ensure the safety of patients and health care workers. It is also one way of holding manufacturers accountable for producing medical devices that are safe for patients and employees.

Safe Medical Device Act



Compliance

Your Role...

- Adhere to policies, expectations and your own professional ethic
- Attend compliance training
- Report real or suspected violations and support others that do the same
- Seek additional information from your supervisor or Compliance Officer when something does not seem right

HIPAA & Confidentiality

Your Role...

- Ensure that all information relating to patient healthcare and financial data are maintained in a confidential manner.
- Discuss confidential information with authorized personnel only (need to know basis).
- Keep Computer passwords confidential, no sharing.

Regulatory Compliance



HIPAA Regulations

- **Health Insurance Portability & Accountability Act**
 - Office for Civil Rights (OCR) monitors HIPAA complaints
 - “Covered Entities” must abide by HIPAA: Healthcare providers (like McLaren-Flint), insurance companies, & clearinghouses
- McLaren-Flint HIPAA Officer = Nancy Smith

Confidentiality & Privacy: What is “PHI”?

PHI is **PROTECTED HEALTH INFORMATION**

- Patient medical and demographic data
 - Billing information
 - Reports and other documents containing patient identifiers
 - Notes or phone messages with patient info
 - Radiology and nuclear images
 - Email messages containing patient identifiers
- ANY information written, verbal or recorded in any form or medium that...
 - is created or received by us, as a health care provider
 - relates to past, present or future physical or mental health condition, providing health care services or payment for care
 - identifies the individual/patient, or information could be used to identify

HIPAA Is Common Sense!

- Access only what you need for your job duties
 - Minimum Necessary = need to know
- Only disclose (release) PHI to others
 - For legitimate treatment, payment, or operations purposes, or
 - If a valid patient request prompts the release, or
 - If required by law (court orders and subpoenas signed by a magistrate, per police or other appropriate authority request)

HIPAA - Minimum Necessary

Before you access PHI, ASK YOURSELF:

Do I need the information to do my job at McLaren?

- What is the purpose of my ACCESS, USE, or DISCLOSURE and is it allowed by law?
- Your OWN records are no different, same logic applies.
 - How would “Joe Public” access his PHI? You are the same!
- Regular audits performed to monitor employee access.

VERY IMPORTANT!!!

HIPAA Privacy Notice-The Backbone

- A written notice giving examples of the possible uses and disclosures of PHI,
- If McLaren-Flint would ever use their PHI to contact them,
- Patients’ rights, our responsibilities, how patients will find out about changes,
- How to make a complaint, and how to contact the HIPAA Privacy/Security Officer.
- **READ OUR NOTICE** Copy located behind slides in orientation manual

TPO-Treatment, Payment & Operations

- Rules vary depending on whether disclosure is related to TPO or other.
- When you access, use, or disclose PHI...is it always for treatment, payment, or the defined operations of McLaren-Flint?
- How will information be used and disclosed? Described in the Privacy Notice.

Patient Authorization not required for TPO uses after General Treatment Consent is signed

Authorizations

Almost every other access, use or disclosure of PHI requires a patient authorization.

- The authorization must be very specific:
 - the exact PHI that can be disclosed,
 - who is to receive the information,
 - the patient's right to revoke their authorization,
 - and the expiration date of the authorization

HIPAA Patient Rights

- Access
- Amendments
- Accounting
- Restrictions
- Opt Out of Directory
- Agree or Object
- Confidential Communications

HIPAA Patient Rights - Access

- Right to be able to view and obtain copies of their information
- Response needs to be within a reasonable amount of time (30 days or less).
- Right to access protected health information (PHI) in paper or electronic form
- Medical Records dept. will typically coordinate the release of records.

HIPAA Patient Rights - Amendments

- Right to request an amendment (a change) to their information.
- McLaren-Flint may deny an amendment request if the information is:
 - not our information to change (from another facility), or
 - according to the author, is already accurate and complete
- IF we deny an amendment for an allowed reason, the patient has the right to require that we send their version of the story whenever that portion of the record is released.

HIPAA Patient Rights-Accounting

- Right to receive an Accounting (list) of all disclosures outside "TPO" or what the patient authorizes
- Mostly "required by law" or "health oversight" type disclosures like:
 - Communicable diseases
 - Organ donation
 - Suspected abuse
 - Safe Medical Device Act (product recalls)
 - Violent crimes
 - Info to coroners or funeral homes
 - Animal bites, and many others

HIPAA Patient Rights – “Opt Out”

- Facility Directory
 - Asked of each patient at the time of admission
 - Documented in Paragon & on Facesheet
 - Only utilize the Operator or the Information Desk
 - **You must check before acknowledging that the patient is here!**

HIPAA Patient Rights - Restrictions

- Right to request Restrictions on the use and disclosure of their PHI.
- We don't HAVE to agree, but we need to accommodate REASONABLE requests.
- How do we facilitate requests at McLaren?
 - Document in Paragon/print on Facesheet
 - Notify impacted departments/locations
 - Document in the Medical Record
 - HIPAA Bee visual cues →



HIPAA Patient Rights-Agree or Object

- Give patients the opportunity to excuse visitors in the room before discussing their PHI
 - Don't assume it's OK to freely discuss their healthcare matters
 - Utilize the EMERGENCY CONTACT for circumstance in which you are uncertain

HIPAA Patient Rights-Confidential Communications

- Confidential Communications
 - Patients can request that an alternate mailing address or phone number be used to make contact
 - Will be treated similar to a restriction request.

Helpful Hints with PHI

- Get the patient's permission/consent
 - Never share written or spoken information without consent from the patient/representative.
 - Allowed when using info for patient care, operations or billing purposes
 - Excuse others in the room before discussing PHI with patient
- Speak discreetly
 - No conversations in common areas
 - Telephone conversations – be careful when leaving messages

Helpful Hints with PHI

- Avoid “incidental disclosures” – those made through everyday actions
 - Use care when photocopying, printing and faxing – double check fax numbers
 - Properly dispose of PHI using shredding bins
 - Turn your computer screen so it doesn't face the public & log out when done – EVERY TIME
 - Keep your workspace clear of PHI when you aren't present to protect it

Ways to Reduce Incidental Disclosures

- Close doors and/or curtains
- Lower voices when discussing PHI
- Keep PHI out of public view
- Ask patients if PHI can be discussed in front of visitors
- Log off computers
- Leave voicemail messages without PHI
- Do not share passwords
- Use screen savers
- Access only the minimum necessary
- Know patients' rights under HIPAA
- Dispose of paper PHI in shred bins
- Lock doors, when appropriate
- Not sending PHI via e-mail
- No PHI on personal laptops or PDA
- Not removing PHI from work
- Not discussing PHI in public places
- Use caution when faxing
- Request & validate ID before disclosing PHI

Destruction of PHI

- All documents with PHI (paper, electronic, CD, disc, etc.) must be properly disposed.
- Paper with PHI must be placed in **shredding bin**.
- Some items can have the identifiers marked out before disposal (example: IV bags).
- Ask your manager regarding disposal policies relevant in your department.

HIPAA Security Standards

Require that McLaren-Flint have Policies & Procedures to...

- Respond to an emergency or disaster
- Assure physical security of stored **electronic-PHI**
- Monitor receipt and removal of computer hardware
- Appropriately assign and terminate computer access
- Assure the confidentiality, availability and integrity of data to those that need it to do their work

HIPAA Security Standards

- **Never share system passwords, even if someone has the same or similar access as you**
- Internet - Avoid non-work related sites & those with questionable content
- Protect your password
 - Don't post it on your computer or bulletin board
 - Make sure it is a combination of letters/numbers
- McLaren-Flint has the ability to track information that is being accessed – who accessed it, when, and where
- **Log out of systems when not in use**
- Don't let people "borrow" your computer if you are logged in

HIPAA Security Standards

- Do not download email or other documents with PHI to laptop hard drives or PDAs
 - Exceptions: Required for job and approved by supervisor; and device is password protected/ encrypted
 - Appropriately secure laptops, PDAs and mobile media if they contain PHI in any form
- Ensure PHI data sent over the internet is appropriately secured
- Recording devices and cameras are prohibited, per policy
- Ask before you Act – Contact the Privacy Officer
- Report if you suspect a violation

Mitigating Inappropriate Disclosures

- We must take appropriate steps when we realize that a mistake has occurred.
- In the event of an inappropriate disclosure (stolen laptop, wrong record copied and disclosed, medical records missing, etc.), contact the Compliance Hotline or Privacy Officer **immediately** to determine the appropriate course of action.

What happens when there's a breach of PHI?

Required Actions:

- Risk assessment is performed after breach occurs
- Patients must be notified if their PHI was compromised
- Breach must be reported to the federal government
- If over 500 patients are affected, media notification is also required
- This also applies to snooping/curiosity by internal workforce
- Potential for fines and penalties

Complaints

- Patients have the right to voice complaints about how their PHI was accessed, used or disclosed.
- If you are unable to address their complaint, direct them to...
 - Contact the McLaren Privacy Officer at McLaren-FlintPrivacyOfficer@McLaren.org
 - Call the Compliance Hotline at (810) 342-2256, or
 - Send a letter to the Privacy Officer at
 - McLaren Flint
 - 401 S. Ballenger, Flint, MI 48532

Complaints

Let's fix complaints **here** so patients & visitors don't need to seek help elsewhere!

(such as Attorney, Department of Health & Human Services, the Office for Civil Rights, or Joint Commission).



"BEE" alert about HIPAA!

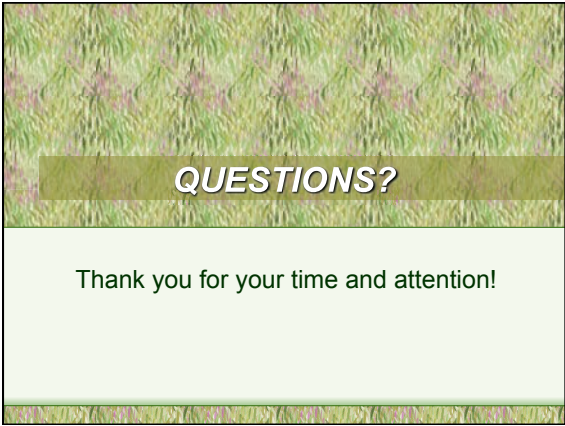
"Bee" cautious with PHI as if it were your own!

What if I'm Not Sure if I Should Report Something?

- Talk to your Supervisor or the Compliance Officer about your concern
- Remember, no one can retaliate against you for reporting a compliance violation!
- Every attempt will be made to keep your report confidential

When Should I Report or Check on a Concern? Examples Include...

- Someone stealing equipment, money, drugs or supplies
- A supplier of goods or services is trying to influence you or a co-worker with gifts or favors
- Disclosure of a patient's protected health information that is against policy or the HIPAA law
- Someone accessing PHI without a work-related reason
- Sharing of computer system passwords
- Documentation in the medical record doesn't support the services being billed
- A provider requests payments in return for referring patients to McLaren
- You wonder if something you are doing will be considered a conflict of interest
- You think an action may cause harm to a patient, family member or co-worker





FLINT

(Effective Date) Last Updated: April 1, 2003

THIS PRIVACY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

(In accordance with the Health Insurance Portability & Accountability Act – HIPAA)

This notice is being given to you because federal law gives you the right to be told ahead of time about:

- How McLaren Regional Medical Center and all the facilities identified below will handle your medical information
- What McLaren's legal duties are related to your medical information
- What your rights are with regard to your medical information

This notice applies to the following McLaren facilities:

- McLaren Regional Medical Center
- Great Lakes Cancer Institute – McLaren (Flint, Lapeer, Owosso)
- McLaren Internal Medicine Faculty and Residency Group Practice
- McLaren Family Medicine Residency Center
- McLaren Therapy – Bristol, Fenton, Flushing, St. John, Spine Center, Clarkston

- McLaren Pulmonary Rehabilitation
- McLaren Beech Hill
- Clarkston Medical Building
- MRMC Outpatient Imaging Center
- McLaren Behavioral Health Center – Partial/Outpatient Program
- Wellness Center at Kettering University
- McLaren MRI
- McLaren Surgery & Endoscopy Center

How we may use and disclose (share) Medical Information about YOU:

The hospital, independent contractors of the Medical Staff and other health care providers affiliated with the hospital have agreed, as permitted by law, to become an Organized Healthcare Arrangement (OHCA) and to share your health information among themselves for purposes of treatment, payment and health care operations. This enables us to better address your health care needs. The following categories describe different ways that we use and disclose (share) medical information. For each category of uses or disclosures we will explain what we mean and try to give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose information will fall within one of the sections.

Who this notice applies to:

This notice describes our practices and those of any health care professional authorized to enter information into or review your medical record, all departments and units, any member of a volunteer group and all employees, staff, students and other personnel associated with the McLaren facilities listed above.

For treatment:

We may use protected health information about you to provide you with medical treatment or services. We may disclose medical information about you to personnel who are involved in taking care of you before, during and after your stay at one of our facilities. This information may include images (x-rays and other films), labs and other medical or demographic information shared in writing, verbally or across the telephone and internet. For example: a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as medications, medical equipment, lab work and x-rays. We may disclose medical information about you to people outside the hospital who may be involved in your medical care during or after you leave the hospital. These might include family members, clergy or others we use to provide services that are part of your care. These services may include such things as home health agencies,

home medical equipment providers and nursing homes. Medical information obtained during your outpatient visit/inpatient stay at one of the McLaren sites listed above may be used to notify you of additional services that could benefit your health. For instance, we may contact you about smoking cessation, weight loss programs or cancer screening services if they are applicable to you. We may also use your health information to contact you after discharge to see how you are recovering.

For payment:

We may use and disclose medical information about you so that the treatment and services you receive at the hospital/facility may be billed for and payment may be collected from you, an insurance company or a third party. We may also give information to someone who helps pay for your care or to help find coverage for you. However, we will comply with all state and federal mandates such as the Fair Debt Collection Practices Act (FDCPA). For example, we may need to give your health plan information about surgery you received at the hospital so that your health plan will pay us or reimburse you for the services rendered. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We are allowed to obtain insurance/payment information from other providers that you have seen.

