

## Great River Health Systems 2017 Orientation Self-Study Packet

Welcome to Great River Health Systems! The students, volunteers, business associates and other nonemployee affiliates who are guests in our facility contribute to the high-quality services we provide to patients and to the community.

Everyone you meet may potentially judge their experience at Great River Health Systems by the behaviors and standards you set. Team members must be respectful and responsive in meeting the needs of those we serve. This packet provides standards for conducting yourself while you are at Great River Health Systems. These standards enhance the ability of Great River Health Systems to achieve its mission, and to protect and promote safety and integrity.

Please read this information carefully. If you have questions about the content, you may direct them to your department director, supervisory individual, instructor, or to a staff member as applicable. If you are an adult volunteer or junior volunteer, please direct questions to the Volunteer Services Coordinator.

After reviewing the module, please sign and date on the lines below. **Please return this signed cover sheet as directed:**

- ***Volunteers and volunteens:*** Return the sheet to Volunteer Services.
- ***Vendors:*** Use the Reprax process for confirmation with Materials Management.
- ***Contractors:*** Return the sheet to the Facilities Dept.
- ***Medical students, PA and NP students:*** Return the sheet to the Student Coordinator in the Corporate Education Dept.
- ***Nursing students:*** Return the sheet to your nursing program coordinator. The coordinator will send all sheets to Corporate Education.
- ***All other students, instructors and nonemployee affiliates:*** Return the sheet to Corporate Education.

**Your signature means you understand and will adhere to safety and infection-control requirements, confidentiality provisions and behavioral expectations described in this guide.**

**Print name:** \_\_\_\_\_

**Great River Health Systems Department:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### OUR MISSION

Great River Health Systems is dedicated to improving the region’s health by providing high-quality care, world-class customer service and uncompromising value to our patients and their family.

### OUR VISION

Great People, Great Care, Great River Health Systems

### OUR EXCEL VALUES (GREAT PEOPLE)

- Enthusiastically friendly
- X-ceeding expectations
- Caring and compassionate
- Energetic teamwork
- Leadership and professionalism

### OUR STEEEP VALUES (GREAT CARE)

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient-centered

Our *EXCEL* and *STEEEP* values support and enhance the health system’s mission. Our *EXCEL* Values define the behaviors and character necessary for **Great People** to provide world-class customer service. Our *STEEEP* Values set the expectations that motivate us to provide high-quality **Great Care**.

We expect you to follow our values when you deal with patients, their family members, staff members and all others you may be in contact with at Great River Health Systems.

Please read the pamphlet titled “Great People, Great Care, Great River.” You may discuss any questions you have with your supervisor.



## **GREAT RIVER HEALTH SYSTEMS: GENERAL INFORMATION**

Great River Health Systems' address: 1221 S. Gear Ave., West Burlington, IA 52655

Main telephone number: 319-768-1000; internal switchboard: dial 0

Great River Health Systems is a regional integrated health-care system that includes Great River Medical Center, retail pharmacies, retail medical equipment and supplies providers, and physician clinics in Keokuk, Mediapolis, Wapello and West Burlington, Iowa.

Great River Medical Center is a 378-bed regional medical center offering acute, skilled and intermediate care to residents of southeast Iowa, west-central Illinois and northeast Missouri. The hospital offers comprehensive medical services, including audiology, cardiac care, cancer care, chemical dependency treatment, emergency care, family-centered obstetrics and pediatrics, health education and health promotion, home health care and hospice, intensive care, pathology, physical and occupational rehabilitation, psychiatry, radiology and extensive surgical services. Great River Medical Center annually admits more than 8,000 patients and logs more than 180,000 outpatient visits.

The hospital's Klein Center offers long-term nursing care. The Great River Cancer Center provides hematology, medical oncology and radiation therapy services for the treatment of various forms of cancer. Great Wellness Plaza is home to one of the state's premier rehabilitation programs, offering comprehensive outpatient services and fitness classes.