For health care operations:

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary for the daily operation of the hospital and to make sure that all of our patients receive the highest quality care. Examples of activities that make up health care operations include:

- monitoring and evaluating employees and physicians
- assessing the quality of care we provide and determining how to improve it
- teaching health care professionals
- meeting standards set by regulatory agencies such as the Joint Commission on Accreditation of Healthcare Organizations, Michigan Hospital Association, Michigan

Peer Review Organization, the Centers for Medicare and Medicaid Services, the American College of Surgeons, to maintain an accredited cancer program and other authorized state or federal agencies as required to maintain licensure, accreditation or certification.

- other administrative functions, including monitoring and improving customer service and patient satisfaction, resolution of complaints, etc. For example, someone may contact you on our behalf to ask you about the services you received at one of our facilities. We will give them only the following information to initiate their call with you: your name, phone number and the floor you were treated on. If you choose to, you can speak with them regarding your stay and provide feedback on our care and services. Whether you choose to participate in the survey or not, your future care at a McLaren facility will not be affected in any way. You will not be personally identified in any of the information that is used for patient satisfaction unless you specifically ask that your name be included.

Appointment reminders and follow-up, treatment alternatives and health-related benefits and services:

For example, we may use and share medical information to contact you (1) About scheduled appointments for treatment or medical care, (2) With information about patient care issues such as implant recalls, (3) With treatment choices such as Electron Beam Tomography and Mobile Lithotripsy, and (4) with other health-related benefits and services that may be of interest to you, such as our flu vaccine clinics, free skin cancer screening, wellness classes and disease management groups such as the Stroker's Club and the Brain Injury Association.

Fund-raising activities:

We may use and share demographic information to contact you to raise funds to support the McLaren system and its mission to be the best value in healthcare as defined by quality, outcomes and cost. No health information will be released without your written permission. Such activities include our "Ever Living Tree Appeal" that raises money for cancer patients at Christmas time, and our Adaptive Golf Program through our therapy services. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services.

If you do not want to be contacted for fund-raising efforts, you must notify our Privacy Officer in writing.

Marketing activities:

We may use your health information to notify you of hospital-related services, products or events. We will not disclose your health information to an outside party without your prior permission. We would release only contact information such as your name, address and phone number and the dates you received service at the hospital. For example, we may contact you if it was felt you might benefit from a new cardiac rehab program or our new IMRT for cancer patients.

Hospital directory:

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital and religious affiliation. The law also allows us to give out a one-word descriptor of your general condition (e.g., fair, stable, critical, etc.) to those individuals that ask for you by name. The directory information, except for your religious affiliation, may also be released to **people who ask for you by name**. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. If you do not restrict your information, we will make every effort to get phone calls directly to you. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort

so that your family can be notified about your condition, status and location. You may ask to have your name taken off the directory list. You may also ask to restrict the information that is given out about you. If you are in an emergency situation and are not able to make your wishes known, we will put this information in the directory if we think it is in your best interest. If you chose to be excluded from the directory, please note that no one will have your information, which may prevent visitors, phone calls and flower deliveries.

Individuals involved in your care or payment for your care:

We may disclose medical information about you to your health insurance plan or a third party. We may release medical information about you to a caregiver that may be a friend or family member. However, you may request to restrict the information we share with others, such as particular medical information that may not be necessary for a current condition. If you are present and are able to make health care decisions, we will try to find out if you want us to share this information with your family members or others. If you are in an emergency situation and are not able to make your wishes known, we will use our best judgment to decide whether to share information. If it is thought to be in your best interest, we will only share information that is necessary for your care or treatment. We may also use or share your health information with a public or private agency assisting in disaster relief. This is to coordinate efforts to notify someone on your behalf. If we can reasonably do so while trying to respond to the emergency, we will try to find out if you do want us to share this information. **If you do not want a caregiver discussing your medical information in front of family members or visitors, please let us know.**

Research:

Under certain circumstances, we may use and disclose medical information about you for research purposes when written permission is not required by federal or state law. This may also include preparing for research or telling you about research studies in which you might be interested. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process through our Institutional Review Board. We will ask for your specific permission if the researcher will be involved in your care at the hospital. **You must request a restriction of your health information if you do not wish any of your medical information to be used for research purposes in any way.**

SPECIAL SITUATIONS:

Organ and tissue donation:

Hospitals are required by the Medicare Conditions of Participation to provide information regarding organ and tissue donation. The Transplantation Society of Michigan (Gift of Life) helps us coordinate these activities.

Military:

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. For example, we may call a military health plan to determine medical necessity and obtain authorization for treatment. This would include any form of treatment such as outpatient testing, maternity care and all other admissions.

Worker's Compensation:

We may disclose your health information as required by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.

Public health purposes (health and safety to you and/or others):

We may disclose medical information about you for public health activities. We may disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities may include (but are not limited to) reports required for the following:

(1) To prevent or control disease, injury or disability, (2) To report births and deaths, (3) To report reactions to medications or problems with products, (4) To notify people of recalls of products they may be using, (5) To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, (6) To notify the appropriate government authority if we believe a child/adult has been the victim of abuse, neglect or domestic violence, (7) To avert a serious threat to health or safety. Any disclosure, however, would only be as required and to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.

Health oversight activities:

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

Lawsuits and disputes:

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may, once we have your written permission, disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. For example, if someone is involved in an automobile accident, we may receive a subpoena to release information to the court regarding blood alcohol levels.

Law Enforcement:

We may release medical information if asked to do so by a law enforcement official (including but not limited to) the following: (1) In response to a court order, subpoena, warrant, summons, or similar process, (2) To identify or locate a suspect, fugitive, material witness, or missing person, (3) About the victim of a crime, (4) About a death we believe may be the result of criminal conduct, and (5) About criminal conduct at the hospital.

Coroner, Medical Examiners and Funeral Directors:

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties such as the completion of a death certificate.

National security and intelligence activities:

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities required by law. For example, if the President of the United States were to visit Flint, we may be required to give the Secret Service agents full access to all patient records for purposes of ensuring the President's safety.

Third parties and/or business associates:

We may disclose your health information to third parties with which we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement signed by them to safeguard your information.

Inmates:

If you are an inmate of a correctional institution or under the custody of law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) For the institution to provide you with health care; (2) To protect your health and safety or the health and safety of others; or (3) For the safety and security of the correctional institution.

As required by law:

We will disclose medical information about you when required to do so by federal, state or local law. For example, we are required to report any cases of hepatitis, meningitis, chicken pox or AIDS (and many other conditions) to the Genesee County Health Department, which then sends this information on to the Michigan Department of Community Health.

Other uses and disclosures of medical information:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission and may be revoked at any time, unless we have already acted upon it. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons that were listed. When you give us your written permission, you will be given additional information regarding how to revoke it.

PATIENT'S RIGHTS:**You have the right to look at and copy your health information.**

Unless your access is restricted for clear and documented treatment reasons, you have the right to look at and obtain a copy of medical information that may be used to make decisions about your care, as long as we maintain that information. We will give you that access to the information that we maintain within a reasonable amount of time and not more than 30 days after your request. Many times these requests can be coordinated through our Medical Record Department within a few days. If you make the request while you are an inpatient, it may take a few days to process your request while the documentation you are requesting is completed by all your health care providers. If you request a copy of the information, we will charge a fee for the cost of copying, mailing or other supplies associated with your request. If you ask for information that we do not have (such as records that may have been created by another one of your health care providers), we will try to assist you in locating the requested information. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. **Please contact the Director of Medical Records if you have any questions about access to your medical record.**

You have the right to request a change to your health information.

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to change this information. This means that you may request a change for as long as we maintain the information. **Your request must be in writing and submitted to the Privacy Officer at McLaren Regional Medical Center.** In addition, you must provide a reason that supports your request. We may deny your request for a change if it is not in writing or does not include a reason to support your request. In addition, we may deny your request if you ask us to change information that:

- Was not created by us, unless the person who created the

(continued on page 4)

- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate or complete.

Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, added to your medical information. Please contact our **Privacy Officer** if you have any questions about changing your medical record.

You have the right to ask for limits (request a restriction) on the use and sharing of your health information.

You may request that any part of your medical information not be disclosed to family members or friends who may be involved in your care or notification purposes as described in this notice. Your request must state what restriction is requested and to whom you want the restriction to apply. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in the payment for your care, like a family member or friend. For example, you could ask that we not use or share information about a surgery you had, or you might want to tell us that you do not want to be considered for any research project. We can not accommodate every request for a restriction as we may determine that it will impact our ability to provide you with quality care. If we do agree to the requested restriction, we will comply with your request unless the information is needed for emergency treatment. If we deny your request, you'll be notified in writing. With this in mind, please discuss any restriction you wish to request with your healthcare provider and your emergency contact. If you are a patient at more than one of the McLaren locations listed on the front of this privacy notice, please let them know if you have a restriction on file at one of the other sites. **You may request a restriction by completing the McLaren Regional Medical Center (MRMC) Request for Restrictions form, or submitting a written request to the MRMC Privacy Officer or other hospital employee.** In your request you must tell us (1) What information you want to limit; (2) Whether you want to limit our use, disclosure or both; and (3) To whom you want the limits to apply, for example, disclosures to your spouse. In the event there is a question about your wishes regarding the use or disclosure of your protected health information and we cannot get clarification from you, we will utilize your emergency contact to determine your best interest.

You have the right to receive a listing (accounting) of disclosures we have made of your medical information without your written permission.

This right applies to medical information disclosed about you for purposes other than treatment, payment or healthcare operations, as well as any disclosures made without your written permission. To request this list or accounting of disclosures, you must submit your request in writing to the **Privacy Officer**. Your request must state a time period that may not be longer than 6 years and may not include dates before April 14, 2003. The listing you receive will include the date, name, and address (if known) of the person receiving it, and the reason the information was disclosed. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

You have the right to request to receive confidential communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work rather than at home or by mailing health information to an alternate address. We will not request an explanation from you or the basis of your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. **Please make this request in writing to our Privacy Officer.**

You have the right to obtain a paper copy of this notice.

You have the right to receive a paper copy of this notice at any time, even if you have agreed to accept this notice electronically. You may ask us to give you a copy of this privacy notice by requesting a copy from our Privacy Officer. A copy of the Privacy Notice is also available at our website at www.mclaren.org.

Our duties with respect to your health information:

We are required by law to keep your health information private. We reserve the right to change this notice at any time in compliance with and as allowed by law. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities, have copies available at registration sites and with our Privacy Officer, and post it on our Web site. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, the first time you register at or are admitted to one of our sites, we will offer you a copy of the current notice in effect.

Abide by terms:

By law, we must abide by the terms of this Notice of Privacy Practices until it is changed.

How to complain if you believe your privacy rights have been violated:

If you believe that we may have violated your privacy rights or you disagree with any action we have taken with regard to your health information, we want you, your family or your guardian to speak with us. If you present a complaint, your care will not be affected in any way. It is the goal of McLaren Regional Medical Center and all other McLaren Health Care affiliates to give you the best care while respecting your privacy. To provide feedback regarding our privacy practices, send a written inquiry or send a written complaint to the Privacy Officer at 401 S. Ballenger Hwy. Flint, MI 48532. McLaren has a strict policy prohibiting retaliation against any patient, employee or other who reports real or potential problems in good faith. You may also ask questions, provide feedback, positive or negative, regarding our privacy practices by visiting our website at www.mclaren.org or sending an email to MRMCPrivacyOfficer@McLaren.org. You may also file a complaint with the Secretary of Health and Human Services at 200 Independence Ave. SW Washington D.C., 20201

McLaren Regional Medical Center Privacy Officer
401 S. Ballenger Hwy., Flint, MI 48532
(810) 342-3570
mrmcprivacyofficer@mclaren.org



FLINT

Compliance Program Quiz

1. Participation in the Compliance Program is not part of my job. **True** or **False**
2. Reporting situations that may be illegal to my supervisor is one way I can support the McLaren Flint Compliance Program. **True** or **False**
3. If I feel uncomfortable reporting a situation to my supervisor, I can report it to the Compliance Officer, call the Compliance Hotline or even report it anonymously. **True** or **False**
4. The Compliance Hotline phone number is (810) 342-2256. **True** or **False**
5. My supervisor or another employee can retaliate against me if I report a situation that I think may be illegal. **True** or **False**
6. By having a compliance program, McLaren Flint can demonstrate to the community that it is committed to acting in accordance with applicable laws and public trust. **True** or **False**
7. An effective compliance program can help reduce the likelihood of government imposed penalties and fines. **True** or **False**
8. Documentation in the medical record or to support other financial operations of the hospital does not need to be accurate, legible and complete as long as the work gets done. **True** or **False**
9. My uncle works for a Pharmaceutical company and he is willing to pay for a trip to Florida for me if I can convince our pharmacy to purchase medications from his company. This could be considered a compliance violation. **True** or **False**
10. My grandmother has been very ill and because she has a limited income, I have been taking dressings, tape and other supplies home to her. This is not a compliance violation, because she really needs the help. **True** or **False**
11. I do not see the regular physician documenting in the medical record, only the Resident. As long as someone is seeing the patient, this is not a compliance violation. **True** or **False**
12. Jane Doe has been a patient here many times. She likes the way we take care of her and sometimes brings us candy or flowers after she goes home. This is a compliance violation. **True** or **False**
13. I have to be absolutely certain about a compliance violation before I contact my supervisor or the Compliance Officer. **True** or **False**
14. Intentional or reckless non-compliance or disregard for hospital policy will result in significant consequences, up to and including termination of employment. **True** or **False**
15. Regardless of my role at McLaren, I am obligated to accurately document the work I perform, whether for patients' care or the ongoing operations of the facility. **True** or **False**
16. I need to pay attention to compliance newsletters and education presented in my department, since it helps make sure that I am doing my job in accordance with applicable laws and hospital policy. **True** or **False**

Name: _____

Please print

Date: _____

2/13

Standards of Conduct Acknowledgement

I have received and read the Standards of Conduct adopted by McLaren Health Care and its subsidiary organizations. I participated in an educational session or received educational materials and was given the opportunity to ask questions regarding the Standards of Conduct and overall compliance program. I understand that they represent policies of McLaren Health Care.

If I have a concern about a known or suspected violation, I understand that I am to report the concern to my supervisor or the Compliance Officer. I understand that I can report this information anonymously and cannot be retaliated against for making any kind of report under this program.

I will fully cooperate with members of the compliance team during any investigative process. If I have questions concerning the Standards of Conduct, I understand that I may consult my supervisor or the Compliance Officer.

Signature

Printed Name

Department/Company (if applicable)

Date

Badge Number (if applicable)

Individual copy (signed and maintained by individual)

(MHC 8/08)

HIPAA Privacy & Security Quiz

1. What does PHI stand for?
 - a. Patient Health Information
 - b. Public Health Information
 - c. Protected Health Information
 - d. Private Health Information
2. The McLaren Flint Privacy Notice explains the ways we will use patient information and tells patients about their _____ regarding PHI.
3. An employee who violates the hospital's privacy policies is subject to punishments under the current Corrective Action Plan, up to and including termination of employment and criminal penalties could include a prison sentence and fines as high as 1.5 million dollars.
T or F
4. When are you free to repeat to others PHI that you hear on the job?
 - a. After you no longer work at the hospital
 - b. After a patient dies
 - c. Only if you think the patient wouldn't mind
 - d. When authorized by the patient
5. If a visitor wants help finding a patient, name two places that can provide accurate information. _____ and _____.
6. Patients wishing to limit the ways their PHI is used can request a _____ to the uses and disclosures of their information under HIPAA.
7. Since I work in a hospital, it is OK to look up information on someone I know, even if I don't need the information to do my job.
T or F
8. Passwords for systems containing ePHI (electronic Protected Health Information)...
 - a. May be shared, but only if you monitor the user
 - b. Should be given to the department supervisor in case of a workers absence
 - c. May be shared as long as someone has the same job as you
 - d. Should never be shared
9. McLaren Flint has the ability to audit Internet use. **T or F**
10. Emails sent from McLaren computers systems can be considered private. **T or F**
11. When selecting a password to access computer systems, you should consider
 - a. Choosing something that is difficult for you to remember
 - b. Sharing a password with co-workers to make sure you don't forget it
 - c. Using a combination of letters, numbers and special characters
 - d. Posting it on your computer
12. PHI includes all health information that is used and/or disclosed – except PHI in oral form. **T or F**
13. When you leave your workstation unattended for any reason, how would you secure your workstation?
 - a. Minimize the screen
 - b. Press <Ctrl><Alt><Delete> and choose "Lock Workstation" option
 - c. Log out
 - d. Nothing, since you can close the door to your office
 - e. B and C
14. Your mother calls you to tell you your aunt was admitted to the hospital. You look up her room number on the current census report, so you can go visit her. There was no information on the census report, other than patient names and room numbers. Was this a HIPAA violation?
Yes or No
15. As you leave for the day, you notice your neighbor sitting in the Emergency Department waiting room. You stop to say hello and he tells you his young daughter fell off her swing. When you get home, you tell your husband. Is this a HIPAA violation? **Yes or No**
16. Which of the following data elements, when taken alone, is considered PHI?
 - a. Account number
 - b. Date of service
 - c. Social security number
 - d. Mailing address
 - e. All of the above
17. Can electronic PHI be sent in an email over the Internet?
 - a. Yes, if the email is encrypted
 - b. Yes, if the email is password protected
 - c. No, never
18. Which of the following is the BEST way to dispose of hard-copy PHI that is no longer needed for business or record keeping purposes?
 - a. Burn it
 - b. Place in a regular trash can
 - c. Take home and use as scratch paper
 - d. Place in a designated shredding container

Name: _____

Date: _____

Please print

2/13

McLaren Health Care Corporation
ACCESS AND CONFIDENTIALITY ACKNOWLEDGEMENT FORM

Department Number/Name: _____

Employee Name (Please Print): _____

“Confidential and Proprietary Information” includes information relating to:

- A. Any individuals’ Protected Health Information (PHI), which is information that identifies an individual (name, social security number, account number, etc.) and is created or received by a health care provider, health plan, or healthcare clearinghouse, is transmitted or maintained in any medium (i.e. electronic, medical record, paper, oral), and relates to the past, present or future physical or mental health condition, or payment for the provision of care (including medical records, conversations, admitting information, and patient financial information);
- B. Employees (including medical records, compensation, benefits, employment records, and disciplinary actions);
- C. McLaren Health Care Corporation’s or subsidiary specific information (including financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs and technology and source code); and
- D. Proprietary third-party information (including computer programs and technology, client or vendor information and source code).

I understand and acknowledge:

- 1. As a member of the workforce (employees, physicians, contracted personnel, volunteers, students, etc.) I may learn of or have access to Confidential and Proprietary Information through computer systems (including, but not limited to patient care information systems, other clinical and financial information systems, the longitudinal patient record, and the actuarial and claims systems) or through my employment.
- 2. I understand it is my responsibility to use Confidential and Proprietary Information only as minimally necessary to perform my legitimate job duties, as well as safeguard and limit access to any Protected Health Information in *any medium* (including written, oral or electronic formats).
- 3. I understand it is my responsibility to safeguard my access code and I will not share my access code or other authorization for access to Confidential and Proprietary Information.
- 4. I understand it is my responsibility to protect any and all Confidential and Proprietary Information obtained as a member of the workforce even after my employment or association has ended with MHCC or a subsidiary of the corporation.
- 5. I understand the organization may routinely monitor and audit my E-mail and internet use, and access to information regarding, but not limited to, employees, physicians and patients, their relatives, public figures, and VIPs for appropriateness of use and access to such information as it relates to my legitimate duties.
- 6. I understand it is my responsibility to sign off the computer when I leave the computer system.
- 7. I understand that I am responsible for all activity logged under my password. I understand that I must log off before another user may use the computer.
- 8. I understand it is my responsibility to use the E-mail system, internet, and all electronic devices and media, including those I may personally own and use for work or to access work documents and E-mail on, in ways consistent with the Technology and Resources policy.
- 9. I understand it is my responsibility to notify my supervisor or the Privacy/Security Officer immediately if I suspect or learn of any privacy or security breach, e.g., that my access code, other authorization for access to Confidential and Proprietary Information has been misused or disclosed without proper authorization. I understand the purpose of this notification is to protect confidentiality and that my unique information systems access code(s) may be changed.
- 10. I understand that my employer may, at any time, revoke my access code or other authorization for access to Confidential and Proprietary Information.
- 11. I understand that violation of my duties as discussed above may independently constitute a violation of applicable criminal/civil laws.
- 12. I acknowledge that I have received training and understand concepts regarding confidentiality, privacy, and security as they relate to the Health Insurance Portability and Accountability Act (HIPAA), and was given the opportunity to ask questions.

Employee Signature

Date

Patient Abuse & Advance Directives

Your Role...

- Know what to do in dealing with Advance Directives, Protective Services, Bioethical Issues.

Social Work

Social Work (SW) Functions

A Social Worker (MSW) is assigned to each floor.

Functions of a Medical Social Worker include:

Adjustment:

- ✓ To illness, new diagnosis

Support:

- ✓ To patients, families and caregivers

Crisis Intervention:

- ✓ Planning/Problem solving for current issue

SW Functions (Cont.)

Patient Advocacy:

- ✓ Communication with medical personnel and patients and their families

Legal Issues:

- ✓ Guardianship/Conservatorship
- ✓ Medical Durable Power of Attorney (DPOA)

Community Resources:

- ✓ Referrals/Information
- ✓ Meals on Wheels
- ✓ Lifeline
- ✓ Transportation
- ✓ In home Caregivers

SW Functions (Cont.)

Substance Abuse:

- ✓ Referrals/Information

Discharge Planning:

- ✓ Extended Care Facilities (ECF)
- ✓ Assisted Living
- ✓ Adult Foster Care Homes (AFC)
- ✓ Palliative Care/Hospice

Patient Abuse

McLaren-Flint Goals

- ✓ Identify adults who may have been or are currently being abused, exploited, endangered, abandoned, or neglected.
- ✓ Support a patient's right to access Adult Protective Services.
- ✓ Generate appropriate referrals.
- ✓ Fulfill State reporting requirements.

What is Abuse?

- ✓ Abuse includes any harm or threatened harm to a vulnerable adult's health or welfare caused by another person.

Who is a Vulnerable Adult?

- ✓ A person who because of age, developmental disability, mental illness, or physical handicap requires supervision or personal care or who lacks the social skills to live independently.

Recognizing Physical Abuse

- ✓ Bruises, black eyes, welts, lacerations
- ✓ Broken bones & skull fractures
- ✓ Open wounds, cuts, punctures, untreated injuries in various stages of healing
- ✓ Sprains, dislocations and internal injuries or bleeding
- ✓ Adult reports injury by family member or caregiver

Recognizing Physical Abuse

- ✓ Signs of being restrained for example: rope marks
- ✓ Lab findings of medication overdose or under utilization of prescribed medications
- ✓ Multiple or severe bed sores.

Recognizing Behavioral Signs of Abuse

- ✓ Frightened of family member or caregiver
- ✓ Afraid to go home
- ✓ Caregiver refuses to allow visitors to see elder alone

Sexual Abuse

- ✓ Defined as intimate contact or sexual activities without consent, or when the adult is unable to give consent.

Emotional or Psychological Abuse

The infliction of anguish, pain, and/or distress through verbal or non-verbal acts.

- ✓ Verbal insults
- ✓ Name calling
- ✓ Threats
- ✓ Intimidation
- ✓ Harassment

Neglect

Any harm to an adult's health or welfare caused by the refusal or failure of the care taker to fulfill their duties. This includes failure to provide adequate

- ✓ Food
- ✓ Clothing
- ✓ Shelter
- ✓ Medical Care

Exploitation

Any action by another person that involves misuse of the adult's

- ✓ Funds
- ✓ Property
- ✓ Personal dignity

Abandonment

A situation in which a person who has custody of a vulnerable adult and deserts or willfully forsakes that responsibility.

Example of Abandonment is when an adult is left:

- ✓ hospital, nursing facility, other institution
- ✓ Public location - shopping center
- ✓ Adult reports being abandoned

How do I report suspected abuse or neglect at McLaren-Flint?

- ✓ Call the Case Management Department @ 342-2375 or contact the assigned MSW.
- ✓ If no MSW is available, please notify the Nurse Manager or Supervisor.
- ✓ Social Work evaluates the need for a referral to Adult Protective Services (APS) on behalf of MRMC.
- ✓ Adult Protective Services Hotline (24/7) 1-800-996-6228
- ✓ ***Please Be Aware*** that RN's, Physicians and most professionals are mandatory reporters. If you witness abuse first hand you must make a report. Please call Social Work with Any abuse and/or neglect concerns.

End of Life Discussion

✓ **End of Life Care** is defined by the World Health Organization as: "The active, total care of a patient whose disease is not responsive to curative treatment."

✓ The philosophy of end of life care is to: attain maximum quality of life through control of the many physical, psychological, social, and spiritual distresses of the patient and family.

Philosophies for End of Life Care

- ✓ **Palliative**: Aims to relieve suffering and improve quality of life for patients with advanced illness and their families.
- ✓ **Hospice**: a unique blend of services that address the physical, emotional and spiritual needs of the terminally ill patient and their family.

✓ What we have learned and experienced in our own personal life prepares us for this experience of End of Life discussions. Many health care workers have their own fears and anxiety with death.

- ✓ **Social Workers** advocate on the behalf of the patient/family to assure their questions are answered and they understand all of their options as presented by hospital personnel.
- ✓ **Social Workers** are available to initiate and facilitate family meetings.
- ✓ **Families and patients** are more satisfied with End of Life Meetings when they are given the opportunity to express their ideas.

Patient Autonomy

- ✓ Patient has the right to determine whether to accept or decline medical treatment.
- ✓ Patients have the ability to request alternative treatment options and End of Life Care.
- ✓ Informed consent

Advanced Directives

Advance Directives

- ✓ *A statement about an individual's healthcare wishes that may be used if the person can no longer speak for themselves.*

Terms that mean the same thing:

- ✓ Medical Power of Attorney
- ✓ Health Advocate
- ✓ Patient Advocate
- ✓ Health Care Proxy
- ✓ Health Representative

Advanced Directives

Hospitals are required to:

- ✓ Ask adult patients if they have an advanced directive upon admission.
- ✓ Obtain copies of the directive and place in the medical record.
- ✓ Respect patients preferences.
- ✓ Encourage and offer assistance to patients who do not have advance directives, but would like to complete one.
- ✓ This can be done through Admitting or Social Work

Bioethics

- ✓ **Bioethics is the study of ethical problems arising from scientific advances, especially in biology and medicine or the study of what is morally right.**
- ✓ **Issues arise if a patient and/or their family is in disagreement with the physician about treatment for their health or**
- ✓ **A patient/family/physician is unsure about the best course of treatment.**

Bioethical Issues

- ✓ **A small group of the Bioethics Committee will meet when needed and make a recommendation to the physician and patient/family.**
- ✓ **Final decisions are always between the patient/ family and the physician, as this is an advisory board only.**

Referrals

- **Anyone may make a referral by calling 810-342-2375**



FLINT

Health Care Agent Appointment (Medical Power of Attorney)

I, _____ make this my Health Care Agent appointment (also called Medical Power of Attorney). I am of sound mind. If the time comes when I can no longer take part in decisions about my health, these instructions should be used to follow my wishes.

This Health Care Agent appointment is effective only if I am unable to make my own medical or mental health care decisions. It will remain in effect unless I cancel this appointment or my Health Care Agent wants to stop being my agent. I can cancel this appointment at any time and in any manner that states my wish. If a mental health decision must be made, there will be a 30-day delay after I state my wish to cancel this appointment.

Choose one Philosophy of Health Care

_____ I believe as long as there is life there is hope. I want any and all treatments offered to me to continue my life. I am willing to accept the effects of all of treatment used. This may include life with a feeding tube, dialysis, or life on a breathing machine if I am unable to breathe on my own. I am willing to live in a constant vegetative state.

_____ I am willing to undergo many tests, surgery, and short-term breathing machine treatment in an effort to continue my life. If the time should come when there is no reasonable hope of my recovery from physical disability or terminal illness, I request that I be allowed to die and not be kept alive by artificial means or "heroic measures."
I ask that then medicine be given only to ease suffering even though this may allow my death to occur.