Great River Physicians and Clinics are:

- Burlington Area Family Practice Center
- Great River Audiology
- Great River Business Health
- Great River Cancer Center
- Great River Cardiology
- Great River Clinic, Mediapolis
- Great River Clinic, Wapello
- Great River Eye Specialists
- Great River Family Practice Clinic
- Great River Gastroenterology
- Great River Medicine Specialists
- Great River Mental Health
- Great River Nephrology
- Great River Orthopaedic Specialists, Mt. Pleasant
- Great River Orthopaedic Specialists, W. Burlington
- Great River Pulmonology
- Great River QuickCare
- Great River Regional Clinic
- Great River Surgeons
- Great River Urology
- Great River Women's Health
- Great River Wound and Hyperbaric Clinic
- The Keokuk Clinic

More than 125 providers and 2100 employees share Great River Health Systems' commitment to excellence in patient care and community service.

## **GREAT NEWS**

Great River Health Systems produces a biweekly online newsletter called Great News. Two versions are produced: one for employees and one for the public.

## NICOTINE-FREE POLICY

Great River Health Systems maintains nicotine-free campuses for the protection of our patients, visitors, volunteers and staff. We *do not permit* the use of nicotine products and e-cigarettes in Great River Health Systems buildings, grounds or vehicles. We encourage health promotion through active education and awareness programs about the hazards of tobacco use. You are encouraged to help educate visitors and enforce the nicotine-free environment policy. If visitors refuse to comply, contact Security.

## IDENTIFICATION BADGE

You must wear a Great River Health Systems name badge. Volunteers and Volunteens also wear Great River Health Systems name badges. Students may wear name badges issued by their schools. If not provided by your school, you may obtain a temporary student identification badge from Human Resources. Other nonemployee affiliates, and agency and contract staff wear Great River Health Systems name badges. You must always wear your name badge when you are at work. You should wear your name badge on the upper chest with your picture facing out.

Vendors must obtain a vendor badge from Material Management. You must return this badge at the end of each workday. Material Management's hours are 7:30 a.m. to 4:30 p.m., Monday through Friday. Before or after these hours, you can obtain badges from the Switchboard near the Emergency Department Walk-in Entrance. Contractors obtain their name badges from Facilities.

## PARKING AREAS

Students, agency and contract staff, and business partners should park **past the white lines** in the campus parking lots. These areas are at the north end of the Emergency Department parking lot and at the southeast end of the hospital parking lot.

Great River Health Systems volunteers and volunteens may park **past the white lines** in any public parking areas.

Closer parking spots are for Great River Health Systems patients and their families.

## DRESS-CODE GUIDELINES

If you work in a patient-care area, you may not wear **scented cologne, perfumes, aftershave or lotion**. Do not wear strongly scented fragrances, despite the area in which you are working. Patients, visitors and coworkers should not be able to detect offensive odors, such as cigarette smoke or chewing tobacco, from your clothing, hair or breath.

**Jewelry** should be appropriate and small enough to avoid interfering with equipment or job duties. We do not allow more than two pierced earrings per ear or pierced jewelry on any other visible part of the body (including tongue). We also do not allow gauges on any visible part of the body.

Your **hair** must be neat, clean and well groomed. You must pull back long hair when providing patient care. We allow only naturally occurring hair colors (not green or blue, for example). You should wear only conservative hairstyles and hair ornaments. You may wear conservative facial hair (beards and mustaches) if kept neatly trimmed.

Your **finger**nails must be clean and short so as not to interfere with work. Natural nails must not extend beyond the tips of the fingers. If you are a direct care provider, you may not wear artificial nails and nail tips.

**Tattoos** are discouraged. We will not challenge them if clothing or hair covers them or if they are small and in discreet places on the body.

**Shoes** must be clean and polished (if applicable), and made of a material that presents a businesslike appearance. We do not permit casual sandals. You may wear athletic shoes with uniforms, but they must be one predominant solid color. You may wear predominantly white shoes with white shoelaces in patient-care areas. We also permit “croc” shoes. Open- and closed-toe dress sandals are appropriate, weather permitting. Sport sandals, beach shoes and flip-flops are not appropriate anytime.

You must always wear **hose and socks** in clinical areas. Socks are to be white or coordinate with the pants and must not have ornamentation, such as bells and beads. In clinical areas, you must wear hose with dresses, culottes and skirts. If wearing hose, you may not wear additional socks. Hose without ornamentation with skirts and dresses are appropriate. In nonclinical areas, you do not need to wear hose and socks from March to October, but feet must be clean and well groomed, and toenails must be trimmed and clean. You must always wear **undergarments**. They must not be visible or show through clothing.