_____ I do NOT want to undergo many tests, surgery, or short-term treatment on a breathing machine in an effort to continue my life. I only want basic medical care, such as treatment for infections and minor surgeries for a condition that can be helped or to control pain. If my condition gets worse or there is no hope for my recovery, I ask that medicine be given to ease suffering even though this may allow my death to occur.

_____ Comfort is my main concern. I have received the news that my condition cannot be cured. I now choose only to be kept comfortable.

_____ Other: I want the following care/types of care:

Organ Donation

_____ (Yes or No) I wish to donate an organ or tissue from my body after my death, and I authorize my Health Care Agent to donate the following after my death:

_____ Any or all organs and tissue possible; or

_____ The following organ(s) and/or tissue: _____

Role of the Health Care Agent

My Health Care Agent has the power to make all medical or mental health decisions for me as instructed above.

My Health Care Agent cannot make the decision to withdraw or withhold treatment that may result in my death unless I have granted consent as stated above. My Health Care Agent cannot withhold or stop treatment from me that would result in my death, if I am pregnant.

My Health Care Agent shall act in accordance with the current treatment guidelines recognized by the medical community. My Health Care Agent cannot make a treatment decision that is against medical standards or that I could not have made for my self. My Health Care Agent shall act according to my best interests and desires. My known desires, written or spoken, while I was able to participate in medical or mental health treatment decisions are assumed to be in my best interests.

A patient admitted to a health care facility or agency has the rights listed in section 20201 of the Public Health Code, 1978 PA 368, MCL 333.20201. These are known as "Patient Rights."

My Health Care Agent will only have the power to make medical decisions for me if I am unable to make those decisions.

My Health Care Agent will not be paid for being my Health Care Agent. However, he/she can be paid back for actual and necessary costs of being my Health Care Agent. My Health Care Agent has the right to stop being my Health Care Agent any time and in any way that states his/her wish to cancel.

I, _____ choose the following person to be my Health Care Agent.

My Health Care Agent shall be:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (home) _____ (work) _____

(Other) _____

Signature: _____ Date: _____

If my Health Care Agent stops being my Health Care Agent or if my Health Care Agent is not available to make decisions for me, I name the following person as my next Health Care Agent.

My next Health Care Agent shall be:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (home) _____ (work) _____

You must have two adult witnesses. They cannot be your spouse, parent, child, grandchild, sibling, presumptive heir, doctor, an employee of your life or health insurance agent or company, an employee of a health facility that is treating you, or an employee of a home for the aged where you live at the time of the witnessing.

Statement of Witnesses

As witnesses, this form was signed in your presence.
The declarant appears to be of sound mind, is making
this designation voluntarily, and under no duress, fraud,
or undue influence.

You are only witnessing the signature of the patient.

Witness (1) Signature: _____

Print full name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Date: _____

Witness (2) Signature: _____

Print full name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Date: _____

Acceptance of Health Care Agent Role

I, _____ accept the role of Health Care Agent
for _____ (the patient).

Signature: _____ Date: _____

I, _____ accept the role of next Health Care
Agent _____ (the patient).

Signature: _____ Date: _____

M-10239A Rev. (11/06)

Attention Michigan Health Care Providers

I have created the following Advanced Directives:

(Check one or more, as appropriate)

Durable Power of Attorney for Health Care

Other _____

Please contact _____

(name)

(address)

_____ for more information.

(phone)

date

signature

**Wallet Cards for
Michigan Advance
Directives**

Complete the cards and punch out. Put one card in your wallet or purse that you carry most often, along with your driver's license or health insurance card. Keep the second on your refrigerator, in your motor vehicle glove compartment, a spare wallet or purse, or any easy-to-find place.

Attention Michigan Health Care Providers

I have created the following Advanced Directives:

(Check one or more, as appropriate)

Durable Power of Attorney for Health Care

Other _____

Please contact _____

(name)

(address)

_____ for more information.

(phone)

date

signature

Philanthropy

Philanthropy

101



Discovering a
Whole New Level
of Care

Objectives

- Discuss what Philanthropy is.
- Discuss what Philanthropy is not.
- State why Philanthropy is important in a health care environment.
- Discuss the role you play in Philanthropy on a daily basis.
- Discover how to make an impact for the patients you serve.
- Build a Culture of Philanthropy.



Ask yourself...

- What is the nicest thing anyone has ever done for you?
- What did it mean to you?



But what is Philanthropy. . . Really?

- Origin
 - Comes from the Greek words phil- meaning loving, + -anthropos meaning human being
 - Love for mankind
- Today's Definition (Webster.com)
 - Goodwill toward fellowmen especially: active effort to promote human welfare
- Philanthropy = Health Care

What Philanthropy Isn't

- Marketing
- Public Relations
- About the Money
- About "ME"

Why do hospitals ask employees, physicians, patients and the community to give?

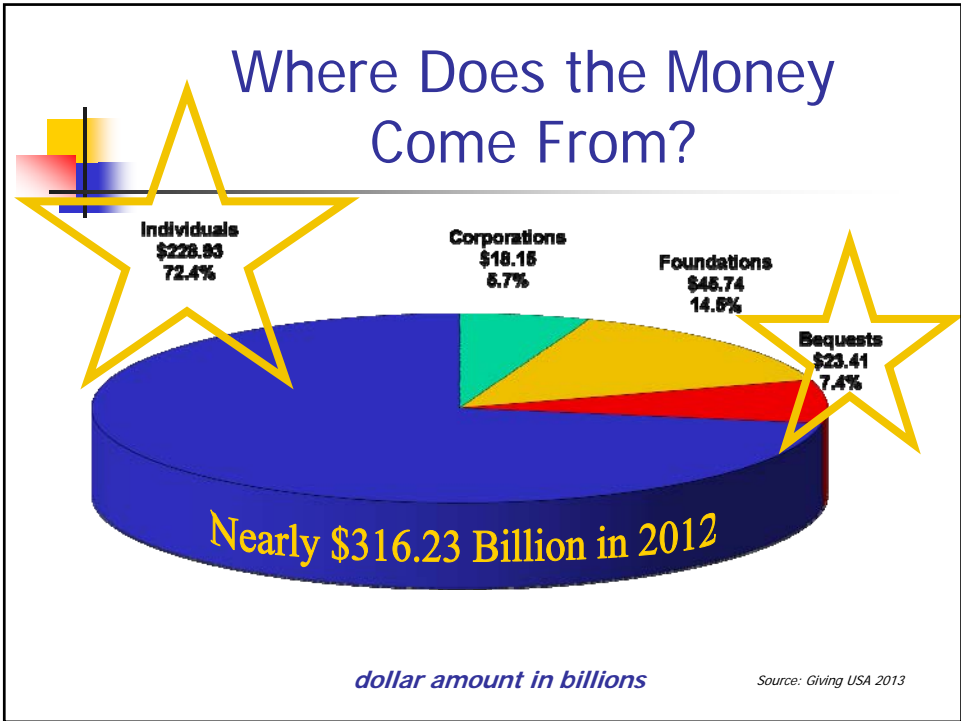
- It's Why We're Here

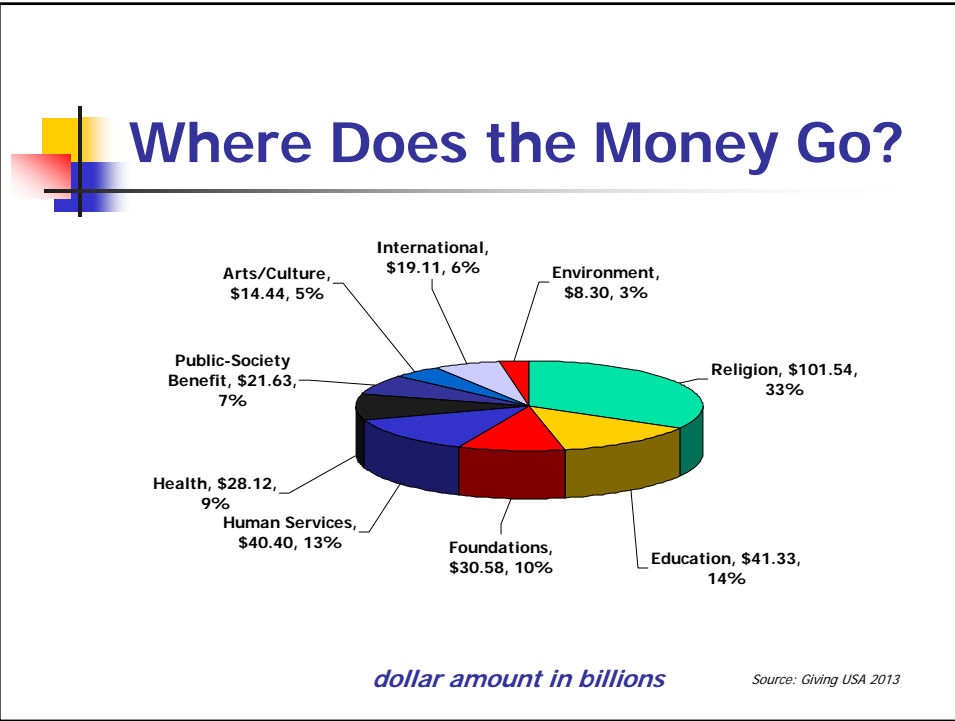


Where do I fit in the Philanthropy culture?



Fundraising vs. Philanthropy





- ## What happens to gifts once they are made?
- **Directive of the Donor**
 - **Investment of Assets**
 - Purchase Equipment
 - Investment in funds (eg, endowment)
 - **Distribution of Assets**
 - Ongoing support
 - Requests for Funding



What donors should expect from us?

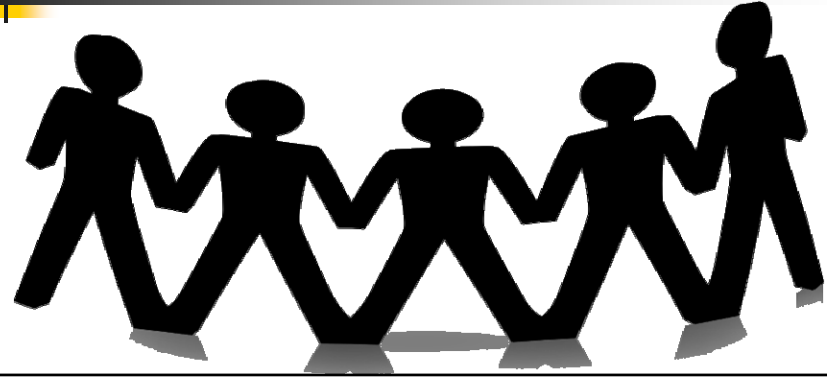
- Donor Bill of Rights
- Thank You
- Recognition/Anonymity
- Communication
- Gratefulness



What do we expect from you?

- To do your very best at your job and providing Outstanding Customer Service
- Approach your job with “What do my patients need from me today?”

Working on our “Culture of Philanthropy”



Fire Safety

Your Role...

- Know the steps to take (R.A.C.E.) in the event of a fire.
- Know the locations of fire alarm pull boxes and extinguishers (P.A.S.S.).
- Report smoke or suspicious odors immediately.
- Maintain corridors in a clutter free basis for emergency egress.
- Participate in drills and complete the Fire Captain Reports.
- Know the Emergency number and Code for fire.

Electrical Safety

Your Role...

- Apply electrical safety tips.
- Be able to identify the different colored electrical outlets.

Medical Equipment

Your Role...

- Know what to do for medical equipment malfunctions or failures and who to report to.
- To always check the Safety Sticker on equipment.
- Know what to do if the Date Next Due on the Safety Sticker is before today's date.
- Know what to do if there is no sticker.
- Know what to do if there is a Defective tag or sticker.
- All equipment (rental, lease, trial and evaluation, patient's personal equipment) must be checked by the Engineering Department.

FIRE SAFETY

It is essential to learn what steps are necessary to save ones life and to snuff out a small fire. it is especially important for you to know, understand, and be familiar with the fire program.

WHAT IS A FIRE? Fire is the reaction which results from the union of heat, fuel, and oxygen. It can be extinguished by removing any one of the three ingredients. Oxygen is removed by smothering, heat by wetting, and fuel by eliminating the burning material.

FIRE PREVENTION Basically, means isolating one or more of these elements. This is done by good housekeeping; by proper storage of hazardous material; by safe practices; by caution and alertness and by continuing education (fire drills).

WHAT IS FIRE PREPAREDNESS? Fire preparedness in the hospital means the ability to adjust mentally and physically, calmly and skillfully to an unexpected and dangerous situation and to apply pre-determined methods to a particular problem. It means knowing the necessary mechanics of rescuing patients, fighting the fire and evacuation. PANIC is a bigger killer than fire or smoke. It is contagious and spreads rapidly. The best preventive is the presence of trained people who can take calm charge of a situation.

FIRE SAFETY AND EVACUATION

REMEMBER “RACE”

R = RESCUE THE PERSON IN IMMEDIATE DANGER

A = ACTIVATE THE ALARM

C = CONTAIN THE FIRE IF POSSIBLE

E = EXTINGUISH THE FIRE

EVACUATION is a large-scale operation, which may be avoided if enough people at the fire scene know what to do. Fires have been known to pass the control stage in five minutes. In those first few minutes, prompt action by trained personnel may save many lives.

THE DISASTER PLAN THEN REPLACES THE FIRE PLAN. Evacuation should be in the following order: ambulatory, wheelchair, and bedfast patients. At McLaren, with the nurseries located so near the mothers, infants could be given to the mothers.

IF YOU ARE ASSIGNED TO A BRIGADE respond to fire area with extinguisher. Execute assigned duties quickly.

IF YOU ARE NOT IN THE FIRE AREA:

1. Complete the Fire Captains Report and conduct a fire safety check of your area.
2. Area supervisor will station one person at telephone.
3. Carefully inspect area for passage of heat, smoke, or fire.

FIRE: The general alarm will be heard. The page system message “Code Red” - location, will alert all personnel. The page system will announce the “all clear” when authorized by the Flint Fire Department or authorized hospital personnel.

NOTE: It is the employee’s responsibility to review the Disaster Manual located on each unit.