**Outer garments:**

- Tops must be opaque (not see-through) with no plunging necklines or low-cut backs. Midriff tops or tops that allow any bare skin to show are inappropriate. Undershirts are encouraged under V-neck tops for men and women, but must not show below shirtsleeves or shirttails. We do not permit T-shirts unless they are health system-approved. You may wear plain long-sleeve shirts under uniform tops. You may wear Great River Health Systems polo shirts as part of the uniform in department-designated colors. All scrub uniforms, jackets and lab coats must be a solid color according to department colors; no prints. Monograms on lab coats should be in the department or position-approved colors. You may wear holiday print tops, jackets, coats or sweatshirts in December.
- Culottes and skirts must not fit tightly and should be an appropriate length.
- Denim fabric of any color or fabric of denimlike appearance, such as chambray, is not suitable for uniform or scrubs. Fabric must be opaque. You may wear denim skirts, dresses or jumpers as business attire.
- Pants must not fit too tightly or too loosely. The length of pants should cover the ankle and not extend past the bottom of the soles of shoes. Capris pants are the exception. We do allow capris pants made of business casual fabric (no denim unless it is a casual day). They must be suitable for a work setting. We do not allow sweatpants.

**Please ask your supervisor for more specifics about dress-code guidelines.**

**THE JOINT COMMISSION**

The Joint Commission is a regulatory agency that surveys hospitals that receive government payment, such as Medicare and Medicaid. Great River Health Systems has chosen The Joint

Commission accreditation so we may qualify for Medicare and Medicaid payments. Our policies and procedures must follow The Joint Commission standards. It's important for staff, students, volunteers and vendors to know and follow the health system's rules, policies and procedures. To contact The Joint Commission, call **800-994-6610**, fax **630-792-5636**, or email [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

### **LATEX POLICY**

Great River Health Systems minimizes latex products. Latex balloons for patients and staff are among the items not allowed in our facilities. A protein associated with Latex can be released into the air and be a life-threatening allergen for people who have been exposed in the past.

### **EATING AREA RESTRICTIONS**

You are encouraged to eat in the Cafeteria. We do not allow eating or drinking in lobby areas or in work locations. Departments may allow food in designated areas. Food taken out of the Cafeteria must be in covered containers.

### **PERSONAL PROPERTY**

Great River Health Systems is not responsible for lost or stolen property. We recommend that you leave valuable items at home. Please check with your supervisor about securing personal items. Do not store backpacks at nursing substations.

### **TELEPHONE CALLS, CELL PHONES AND PAGER USAGE**

We encourage you to limit personal telephone calls. We do not allow long-distance telephone calls unless under special circumstances. Use cell phones and pagers in designated areas only. Do not use personal cell phones in patient care areas. We do not allow portable radios on campus without Facilities approval.

### **MEETING AND CONSULTATION AREAS**

Designated conference rooms are in nursing units and other departments where patient-care discussions should happen. Such communication should never occur in public areas or at main nursing stations. Quiet zones are also in place. Please remember to respect our patients' needs for quiet, healing environments by keeping voices and noise levels low in patient-care areas.

### **VISITING FRIENDS AND RELATIVES**

You should not visit friends and relatives who are patients while you are performing your work duties. Please visit after finishing your duties.

### **LIBRARY SERVICES**

Great River Health Systems' Library offers professional and community health resources, including books, periodicals and videos. The library is available for onsite use and material check out by the community, patients and families, hospital employees, medical staff and students. If requested, the librarian will do literature searches and access other health-related resources on the Internet. The library is open 9 a.m. to 1 p.m. Monday, and 7:30 a.m. to 4 p.m. Tuesday to Friday, on the Garden (lower) Level of the main hospital. The telephone number is 319-768-4075.

## **GREAT RIVER HEALTH SYSTEMS INTRANET: CLINICAL INFO TAB**

You *may* have access to this site, depending on your role at Great River Health Systems. Please ask a staff member to help you if needed. Information is available under the Clinical Info Tab to help health care students who provide clinical care. This tab includes:

- Community resources
- Department-specific information
- Cerner Clinical Resources
- Up to Date
- Library Resources
- Laboratory resources
- Pharmacy resource center

### **INTERNAL DISASTERS/EMERGENCIES**

Non-employee affiliates can find details about risk management topics, codes and alerts in the **Department Obligation Instruction Tool (DO-IT) in each department**. All *employees* have access to this guide on Great River Health Systems Intranet. For clarification, ask an employee to access further information for you.