FOUR CLASSES OF FIRE

Fire is a chemical chain reaction between fuel, heat, and oxygen. This relationship is called the fire tetrahedron. Fire can be extinguished by interrupting the chain reaction or removing any of the other three elements.

1. CLASS A fires involve ordinary combustibles such as wood, paper, rubber, and plastics. Water is the best-extinguishing agent for Class A fires. Multipurpose dry chemical or ABC rated extinguishers are also appropriate.
2. CLASS B fires involve flammable or combustible liquids, gases, or grease. Carbon Dioxide, Foam, Dry Chemical, or Halon extinguishing agents are appropriate for Class B fires.
3. CLASS C fires involve energized electrical equipment. Carbon Dioxide, Dry Chemical, or Halon extinguishing agents are appropriate for Class C fires.
4. CLASS D fires involve combustible metals. Dry powder extinguishing agents are appropriate for Class D fires.

Two labeling systems have been developed for extinguishers: one uses letters and shapes for each class of fire, the other uses pictographs showing the type of fire the extinguisher can be used on and the types it cannot be used on. (There is no pictographic equivalent for Class D fires - only the letter and shape is used.)

KNOW YOUR FIRE EXTINGUISHERS

CARBON DIOXIDE (CO₂)

1. A compressed gas intended for use on Class B and C fires.
2. Smaller units have attached horn. Large units have a hand held horn.
3. Avoid touching horn, which gets very cold during use.
4. On Class C fires, de-energize equipment as soon as possible.
5. Works by depriving the fire of oxygen.
6. Limited range; affected by wind.

HALOGENATED AGENTS

1. A compressed gas designed for Class B and C fires.
2. Generally twice as effective and has twice the range of CO₂.
3. Works by interfering with the chemical chain reaction.
4. Should be used in ventilated area. Should avoid breathing gas.
5. May produce toxic byproducts from chemical interaction with fire.

DRY CHEMICAL

1. Ordinary dry chemical is designed for Class B and C fires.
2. Multipurpose dry chemical is designed for Class A, B, and C fires.
3. Used in both stored pressure and cartridge operated units.
4. Less affected by wind compare to CO₂ or Halon.
5. Multipurpose dry chemical forms a coating on Class A fuels which prevent re-ignition.
6. On Class A fires, break apart the fuel and coat all hot embers.

FIRE EXTINGUISHERS

REMEMBER “P.A.S.S.”

P = PULL THE PIN

A = AIM LOW

S = SQUEEZE THE LEVER ABOVE THE HANDLE

S = SWEEP FROM SIDE TO SIDE

Fire Captain Report

**Joint Comission Requirement: Completed Report must be sent to Engineering.
Failure to respond will result in Non-Compliance**

Announced Location of Fire/Alarm/Drill: | Select the location of the fire/alarm/drill ▼

Date of Fire/Alarm/Drill:

Was your department open at the time of the Fire/Alarm/Drill? Yes No

Section 1 - General Information

Employee completing report: Title:

Reporting Dept/Floor: Select your Dept/Floor ▼ Shift:

Today's Date: Time: : ▼

Section 1 - Immediate Staff Response	Performed	
	Yes	No
Did staff close all fire doors in the area, including patient room doors?	<input type="checkbox"/>	<input type="checkbox"/>
Were the exit corridors clear and free from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
Did staff inform patients/visitors of the alarm condition?	<input type="checkbox"/>	<input type="checkbox"/>

Section 2 - Fire Alarm Equipment Performance	Observed	
	Yes	No
Was the page audible?	<input type="checkbox"/>	<input type="checkbox"/>
Did all automatic fire doors close and latch?	<input type="checkbox"/>	<input type="checkbox"/>
Were fire alarm devices (audible, strobes, etc.) functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

**Please e-mail (Groupwise) completed form to:
FIRE CAPTAIN REPORTS@mclaren.org
or
Print and fax to the Engineering office at 342-4941**

ELECTRICAL SAFETY

Electricity will go through the convenient pathway. The human body has low resistance and therefore is a good conductor.

Microshock - Even a small amount of current can cause a shock or electrocute an electrically sensitive patient. This would include a patient with fluid filled catheters (IVs) going into the heart or major vessels, invaded, abraded or wet skin (surgical incision, moist soaks) and exposed external leads of a pacemaker. Some of the ways an electrically sensitive patient can become victim to microshock would be: 1) Pacemaker leads (internal and external) do not have good insulation; 2) Pacemaker leads or fluid filled catheter comes in contact with faulty ungrounded equipment; 3) The nurse unknowingly touches an exposed lead or fluid filled catheter with one hand and a piece of faulty equipment with the other hand.

Macroshock - Shock occurring over the surface area of intact skin or any interior portion of the body remote to the heart. It can be anything from a mild tingling sensation to a severe shock involving skin and tissue burns and cardiac fibrillation depending on the intensity of the current.

At McLaren Regional Medical Center all electrically powered clinical equipment used by the hospital has a 3-prong plug to insure a safe grounding of the equipment, so everyone is protected. Electrically powered clinical equipment is safety checked before being used at MRMC, then on an annual or semi annual basis if it meets the inventory criteria. All electrical devices brought in by patients must be inspected by Engineering Services **before being used.**

Rental, Lease, Trial and Evaluation Equipment - All patient care equipment regardless of ownership must be inventoried, tested and assessed for risk prior to initial use. If you receive equipment directly from a vendor, **prior to the equipment's use**, the Engineering Department must check it.

Safety Tips

It is important to use common sense, good judgement and caution where electrical equipment is used. Important points to remember are:

1. To remove a plug, grasp firmly on cord cap and pull straight out.
2. Check equipment for labels and printed safety directions.
3. Watch for frayed cords.
4. Watch for damaged outlets.
5. Watch for exposed wires.
6. Watch for adapted plugs.
7. Watch for broken equipment or equipment that has been dropped and not tested before re-use.
8. Read instructions thoroughly before using any equipment.
9. When a Certified Nurse or Physician is using a defibrillator, be sure you do not touch the patient or anything in contact with the patient during the defibrillation.
10. Be sure the cords of the electric beds do not get caught between the mattress and springs and become damaged.
11. Look for a Safety Check sticker, if there is doubt whether the unit has been checked, contact Engineering Services and do not use the equipment.

Electrical Outlet Identification

<u>Color</u>	<u>Use</u>
Red	Emergency power (Hospital generators)
Blue	Uninterrupted power supply (generator and battery back-up)
Yellow	Uninterrupted power supply (generator and battery back-up)
Brown/White	Normal power
Gray	Surge protection outlets for electronic equipment (computers, monitors, etc.)

Medical Equipment

A management plan describes how the organization will establish and maintain a medical equipment management program to promote safe and effective use of medical equipment.

Equipment Safety

Clinical and non-clinical electrical equipment in the organization is checked to make sure it is safe to use. Engineering Services does these Safety Checks. This information is located on a Safety Check sticker attached to the equipment.

Not all equipment is scheduled for preventive maintenance (PM), some equipment is serviced on a corrective maintenance (CM) basis. Equipment that is serviced under a PM protocol has a Safety Check sticker attached. Engineering Services may indicate a due date on the sticker or a code that indicates the PM schedule. A scoring system, location of where the equipment is used, and documented history go into this determination. If the equipment does not warrant a scheduled PM, **no Safety Check sticker will be attached.**

Please check the Safety Check sticker of whatever equipment you are using to determine if the check is current. Contact Engineering Services if the **Date Next Due** is before today's date. If this area is marked N/A, there is no expiration date and the equipment is safe to use.

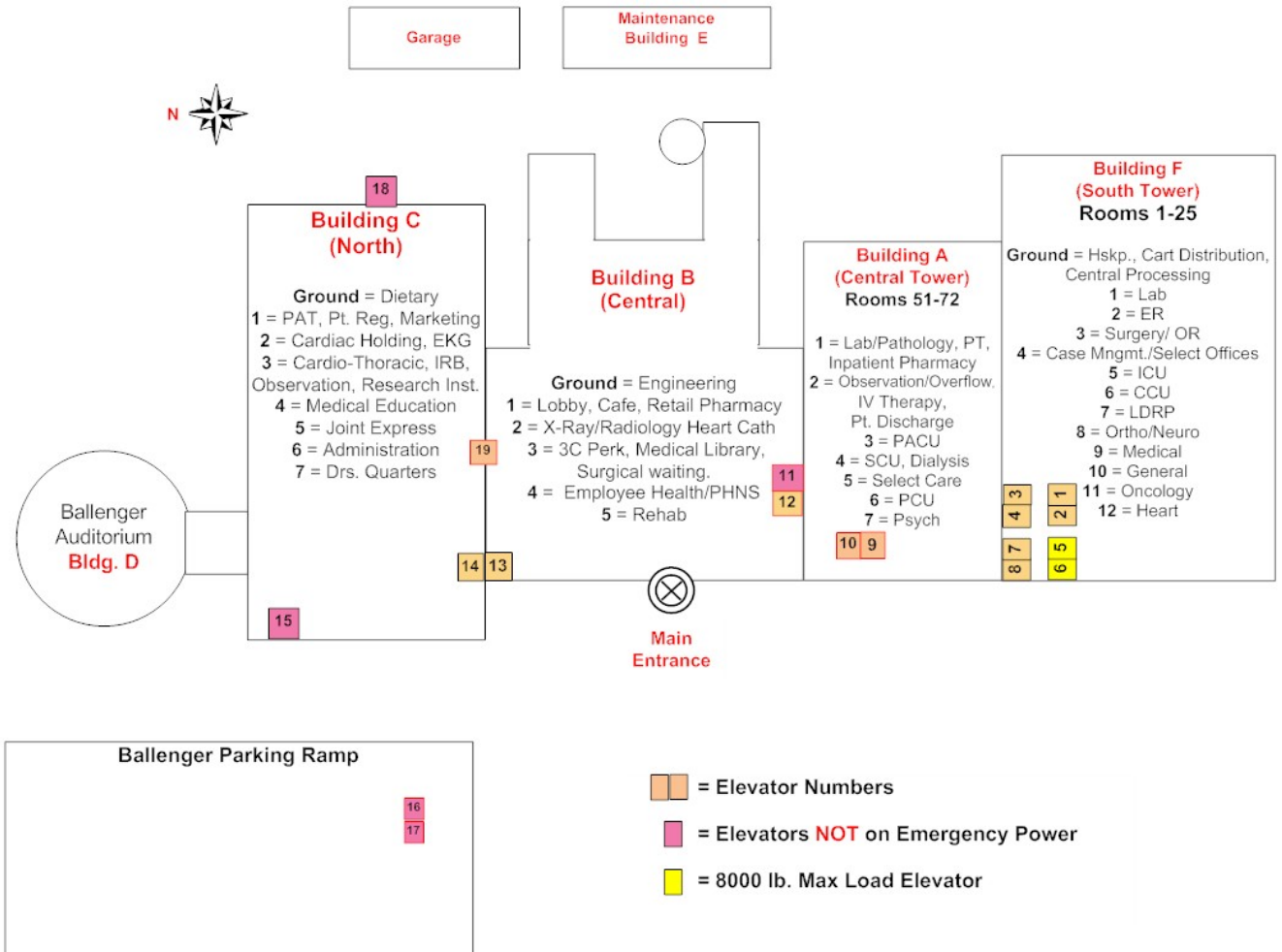
Never use any equipment with a **Defective** tag or sticker on it. Send the equipment to Engineering Services for repair.

Medical Equipment

Providing a safe environment through the maintenance, testing and inspection of the medical equipment.

The organization has in place management plans for:

- Scheduled inspections and maintenance of the medical equipment.
- Risk reporting on the activities related to equipment.
- Action reporting on equipment recalls.
- Building tours.
- Staff interviews.



The Patient Experience

- Patient Experience
- Key Tactics for Success
- Patient Complaints - A Gift in Disguise
- Service Recovery
- The HCAHPS Survey
- Pastoral Care



The Patient Experience at McLaren Flint

Jessica Mathiak, RN, BS, MSA
Director, Patient Experience



What Exactly IS Patient Experience?

- From the **MOMENT** a patient enters our hospital to the **MOMENT** they leave us
- Every person a patient interacts with that wears the McLaren Flint badge
- On the phone
- In the hallway
- During a procedure
- Getting food in the cafeteria
- Asking for directions
- Valet Parking
- Billing Questions



Every Person Counts!

- No matter what role you play here at McLaren Flint, know that patients, families and visitors see you and see a representative of our Medical Center.
- Choose to make a positive impact on the lives of our most valued gifts; our patients!
- It is the expectation of McLaren Flint that *all* employees strive to create the BEST patient experience, every single time.
- All it takes is ONE person, ONE event, ONE problem to negatively impact a patient's experience



First Things First Key Tactics for Success

- AIDET
- Complaint/Grievance Response
- HEART
- Hourly Rounding and the 4 P's
- Service Recovery



AIDET: The Fundamentals of Interpersonal Communication

A	Acknowledge
I	Introduce
D	Duration
E	Explanation
T	Thank You



How would you feel?





Acknowledge

Make a positive first impression. Help the patient and family feel personally engaged

- Knock before entering
- Smile
- Make Eye Contact
- Greet the person by name
- Be Genuine



Introduce

“Who are You?”

- State your name and your role.

Example:



“Good Morning, Mrs. Jones. I am Tiffany from Nutritional Services and I am here to go over your food menu.”



DURATION “How Long?”

- BE SPECIFIC
- Think about your own situation – what is more tolerable?
 - “I don’t know how long it will be.”
 - “It’s going to be a while.”
 - “I expect this to take 15 to 20 minutes.”
- Make sure you follow up if taking longer than expected



EXPLANATION

1. Explain what’s going on in words they understand
2. Explain tests and medications by stating the name of the test/medication, the purpose of the test/medication, the duration of the test/how long the patient is going to be taking the medication, and the potential side effects, etc.
3. Confirm the information is helpful. Ask open-ended questions and provide clarification if needed.





THANK YOU

- **GOOD THANKS**

- “Thanks”
- “Thank you”
- “Thank you for choosing McLaren!”