#### **Plain-language Emergency Codes**

Great River Health Systems uses plain-language emergency codes. This is in compliance with the National Incident Management System developed by the U.S. Department of Homeland Security and The Joint Commission's recommendation to standardize emergency codes.

Call **5222** for all codes/alerts, including Rapid Response Team. You also can call the Rapid Response Team in patient rooms by pressing the Rapid Response indicators on the Nurse Call wall units. The following pages list the plain-language codes and the *general* response that should be taken by non-employee affiliates. Follow the instructions of hospital staff in these situations.

### **MEDICAL EMERGENCIES**

#### **Airway Emergency**

Don't use elevators for three minutes.

#### **Cardiac Arrest**

Don't use elevators for three minutes.

#### **External or Internal Emergency – Disaster**

Follow the instructions of hospital staff as they:

- Initiate the departmental response according to the Do It guide
- Go to the manpower pool outside Quality Resources.

#### **Malignant Hyperthermia Emergency**

Don't use elevators for three minutes.

#### **Medical Emergency**

A medical emergency response is activated when a nonpatient requires medical treatment on hospital grounds in a 250-yard zone surrounding the building (EMTALA law). This doesn't include private leased office space. It does include these areas:

- Cancer Center
- Eastman Plaza
- Mercy Plaza
- Wellness Plaza

### **Pediatric Cardiac Arrest**

Don't use elevators for three minutes.

### **Rapid Response**

Patients, family members, friends and staff may initiate Rapid Response. An Intensive Care Unit nurse and respiratory therapist respond.

### **Trauma Team**

This code is activated by the Emergency Department. Follow the instructions of hospital staff.

## **SAFETY**

### **Active Shooter Alert or Concealed Weapon Alert**

If you are the first person to see someone with a weapon, get in a safe location and call ext. 5222. Give a description of the person, the location and type of weapon.

Make a plan for protection. If you are not in the immediate area, limit travel in the building until "all clear" is announced. If you are in the area, follow the Run-Hide-Fight steps.

#### **Run:**

- Attempt to escape, if possible.
- Patients who can walk should be given instructions, including where to go if they are separated from others.
- Evacuate whether others agree to go or not.
- Leave your belongings behind.

#### **Hide:**

- If evacuation isn't possible, seek shelter.
- Lock the door or block it with furniture. If you are in a patient room, push the bed to the door and lock the wheels. Go into the bathroom.
- Make it appear that no one is in the area by turning off lights, and silencing cellphones and pagers.

#### **Fight:**

- Fight only as a last resort.
- Attempt to incapacitate the person.
- Improvise weapons and commit to your actions.

When law enforcement arrives, keep your hands visible at all times. Avoid pointing or yelling. Entry into the campus will be allowed after law-enforcement officials determine it is safe.

### **Bomb Threat**

Follow the instructions of hospital staff. Search for unusual items in work areas. Don't touch unusual items.

#### **If you receive a bomb threat on the telephone:**

- Stay calm and polite.
- Don't hang up or interrupt.
- Write any information you can about the caller's identity, such as sex, age, language and background noise.
- Ask questions:  
*Where is the bomb?*  
*When is it set to go off?*  
*What does it look like?*

### **Evacuation**

Follow directions from the fire department and hospital leaders.

### **Fire Alarm**

#### **R – Rescue**

- Feel the door with the back of your hand.
- If the door isn't hot, slowly open it. (If it is hot, stay in the room. Call the Switchboard and give the operator your location.)
- Stay low and crawl beneath smoke and heat.
- Remove patients who are in immediate danger.

#### **A – Alarm/Activate**

- Pull the fire alarm.
- Dial 5222.
- Say "Code Red" and give the location.

#### **C – Contain/confine**

- Close all windows and doors.
- Stuff damp dowels under doors.

#### **E – Extinguish**

- P – Pull the fire extinguisher
- A – Aim at the base of the fire.
- S – Squeeze the handle.
- S – Sweep from side to side at the base of the fire.

### **Hazardous Materials**

Avoid the area until "all clear" is announced.

## **Hostage**

Stay away from the area until the situation is resolved.