- **GREAT THANKS!**

- Thank you for letting me know about the pain you were experiencing
- “Thank you for your cooperation”
- “Thank you for letting me care for you”
- “Thank you for bringing that to my attention.”
- “Thank you for being here to support your wife/husband/parent”
- It’s my pleasure!



AIDET In Action





Patient Complaints – A Gift in Disguise

“Hot heads and cold hearts never solved anything”

Billy Graham

Complaints – they are inevitable. While the goal of good service is to avoid complaints, it is not realistic to think that they can be completely eliminated. Schedules will go wrong, equipment will malfunction, and patient expectations will not be met.

The first step to handling complaints well is to change how we view complaints. Rather than think of a complaint as a negative, we need to think of it as an **opportunity** to turn a bad situation into a good situation – a gift, if you will.

Whether they complain to us or not, you can be sure that they complain to others; and many will not come back.

For every negative experience, a person tells 10 people.

For every positive experience, they tell 1.



Grievance versus Complaint

- **Complaint** is an issue raised by a patient or designee that can be handled promptly by staff.
- Examples:
 - Pain that is addressed by nurse & physician collaboration.
 - Infection control issues like hand hygiene, contact precautions, etc.
 - Cleanliness, food, facilities, other visitors, etc.
 - Any non-serious issue handled within 24 hours.



Grievance versus Complaint

- **Grievance** is any issue of a serious nature, defined by a patient as a “grievance” or any issue received in a written form.
- Examples:
 - Multiple medical issues brought to Patient Relations (Risk, Nursing Leader) that is not quickly resolved.
 - Patient Rights Violations (privacy, pain, information).
 - Written concerns, even small things like “menu choices.”
 - Can come in via: fax, e-mail, website, letter, or extensive writing on a survey or attached letter to survey.



HEART: What to do when you receive a complaint

H	Hear
E	Empathize
A	Apologize
R	Respond
T	Thank You



Hear

Show the person respect

- STOP what you are doing
- Turn your body so that you are facing the person
- Make eye contact
- Speak in a pleasant tone of voice
- LISTEN to what the person says
- Don't over do it...Be Genuine



Empathize

Show that you care!

- Imagine if you were the person with the complaint – how would you feel?
- Ensure that you understand the issue
- “If I understand correctly, you are upset because...”
- Allow the person to clarify the issue





APOLOGIZE

- Tell the person you are sorry about the problem

“I am sorry that happened.”

“I’m sorry.”

“I apologize for your inconvenience.”

- How many times have you heard someone say...

“I just wanted someone to say they were sorry.”



Respond

Make it right!

- Take ACTION!
- “What can I do right now to help this person?”
- If you can fix the problem, do it.
- If you need to contact a team member, tell the person who you will contact and do it.
- Make sure to follow up with what you heard from the person you contacted.



Respond (appropriately)

- DON'T make excuses
Excuses shift the burden of accountability back onto the patient. They have to decide if your excuse is good enough.
- DON'T affix or place blame
Blaming throws your coworkers "under the bus" and confirms the patient's negative perception about our service and the hospital.



Thank You

- Why do we thank people for complaints?
 - A complaint (while the issue is still active) provides us the opportunity to fix it
 - Our customers are impressed when we fix a problem in a prompt and efficient manner without whining, excuses, or blaming
 - Complaints provide us with useful information to improve processes
 - If they don't complain to us, does this mean they won't complain to anyone?
- "Thank you for bringing this my attention."



Service Recovery

- 20/200 Form
- Fruit Baskets
- Flowers
- Gift Cards
- Notes & Cards



Hourly Rounding & the 4 P's

- We round with **PURPOSE** every hour on every patient. We address the 4 P's **EVERY TIME**:
 - **PAIN**
 - **PERSONAL NEEDS**
 - **POSSESSIONS**
 - **POSITION**



Recipient Rights for Mental Health Patients

A recipient of mental health services has the right:

To receive services suited to his or her individual needs and condition, as required by a written plan of service, developed through a person-centered planning process

To receive those services in a safe, sanitary and humane environment

To be free from abuse and neglect, and treated with dignity and respect.



My Role as Rights Advisor

To advocate for the rights of individuals receiving inpatient Mental Health treatment through:

- Prevention
- Education
- Monitoring
- Complaint Resolution





Prevention

- Consultation with staff and recipients
 - Clarification of guidelines
 - Intervention prior to complaint
- Policy review and development
- Notify Director if problem areas, poor practice, etc.



Education

- Ensuring that recipients are aware of their rights and the rights process
- Ensure that recipients and families are aware of advocacy organizations that can assist them
- Training staff regarding the rights and rights related issues
- Obtaining further training to ensure the most up-to-date information is available and the most effective practice
- Train/educate the Rights Advisory Committee



Monitoring

- Policy review and development
- Review all occurrence reports generated from BH unit
- Conduct unit visits (at least bi-weekly); annual visits mandatory
- Semi-Annual and Annual reports to State

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF RECIPIENT RIGHTS
LEWIS CASS BUILDING
LANSING, MI 48913

REC If you are complaining on behalf of a recipient put your name here and the recipient's name here.

INSTR: IF YOU MAKE A COMPLAINT, A RIGHTS OFFICER/ADVISOR WILL REVIEW THE COMPLAINT AND MAY CONDUCT AN INVESTIGATION. KEEP THE PINK COPY FOR YOUR RECORDS AND SEND THE OTHER COPIES TO THE RIGHT OFFICE AT YOUR CMH SERVICES PROGRAM, HOSPITAL, OR TO:

COMPLAINANT'S NAME	RECIPIENT'S NAME (if different from complainant)	
WHERE DID THE ALLEGED VIOLATION HAPPEN?	PHONE NUMBER	
COMPLAINANT'S ADDRESS	WHEN DID IT HAPPEN? (Date and Time)	
WHAT RIGHT WAS VIOLATED?		
DESCRIBE WHAT HAPPENED		
If you are the complainant, you can write in the third person & say "The recipient, or the client..." and "Writer observed", etc.		
WHAT DO YOU WANT TO HAVE HAPPEN IN ORDER TO CORRECT THE PROBLEM?		
If you are the complainant, write what you want to have happen if these things are proven to be true. You can also say "please give to the appropriate persons for investigation (if the complaint is out of jurisdiction)		
COMPLAINANT'S SIGNATURE	DATE	NAME OF PERSON ASSISTING COMPLAINANT

Sign the complaint

DCH-0030 2/97 REPLACES DCH-2500
DISTRIBUTION: WHITE - ORR; CANARY - Provider; PINK - Complainant

AUTHORITY: P. A. 258 OF 1975
AS AMENDED BY P. A. 290 OF 1995



You Are A CareGiver

You bring hope and healing
You bring assurance and light
You bring joy and a smile
You bring a healing touch
You bring a compassionate heart
You bring comfort and care
You choose to be a caregiver



When a patient enters McLaren...

They're scared, vulnerable, in pain, anxious, and are looking to you for help. Each patient is so much more than a diagnosis or a room number. They are a human being who deserves respect, compassion, kindness and love. When a patient enters our hospital, they bring much more than physical symptoms. They bring us their **LIVES.**

http://youtu.be/cDDWvj_q-p8



The Impact of Poor Customer Service

When patients were asked why they might change healthcare providers:

60% cited concerns about quality
40% cited dissatisfaction with personal treatment
20% cited concern about time issue

When patients were asked why they did change healthcare providers, a profound difference was observed:

54% cited personal treatment
23% cited time issues
20% cited quality concerns



The Voice of Our Patients

- CMS requires all hospitals receiving payment participate in HCAHPS (*Hospital Consumer Assessment of Healthcare Providers and Systems*) a survey of patients discharged from Inpatient Services

HCAHPS
Hospital Care Quality Information
from the Consumer Perspective



The HCAHPS Survey

- The HCAHPS survey contains 18 patient perspectives on care and patient rating items that encompass eight key topics:
 - ☑ **communication** with doctors
 - ☑ **communication** with nurses
 - ☑ **responsiveness** of hospital staff
 - ☑ pain management
 - ☑ **communication** about medicines
 - ☑ discharge **information**
 - ☑ **cleanliness** of the hospital environment
 - ☑ **quietness** of the hospital environment
 - ☑ care transition re: needs and help pre- and post-hospitalization
- The survey has a total of 32 questions



Communication with Doctors

During this Hospital Stay...

1. How often did doctors treat you with courtesy and respect?
2. How often did doctors listen carefully to you?
3. How often did doctors explain things in a way you could understand?



Communication **with Nurses**

Same Questions...During this Hospital Stay:

1. How often did nurses treat you with courtesy and respect?
2. How often did nurses listen carefully to you?
3. How often did nurses explain things in a way you could understand?



Responsiveness **of Hospital Staff**

- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

At McLaren Flint, we have a **NO PASS ZONE**:
Everyone can answer a call light!



Pain Management

- During this hospital stay, how often was your pain well controlled?
- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

Offer alternative therapies to show comfort and compassion for pain management



Information about Medications

- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?



Hospital Environment

- During this hospital stay, how often were your room and bathroom kept clean?
- During this hospital stay, how often was the area around your room quiet at night?



Discharge Information

- During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?



Overall Rating

- Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
- Would you recommend this hospital to your friends and family?

We only get credit for 9 & 10's!



The HCAHPS Survey asks if we ALWAYS provided the highest level of service

- “Sometimes” or “Usually” just doesn’t count
- We need to provide the highest level of service to our patients, family members, and other customers at ALL times
- Our customers deserve the best at all times!




Circling Back & Reaching Out

- By having excellent communication, we have a fantastic opportunity to identify areas of need with our patients.
- Offer resources to ensure success:
 - Discharge Rx
 - Med cards & EMMI/TIGR TV education
 - Social Work & Case Management
 - Chaplain Services
 - Palliative Care & Hospice Services
 - Patient Advocacy



Pastoral Care

- We have a TEAM of Chaplains from several religious backgrounds to meet the Spiritual Needs of our patients
- On-Call 24/7 (Utilize the Physician Database and select Chaplains Tab)
- Chapel located behind lobby on 1st floor



Patient Advocacy

Jessica Mathiak, RN, BS, MSA	x22994
Manager, Patient Experience	
Carrie Haneckow, RN, BSN	x22273
PX Representative	
Randy Ryan, RN, BS	x22273
PX Representative	

Available most days 8am to 8pm

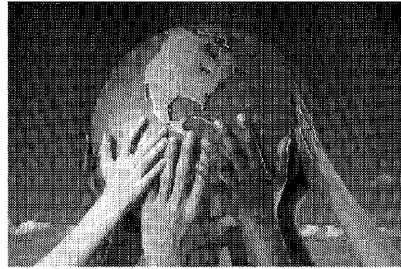
Diversity

Your Role....

- Know my role and responsibility to ensure appropriate care to a changing population.
- Be aware that Western medicine practices can vary greatly from different cultural views and know what this means for patient care.
- Know what I can do as a healthcare professional to ensure appropriate care for obese patients.
- Be aware of the differences that exist between generations.

Why is Talking About Diversity Important?

- The “changing face” of the nation
 - U.S. Census statistics



Cultural Diversity – We All Have It!

- Obvious Manifestations
 - Ethnicity (Race)
 - Gender
 - Height/Weight
 - National Origin (Language)
- Less Obvious Manifestations
 - Age
 - Education
 - Marital Status
 - Religion



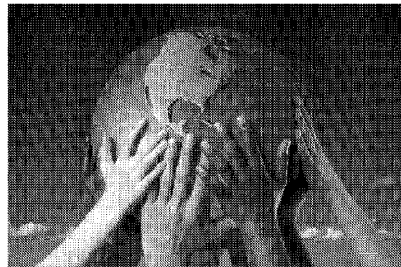
What is Diversity? Diversity in the Workplace

- Recognition
- Appreciation and
- Appropriate response to individual differences in the workplace



Culture – What is it???

- Culture is an integrated system of learned behavior patterns that are characteristic of members of any given society
- Culture refers to the total way of life of particular groups of people
- It includes everything that a group of people, thinks, says, does, and makes – it is a system of attitudes and feelings
- Culture is learned and transmitted from generation to generation



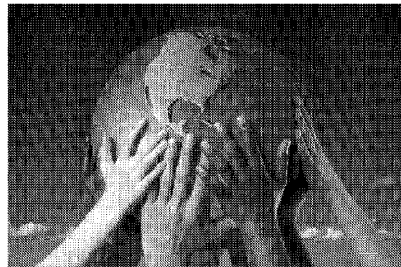
Cultural Code

- A set of values and assumptions, notions and beliefs that shape the way people from diverse cultures:
 - Act
 - Think
 - Relate
 - Communicate
 - View right from wrong
 - Determine proper/improper
 - Consider important/unimportant



Health Belief Systems

- Patient recognition of symptoms
- Patterns of seeking care
- Ability to communicate symptoms
- Ability to understand prescribed care

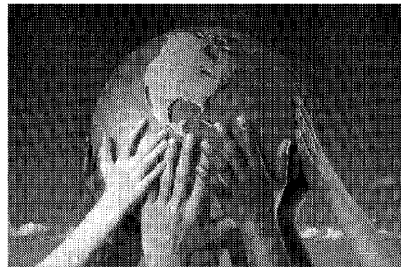


The Culture of Western Medicine

“Ours”	“Others”
Make It Better	Accept With Grace
Control Over	Balance/Harmony With
Do Something	Wait and See
Intervene Now	Cautious Deliberation
Strong	Gentle Approach
Plan Ahead	Take Life As It Comes
Standardize	Individualize

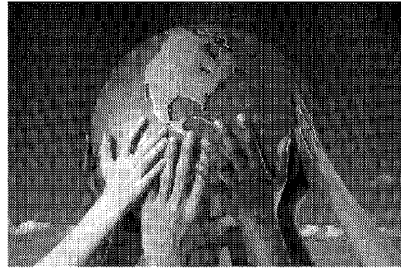
What is Culture Competence?

- A set of congruent behaviors, practices, attitudes and policies that come together in a system or agency or among professionals, enabling effective work to be done in cross-cultural situations



Cross-Cultural Communication Guidelines

- Establishing & building relationships is the core aim of all effective communication in a cross-cultural setting
- Be respectful of (cultural) differences. Listen, observe and describe, rather than evaluate
- Avoid taboos - pay particular attention to your non-verbal behavior
- Check yourself constantly for cultural assumptions



“Seek to understand and to be understood.”