## **Infant or Child Abduction**

- Go to the nearest exit, elevator or stairwell.
- Look for people carrying bags or bulky items that are large enough to hold an infant or small child. Explain the situation and ask if you can look inside the bag.
- Notify the Switchboard about suspicious people. Give their location.
- Prevent people from leaving, if possible.

## **Internal Emergency-Earthquake**

### **During an earthquake:**

- Get under a desk or in a doorway.
- Don't dash for exits or stairways.
- Stay off elevators.
- Stay away from windows and other glass.

### **After an earthquake:**

- Be prepared for aftershocks.
- Open doors carefully.
- Inspect the area for damage. Check for fires, Check utilities for gas and water leaks, and electric shorts.

## **Missing Person**

- Go to the nearest exit, elevator or stairwell.
- Department directors or their designees will search their departments and post staff to prohibit people from entering or leaving.
- The area will remain secured until "all clear" is announced.

## **Missing Person – BH (Behavioral Health)**

- Go to the nearest exit, elevator or stairwell. Top priority during this code is to isolate and secure all hospital areas and exits.
- Department directors or their designees will search their departments and post staff to prohibit people from entering or leaving.
- If an individual is seen, do not try to stop them. Notify staff to call Security to report location.
- The area will remain secured until "all clear" is announced.

## **Security Assistance Requested**

No response required unless you are working with the combative person. Follow the instructions of hospital staff.

## **Weather Alert + Descriptor**

Patients and visitors should remain in or return to their rooms.

## **Thunderstorm warning:**

- Stay calm and reassure patients.
- Ensure each patient has at least two pillows and two blankets.
- Move patients as far away from windows as possible.
- Close blinds and drapes.
- Remove all items from window areas.

**Tornado warning:**

- Stay calm and reassure patients.
- Help self-ambulatory patients who are safe into patient bathrooms.
- Other patients should remain in their beds and be covered with pillows and blankets.
- Close doors to prevent glass and other objects from being blown into corridors.
- Don't use elevators.
- If possible, report to the manpower pool outside Quality Resources.

**CULTURE OF SAFETY**

The culture of safety is a set of beliefs, norms, attitudes, roles, and social and technical practices that minimize the exposure of patients, employees and members of the public to dangerous or injurious conditions. Great River Health Systems strives to incorporate safety into all areas of patient care and workplace practices.

**Stop the Line:**

All Great River Health System employees, contracted staff, medical staff, volunteers, students, patients and visitors have a responsibility and the authority to immediately intervene to protect the safety of a patient, to prevent a medical accident or to avert a sentinel event. It is the expectation that all participants will immediately stop and respond to the request by reassessing the patient's safety. Refer to Policy #2036 Stop the Line.

It is required that the Surgeon/Proceduralist perform the Time Out in an audible fashion so that all members of the team are able to hear and participate in the process. It is the Surgeon/Proceduralist's responsibility to assure that all members present pause and actively participate in the Time Out process.

**Time-Out:**

The person performing time-out shall:

- Read the consent audible to all members of the health team as written on the signed consent. No acronyms or abbreviations allowed (except spinal levels).
- Confirm surgical site mark is present, visible, and anatomically correct. In the event the site mark is NOT visible, the site must be remarked using the signed procedure/surgical consent as the source document and the surgical team must all verbally agree.
- Confirm the patient is in the correct position.
- Confirm all relevant diagnostic and/or imaging studies are available and correctly orientated and labeled.

At any time during the process of a time-out, any team member may call for a STOP THE LINE in order to clarify and discrepancies or concerns. Refer to Policy #6009 Universal Protocol.

## **OCCUPATIONAL SAFETY**

Several organizations design workplace safety guidelines to protect employees, students, volunteers and others. Some of these organizations include:

- Centers for Disease Control
- Occupational Safety and Health Administration
- The Joint Commission

Each year, health care workers are involved in occupational illness and injuries, contributing to the 200,000 injuries reported annually. This packet includes risk-management information on a variety of topics to help you prevent injuries and occupational illnesses.

## **INFECTION PREVENTION**

We expect staff, students and volunteers to follow standard health system infection-prevention guidelines to help prevent the spread of infection. Some things to remember are:

- Always wear a clean uniform.
- Do not bring your coat to your assignment area. We will tell you the appropriate place to store it while here.
- Do not wear your uniform in public after work.
- If you are ill, please contact your supervisor for instructions.
- Wash hands often (see hand-washing instructions).