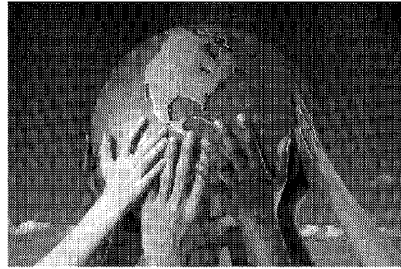
Acquiring Cultural Competence

- Starts with Awareness
- Grows with Knowledge
- Enhanced with Specific Skills
- Polished through Cross-Cultural Encounters



Bariatric Sensitivity

- What can we do as health care professionals?
 - Create a welcoming environment
 - Question our own assumptions, language and behavior
 - Listen carefully
 - Communicate empathy
 - Provide the same care



What is Generational Diversity?

- Four distinct generations working side by side
- Different approaches to work, work/life balance, employee loyalty, authority and other important issues



What is Generational Diversity?

Traditionalists (1900-1945)

- “If it ain’t broke, don’t fix it.”

Baby Boomers (1946 – 1964)

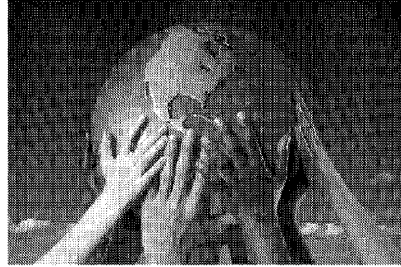
- “Younger people don’t know how to work.”

Generation Xers (1965 – 1980)

- “These people never have fun. They’ve been in a rut at this hospital forever.”

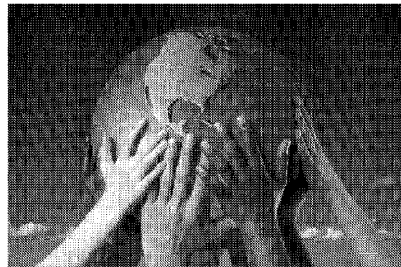
Millennials (1981 – 2000)

- “How come these old folks don’t know anything? They never ask my opinion.”



Final Thoughts

- “Diversity is valuable because it leads to having access to a more broad spectrum of human potential”





Helping Health Care Professionals Improve Their Empathy Towards Obese Patients

Prejudice and discrimination can occur in people even when they believe they are fair-minded. Society often blames people for their health conditions. For example, obese people are often blamed for being obese. They may be thought of as being lazy or stupid. They may be accused of having a lack of self-control or discipline that has caused them to become obese. People making these judgments may know **nothing** about an obese individual other than the fact that they are obese. To make these judgments without any information is prejudice. To treat people differently because of these thoughts is discrimination. Health care workers may not even be aware that they are treating these patients differently. As health care workers, we must be careful not to pre-judge these individuals or act on these prejudgments. Otherwise, we may either fail to give obese patients the care they need, give them improper care, or fail to care for them at all. Don't think of an individual as the **obese patient** in room 6; think of the **person** in room 6 who needs to be cared for.

What Can We Do As Health Care Professionals?

- Create a welcoming environment for all patients seeking medical care.
- Question our own assumptions, language, and behavior.
- Listen carefully to the obese patient's presenting problem, independent of weight.
- Communicate empathy to obese patients.
- Provide the same care to obese patients as to non-obese patients.

“Rather than feel anger or revulsion toward an obese person, you should (1) try to understand his or her presenting problems, (2) gain insight into what it is like to be him or her, and (3) try to imagine and interpret the world from his or her perspective of experience...”

John Banja, PhD Obesity, Responsibility, and Empathy, *The Case Manager*, Nov/Dec 2004

See the person not the pounds.

Diversity and Cultural Competence



FLINT

Diversity

When we talk about diversity we talk about differences between people. We are all different, but view some things more differently than others. For example, a brother and sister have a lot of the same memories and because they have been raised together, have many identical opinions and beliefs about things. That makes them similar. However, one is a man, the other a woman and in that regard they are very different. This difference has given them different experiences throughout their lives and these different experiences have helped shape them differently. They are different, feel different and believe to be different.

Some of the factors that influence our differences are: age, religion, language, weight, color, height, technical vs. non-technical, white collar, blue collar, education, divorces, single, married, non-smoker, smoker, non-Michigander, Michigander, sexual preference. Diversity is not defined only by race or gender. It extends to all biological and acquired differences (culture).

“Diversity is valuable because it leads to having access to a more broad spectrum of human potential.”

Cultural Competence

As our patient population is becoming more diverse, it is becoming more important to provide culturally and linguistically appropriate services that lead to improved outcomes, efficiency, and satisfaction.

Health care organizations are encouraged to ensure that patients receive understandable and respectful care that is compatible with their cultural health beliefs, practices, and preferred language. The objective is to ensure that all persons entering the health care system, regardless of race, ethnicity or other diversity aspects, receive fair, and quality treatment.

This includes offering and providing language assistance services, both verbal and written through patient-related materials and post signage, as well as providing culturally competent care.

Some things to consider:

- Views about health and healthcare
- Family and community relationships
- Language and communication styles
- Ties to another country or part of the US
- Food preferences
- Religion
- Views about death

Resources

**Patient Relations:
342-2273.**

For assistance with hearing impaired services call the Community Access Center at 239-3112.

For assistance with language translation call CyraCom International at 1-800-481-3293.

After hours contact the nursing supervisor through the operator by calling 342-2000.

Points to Remember

- All persons entering our hospital regardless of race, ethnicity or other diversity aspect, deserves to receive fair and quality treatment.
- You will come in contact with people very different from you.
- Know your resources.
- Listen deeply and be sensitive to the needs of others.

Translation Services

Translation services are mandated by the government. Our resources in place are to help you.

If you find yourself in need of translation services, your primary resource is your supervisor.

McLaren subscribes to a hearing impaired service and a foreign language interpretation service. To get connected for hearing impaired services, please call the Community Access Center at 239-3112. For language interpretation services please dial CyraCom International at 1-800-481-3293 or press the Access key on the 2-handset Cyraphone located in each nursing unit. Instructions for this process are located by each Cyraphone handset. After hours contact the Nursing Supervisor through the operator at 342-2000.

We discourage the use of family members as translators. Family members used as interpreters may be unable to assist health care providers.

Did you Know?

- The face of the nation is changing. By 2050, nearly half of the U.S. population will be composed of members of ethnic and racial minorities.
- The 2000 census results indicate that one out of every 10 Americans is now foreign born.
- Current research and literature point to overwhelming disparities in health status of minorities when compared to whites. Minorities have higher prevalence and mortality rates of diseases like cancer, diabetes and cardiovascular diseases.
- Because of role conflicts or lack of medical vocabulary
- They may base their messages to both patient and provider on their own perception of the situation
- They may withhold vital information because it may embarrass their family

Suggestions for Healthcare Professionals

- If there is a language barrier, assume confusion; watch for tangible signs of understanding, such as taking out a driver's license or social security card to get a required number
- Take your cue from the other person regarding formality, distance, and touch
- Question your assumptions about the other person's behavior; expressions & gestures may not mean what you think; consider what a particular behavior may mean from the other person's point of view
- Explain the reasons for all information you request or directions you give; also acknowledge any cultural differences that may present challenges or difficulties
- Pay attention to body language, facial expressions & other behavioral cues; much information may be found in what is not said
- Avoid yes/no questions; ask open ended questions or ones that give multiple choices; remember that a nod or yes may mean: "Yes, I heard" rather than "Yes, I understand" or "Yes, I agree"
- Consider that smiles & laughter may indicate discomfort or embarrassment; investigate to identify what is causing the difficulty or confusion
- Make formal introductions using titles (Mr., Mrs., Ms., Dr.) & surnames; let the individual take the lead in getting more familiar
- Use a soft, gentle tone and maintain an even temperament
- Spend time cultivating relationships by getting to know patients & coworkers & by establishing comfort before jumping into the task at hand
- Be open to including patients' family members in discussions & meetings with patients
- Consider the best way to show respect, perhaps by addressing the "head" of the family or group first
- Use pictures & diagrams where appropriate; for example give maps for directions or show a picture of a social security card or driver's license
- Pay attention to subtle cues that may tell you an individual's dignity has been wounded
- A response such as "Maybe" or "That would be difficult" is probably a polite no
- Avoiding yes/no questions by phrasing the inquiry as a multiple choice question is one way around this impasse. For example, you might ask, "Which of the medications have you taken?" rather than "Did you take this one?"

Population Estimates (Source: Claritas, Inc.)

City Flint

Flint Area Zip Codes (inc. parts of Flint Twp.)	2004 Pop	2009 Pop	% Change
One Race			
White	96,220	91,140	-5.28%
Black	78,004	77,179	-1.06%
American Indian and Alaska Native	1,160	1,120	-3.45%
Asian, Nat. Hawaiian, Pac. Islander	1,502	1,531	1.93%
Other	1,953	1,908	-2.30%
Two or more races	6,208	6,818	9.83%
Total	185,047	179,696	-2.89%
Hispanic/Latino	5,649	5,748	1.75%

Genesee County

	2004 Pop	2009 Pop	% Change
One Race			
White	348,092	356,668	2.46%
Black or African American	88,964	89,052	0.10%
American Indian and Alaska Native	2,488	2,519	1.25%
Asian, Nat. Hawaiian, Pac. Islander	4,142	4,721	13.98%
Other	3,624	3,826	5.57%
Two or more races	10,915	12,452	14.08%
Totals	458,225	469,238	2.40%
Hispanic/Latino	10,921	11,649	6.67%

What Influences Us...

It is human nature to try to make sense of differences people observe in one another. It is natural to try to generalize and put things in categories or groups. Our human intellect has taught us that these shortcuts can be helpful.

When we form opinions about people and groups of people, we will also form a judgement, a judgement that can lead to biases, attitudes, assumptions, stereotypes, and prejudices. For example, if your experience in dealing with blonde people is that they are not very smart, then your conclusion could be that all blondes are dumb. Such a conclusion could be wrong and influence your behavior toward blonde people negatively.

MRMC asks staff to have an open mind when we meet someone who is different from us, and that we honestly attempt to understand that other person and learn from him/her. Keep in mind that none of us are free of biases.

“ Don't judge a man until you have walked a mile in his moccasins ”
Native American Indian Saying

“ The foundation of cultural competence is based on respect, trust, compassion and caring about all people. ”

“ Listen deeply and be sensitive to the needs of others. ”

Case Study

A Hmong man comes into the hospital during the night. He is acutely ill and speaks very little English. The hospital staff pages the Hmong interpreter. The interpreter does not respond as quickly as the staff wishes, so they begin to look for another interpreter.

In desperation, they pull-up patient names on the computer to locate another Hmong patient who can help. They find another Hmong patient on a unit and call the unit to see if there is an English speaking relative who can help out.

The hospital staff asks the unit staff to wake the Hmong patient's spouse and ask him to come down to interpret. When the unit staff questions this request, they are told that, the man would obviously want his family member to have an interpreter, so it is perfectly reasonable to ask him to help out. The unit staff reluctantly wakes the man who graciously consents to help.

Everyday, the patient has lots of visitors. He is not progressing according to plan. The visitors are his immediate family and they speak in their native language. When the family practices their traditional healing, the nurses get together and make snide remarks about "hocus pocus" and "they'll probably be killing a chicken in there soon". The staff is very uncomfortable with this situation.

1. What is your assessment of this situation?
2. What things can the hospital do to insure that language differences are handled properly?
3. What steps could the hospital take to ensure that everyone's cultural and religious practices are valued?

Interactions and Sharing of Information

Although language differences are often cited as the main source of obstacles to multicultural settings, there is much more to communication than language. Variations in cultural "software" are often at the heart of the misunderstanding, frustration, & miscommunication that occurs when people from different backgrounds come together.

Directness

"Spit it out" and "Say what's on your mind" are popular American expressions of the value of getting to the point. In languages that depend on subtle contextual cues and that leave it to the listener to infer meaning, as would be the preference in Arabic or Japanese, information is implied rather than stated.

Distance

American culture generally expects people to stand about an arm's length apart when talking in a business situation. Any closer is reserved for more intimate contact or seen as aggression. In the Middle East, however, it is normal for people to stand close enough to feel each other's breath on their faces. Hispanics typically favor closer proximity than do non-Hispanic whites.

Touch

To touch or not to touch is only part of the question. Cultures also have different rules about who can be touched & where. A handshake is generally accepted as a standard greeting in business, yet the kind of handshake differs. In North America, it is a hearty grasp; in Mexico it is often a softer hold, and in Asia a soft handshake with the second hand brought up under the first is a sign of friendship & warmth.

Facial Expressions-Body Language-Tone of Voice

All play a much greater role in cultures where people prefer indirect communication & talking around the issue. For example, rather than pointing out that part of a form has missing or incorrect information, indirect communicators might praise the sections that were correctly completed, implying that the incomplete section is a problem. Use gestures with care, as they have negative meanings in other culture

Multiculturalism in Health Care

By Howard Ross

Hospitals need to understand the values and traditions of the various ethnic groups within their communities.

Areas all over the United States are becoming much more racially, ethnically, culturally and linguistically diverse. Previous record inflows of immigrants at the turn of the 20th century have been surpassed; the foreign-born now number more than 33 million. One in nine Americans is an immigrant. Nearly one-fifth of U.S. residents speak a language other than English at home.

Our nation's increasing diversity has made providing care to diverse populations a challenge for many health care organizations. With the increasing diversity, there is a concomitant need to understand cross-cultural differences. This ethical imperative is particularly critical, given the numerous reports that document significant health disparities.

The Mosaic

Not only are the demographics changing in unprecedented ways, but so too are the notions of assimilation and the idea of the "melting pot." Even the national motto *E Pluribus Unum* (from many, one) is under scrutiny.

There appears to be more of a sense that--especially as immigrant populations reach a critical mass in many communities--individual immigrants follow different paths to incorporation in American society. These range from the classic ideal of blending into the middle class, to a downward assimilation into an underclass, and to integration into immigrant communities.

With today's emphasis on diversity and ethnicity, it has become easier than ever for immigrants to avoid the melting pot. In fact, even the metaphor is changing; many now prefer such terms as the "salad bowl" and the "mosaic."