## **BLOODBORNE PATHOGENS**

Bloodborne pathogens are infection- and disease-causing microorganisms carried in the blood or body fluids. Examples of bloodborne pathogens include the human immunodeficiency virus (HIV), hepatitis B and hepatitis C. Exposure to bloodborne pathogens can occur through:

- Contact with broken, chapped or cut skin, or with mucous membranes
- Handling or touching contaminated surfaces
- Needle-stick injury

Symptoms or signs of infection from bloodborne pathogen viruses are usually gradual, with anorexia, nausea and vomiting usually being present. The progression of symptoms to jaundice occurs more often with hepatitis B, but it can also occur with hepatitis C. Symptoms signaling infection with HIV are usually those resembling a mononucleosis-like illness lasting several weeks. The incubation time of hepatitis B and hepatitis C is usually two weeks to six months after exposure. The time from HIV infection to an AIDS diagnosis ranges from one to 10 years. HIV antibody formation is usually detectable one to three months after exposure. The time variation from exposure to the disease relates to the amount of virus present in the blood or fluid at time of exposure, the mode of transmission and host factors.

### **Bloodborne pathogens may be present in these body fluids:**

- Amniotic fluid
- Blood
- Body fluid with visible blood
- Cerebrospinal fluid
- Pericardial fluid
- Peritoneal fluid
- Pleural fluid
- Saliva (during dental procedures)
- Semen
- Synovial fluid
- Unfixed human tissue or organ
- Unidentifiable body fluid
- Vaginal secretion

**Using personal protective equipment** is an excellent defense against bloodborne pathogens. Glove use is encouraged during patient care when the potential exists for infectious exposure, or whenever handling any container with body fluids. Gloves are available throughout the health system. If you need gloves, please ask a staff member for them. Always wash your hands after removing the gloves. Always wear gloves when using health system-approved disinfectants.

### **Safety measures to protect against bloodborne pathogens:**

- **Always wash your hands** before and after patient contact, and after you remove your gloves. Alcohol gel is available for hand hygiene when your hands are not visibly soiled.
- Contact Environmental Services staff promptly to clean up spills.
- Do not overfill sharps containers.
- Never eat, drink, apply lip balm or handle contact lenses in patient-care or work areas.
- **Never recap needles. When needed, use the one-handed scoop method to reduce needle-stick injury.**
- Place sharps carefully in proper disposal containers.
- **Use needle safe devices properly.**
- Wear gloves and change appropriately when performing tasks with the potential for exposure to blood, body fluids, broken skin or contaminated surfaces.
- When caring for patients infected with **C. Difficile**, please use soap and water to wash your hands. Do not use hand gel.

## **HANDWASHING**

Contact is the most-frequent method of spreading infection. The most-common form of contact is with the hand. Therefore, the most-effective way to avoid infection is through good hand-washing technique. Wash your hands:

- After contact with a patient's pet or hospital service animal
- After handling a patient's articles or dressings, or equipment used in his or her care
- After removing gloves
- After using a handkerchief or blowing your nose
- After using the restroom
- Before and after caring for a patient
- Before and after feeding a patient
- Before eating
- Before handling patients' food and food trays, and between carrying trays whenever necessary
- When arriving at your workstation, and before leaving for the day

**Remember: Infectious diseases are common in the health care setting. Always wash hands before and after each patient contact.**