Multiculturalism

Different cultural views on health care can be at odds with the perspective of U.S. providers. These include variations in patient recognition of symptoms, patterns of seeking care, ability to communicate symptoms to a provider who understands their meaning, ability to understand the prescribed management strategy, expectations of care, and adherence to preventive measures and medications. The following are three examples:

1. A Japanese man has a ruptured appendix and needs immediate surgery. Although he was not very anxious about the surgery initially, he started refusing to have the surgery after being taken to his room.

Cultural explanation: Being aware of some Japanese beliefs about death may help health care providers understand the cause of his anxiety. In Japanese, "four" is pronounced in the same way as the word that means "death." This makes many Japanese patients uncomfortable in a hospital room with a number four.

2. Following surgery, Mr. Ramirez is reluctant to participate in self-care or to ambulate. His family has complained to the hospital administration that the nurses are not doing their job assisting Mr. Ramirez with activities of daily living.

Cultural explanation: The American health care system's emphasis on patient self-care to hasten recovery may directly conflict with a Latino belief that a patient should be assisted in daily tasks for the duration of the illness because the patient needs to conserve energy in order to recover. Knowing this, the hospital staff could explain that it is necessary for Mr. Ramirez to get out of bed in order to prevent post-operative complications.

3. A Vietnamese mother was observed by hospital staff to be neglecting her newborn baby. After repeated attempts by hospital staff to engage the mother in conversation by praising the baby, the mother became quite agitated.

Cultural explanation: Some traditional Vietnamese believe that potentially evil spirits are attracted to infants. In an effort to protect their babies, parents try not to attract attention to them.

As can be seen from these examples, when sociocultural differences between patient and provider aren't appreciated, explored or communicated, the provider risks patient dissatisfaction, poor adherence to treatment protocols and poorer health outcomes. Confusion and conflict often can be averted when there is an understanding of cultural differences.

Culturally Competent Health Care

In order to effectively provide services to people outside the dominant culture, the health care provider must learn how people view their world. "Cultural competence" is a concept that has received widespread attention as a way of providing health services for communities with diverse cultural backgrounds, migration experiences, socioeconomic circumstances and languages. Although many precise definitions abound, "cultural competence" is generally communicated as a set of behaviors, attitudes and policies among health systems and professionals to enable them to provide cross-cultural health care. Health care institutions can prepare and deliver culturally competent health services to diverse cultural groups through three main conceptual approaches that focus on awareness, knowledge and skills:

Awareness regarding all the influences impacting patients. Such awareness is the benchmark for cross-cultural care. Typically, this is accomplished when health care organizations implement staff training programs that provide opportunities for self-reflection, which necessarily includes identifying one's own culture, biases and reactions to diverse health values.

Knowledge about the attitudes, values, beliefs and behaviors of ethno-cultural groups. With the huge array of cultural, ethnic, national and religious groups in the United States along with the multiple influences, such as acculturation, socioeconomic status and intragroup variation, it is difficult to learn a set of unifying facts or cultural norms. Cultural information is extremely useful in directing the health care provider to ask pertinent questions within each individual's cultural context.

Skills development that melds knowledge about the cultures with appropriate health services approaches. Such approaches must provide methods for eliciting patients' understanding of their illness or conditions and allow providers to adjust their practice style to meet patients' specific and varying needs. Each health care organization can use these approaches to create a community of learning that embraces the unique qualities and experiences of a diverse patient population. Failure to take sociocultural factors into account may unintentionally lead to stereotyping, and in worse cases, poor outcomes because of miscommunication or misunderstanding.

Howard Ross is president and founder of Cook Ross Inc., a diversity training and change management firm specializing in health care. He is based in Silver Spring, Md.

Hospitals & Health Networks welcomes your comment on this article. E-mail your comments to hhn@healthforum.com, fax them to *H&HN* Editor at (312) 422-4500, or mail them to Editor, *Hospitals & Health Networks*, Health Forum, One North Franklin, Chicago, IL 60606. If you would like a **FREE** Subscription to *H&HN OnLine*, [please click](#) here to register.

Security/Safety

Your Role...

- Know the security policies.
- Be the eyes and ears for security.
- Report suspicious persons or situations to security.
- Defuse potentially violent situations
- Help maintain access control.
- Keep personal valuables locked up and out of sight.
- Know who to report safety issues.
- Know what committee oversees safety issues.
- Know who the Safety Officer and Radiation Safety Officer are.

Violence in the Hospitals

- Major Source of Hospital Violence
 - Disgruntled employees
 - Gangs
 - Domestic violence that spreads into the workplace
 - Patients with mental impairments
 - Disgruntled family and friends of patients

- Four Phases of the Assault Cycle
 1. Activation or trigger
 2. Escalation
 3. Crisis
 4. Recovery

- Warning Signs of Escalation
 - finger tapping
 - clenching fists
 - changing positions
 - pacing
 - raised voice
 - angry tone
 - unreasonable demand

- Two Responsibilities Employees have Regarding Security Systems
 - Help maintain access control
 - Know the security procedures

- How to Defuse Potentially Violent Situations
 1. Check your own emotions
 2. Speak in a calm and respectful manner
 3. Listen and show your willingness to help

SECURITY

WHAT ALL EMPLOYEES CAN DO

- Watch for unusual behavior
- Familiarize yourself with the staff in your work area so you can easily identify persons who may not belong there.
- Report suspicious persons immediately watch for persons in “uniforms.” Even a person in uniform may not belong.
- Discourage patients from wearing jewelry or keeping cash in their room offer to secure patient valuables.
- Put equipment and supplies away when not in use.
- Trust your gut. Communicate/report, don’t hesitate in alerting security, co-workers, management, or local law enforcement.

SECURITY WANTS TO KNOW ABOUT

- Threats, physical and verbal assaults
- Thefts, missing or vandalized property
- Unauthorized person(s) on property or in the building
- Disturbances
- Any unusual activity or conditions
- Accidents (injury, and non-injury)
- Your concerns about safety

SECURITY PHONE NUMBERS

MRMC **342-3333 (internal calls dial 23333)**

DIRECTOR **342-4997**

PERSONAL SAFETY TIPS

- Lock your vehicle. Don’t leave items in plain view. If possible don’t leave items in the vehicle at all. (Cell phones)
- Lock your office door whenever you are away.
- wear your I.D. badge at all times
- Report all suspicious persons or activity
- Walk with a friend or in groups. Use the security escort service if available at your site.

**Security will escort you to your vehicle 24 hours a day, 7 days a week.
Just call x2-3333.**

Be aware of your surroundings. Walk with a purpose and don’t be afraid to look someone in the eye.

Environment of Care Committee

“A multi-dimensional safety forum”

The goal of environment of care is to promote a safe, functional, and supportive environment within the hospital such that quality and safety are preserved (CAMH, 2013). The environment of care is made up of three basic elements:

- The building or space, including how it is arranged and special features that protect patients, visitors, and staff.
- Equipment used to support patient care or to safely operate the building or space.
- People, including those who work within the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing risks.

All hospitals face risks in the environment including those associated with safety and security, fire, hazardous materials and waste, medical equipment, and utility systems. The Environment of Care Committee is tasked with managing both identified and emergent risks at McLaren Flint and its remote sites. The Environment of Care Committee meets monthly.

Committee Members may include:

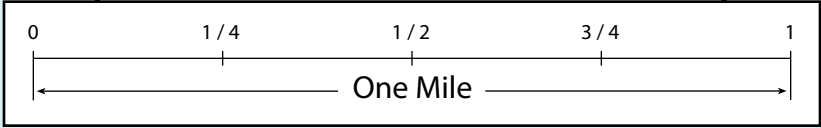
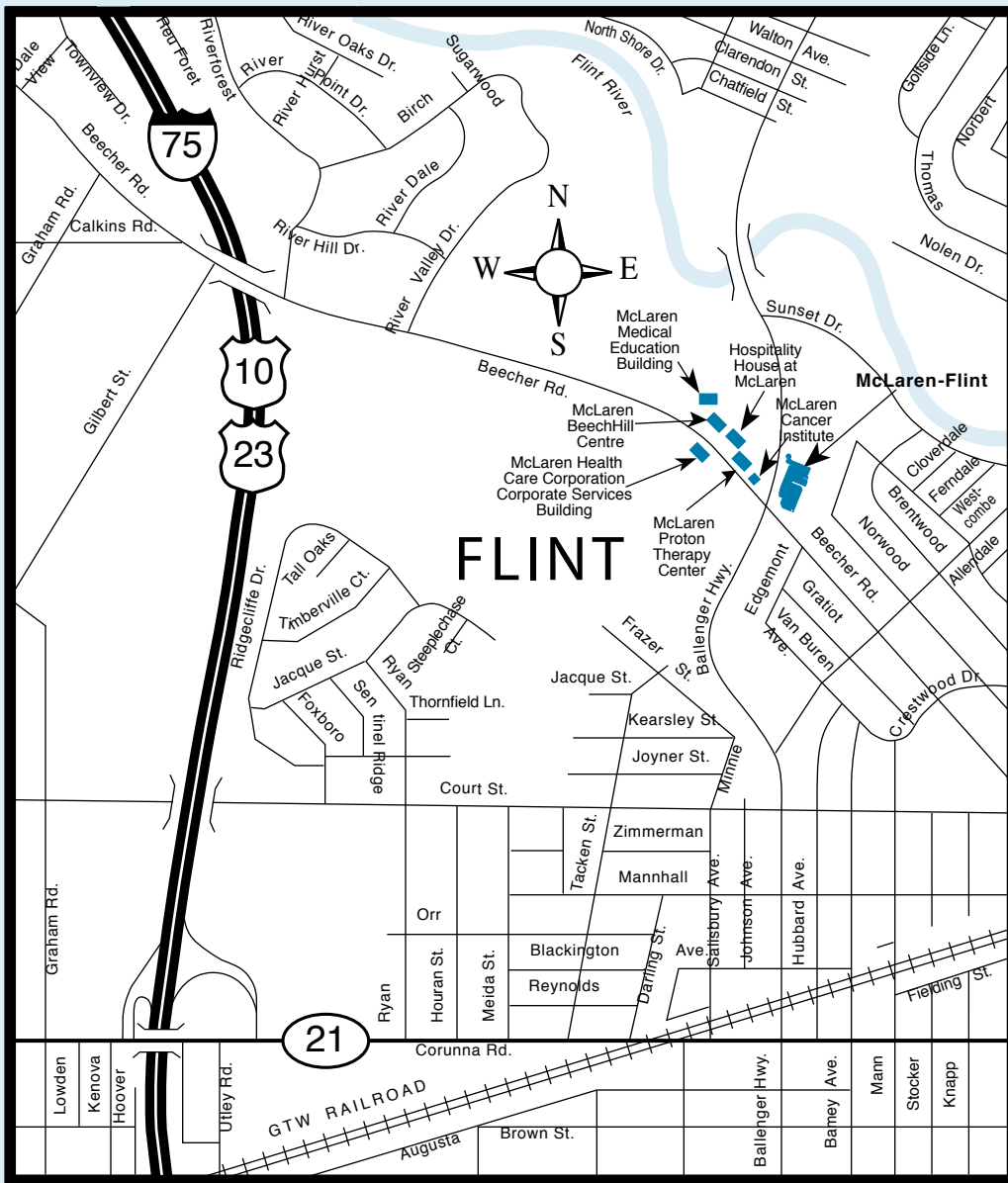
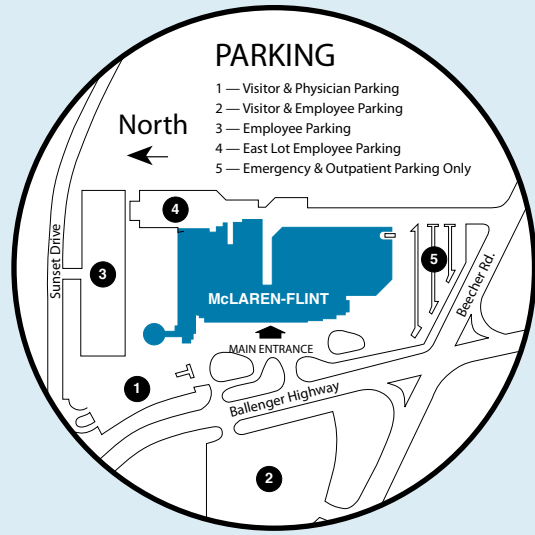
- Manager , Environment of Care- Chair
- Administration
- Security
- Emergency Management
- Fire Prevention/Utility Management
- Medical Equipment Management
- Infection Control Preventionist
- Human Resources
- Radiology
- Materials Management
- Environmental Services
- Laboratory
- Medical Library
- Risk Management
- Select
- Nursing Management
- McLaren Flint Subsidiaries
- Labor Union Representation
- Pharmacy
- Employee Health



FLINT

(810) 342-2000

401 S. Ballenger Hwy., Flint, Michigan





Submitted by*: _____

Department/Area*: _____

Phone: _____

* The above information is not required. However, it is helpful if additional information is needed in order to address the concern or solve the problem.

Concern: _____

Send to:

Rae Lynn Hicks, *Safety Officer, McLaren Flint*

Raelynn.Hicks@mclaren.org

Phone: (810) 342-5150

Fax: (810) 342-4941

IMPORTANT PARKING INFORMATION

We are continuing to use the St. Paul Church lot **but there is no shuttle service.**

The new parking area is at the **back of the Genesys West Campus.**(West of Walgreens) The last five (5) rows (to the South) are for McLaren Flint employee parking and can be identified by the white stripes.

Please do not park in unauthorized areas.

The bus shelter has been moved to the Genesys lot.

The Shuttle Bus will run Monday-Friday 5:45am-9:45am and 2pm-8pm. The pick up and drop off location is at the back of MRMC by the PAT Office.

Note: The Cancer Center staff parking arrangements at Genesys remain the same.

Security at **x2-3333** is available to escort you to any McLaren Flint parking area 24/7.

McLaren Flint
Patrick Robinson
McLaren Flint Director of Security/Communications
401 S Ballenger Hwy
Flint, MI 48532

Phone: 810-342-4997
Pager: 810-389-1224