## **STEPS FOR EFFECTIVE HANDWASHING**

1. Assemble needed equipment:
  - a. Paper towels
  - b. Running water
  - c. Sink

- d. Soap
  - e. Wastebasket
2. Turn on the water, and adjust it to a proper temperature. If the faucets are foot-controlled, use the control to get a gentle flow of water. If you use a hand-controlled faucet, leave the water running throughout the procedure.
  3. Wet your hands and at least 2 inches above the wrists under the running water.
  4. Apply a detergent or soap using the recommended amount. Spread the detergent or soap over the entire area of your hands and wrists. Add water as needed to keep the lather from becoming dry. Hold your hands lower than your elbows.
  5. Work the lather over your hands and wrists. Rub one lathered hand against the other, and work the lather between your fingers. Rub your fingertips over your palms and push the lather under your fingernails. Keep rubbing and working the lather over every part of your hands and wrists. Keep your hands away from the sides of the sink. If your hands accidentally touch the sink, start again and repeat the procedure.
  6. Continue washing your hands for 15 seconds.
  7. Rinse your hands thoroughly under running water. Use the foot control to get a steady stream of water. Hold your hands lower than your arms and elbows so the water runs from your wrists toward your fingertips. Slant your hands over the bowl. Do not allow soiled water to run down your arms.
  8. Dry your hands with a paper towel. Discard the paper towel in the wastebasket. If you use a hand-controlled faucet, use a clean, dry paper towel to turn off the faucet.
  9. You may use alcohol gel or foam products when your hands are not visibly soiled. Place an adequate amount of product on a palm and rub it over all the surfaces of your hands until they are dry. Do not touch electric sources, such as light switches, until the product is completely dry. Reminder: When caring for a patient with *C. Difficile*, use soap and water to wash your hands instead of the hand gel.

## **RESPIRATORY ETIQUETTE**

You expel germs into the air whenever you sneeze or cough. To prevent the spread of infection:

- Always clean your hands after coughing or sneezing.
- Cover your mouth or nose with a tissue when you cough or sneeze. Discard the tissue in the trash.
- If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Turn away from others before coughing or sneezing.

## **STANDARD (UNIVERSAL) PRECAUTIONS**

Standard (Universal) Precautions help reduce the risk of transmission of bloodborne pathogens and microorganisms from sources of infection. Standard precautions apply to blood, all body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes – despite the presumed illness of the patient.

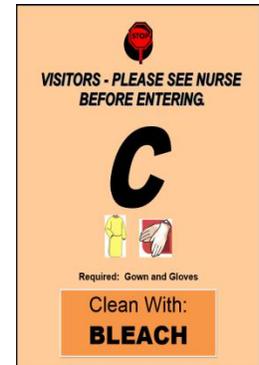
## **TRANSMISSION-BASED PRECAUTIONS**

Great River Health Systems has many types of transmission-based precautions for potentially infectious **hospitalized** patients. We base these precautions on the transmission mode of the potential organism.

## 1. Contact precautions - (yellow or brown “C” signs)

Use contact precautions for patients known or suspected to have an organism easily transmitted from patient contact or contact with items in the patient’s environment.

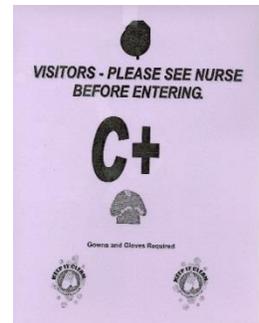
- Typically used for gastrointestinal, skin or wound infections, or colonization with multidrug-resistant bacteria of clinical significance.
- We also use this precaution for respiratory syncytial virus, parainfluenza virus or enteroviral infections in diapered or incontinent children younger than 6 during the illness.
- When caring for patients with **Clostridium difficile**, (the brown “C” signs), use *soap and water* to wash your hands, instead of the hand gel.
- **Personal protective equipment** needed for contact precautions are gloves and gowns when entering patient rooms.



## 2. Contact-plus precautions -

We place patients colonized or infected with Vancomycin-resistant enterococcus in contact-plus precautions during their hospital stays. The necessity of this action is to reduce the number organisms with greater antibiotic resistance in the patient population.

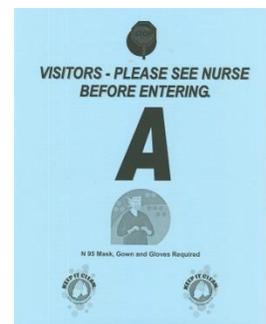
- **Personal protective equipment** needed for Contact-plus precautions are gloves and gowns when entering patient room.



## 3. Airborne Precautions –

We use airborne precaution for patients with or suspected of having a serious illness transmitted by particle droplets. Examples are:

- Measles
- Tuberculosis
- Varicella (chicken pox) and Zoster (shingles) with pulmonary symptoms
- **We place patients in negative-airflow rooms.**
- **Personal protective equipment** needed for airborne precautions is an Air Mate respirator.



#### 4. Restrictive precautions –



Use restrictive precautions for patients known or suspected to be colonized with methicillin-resistant staphylococcus aureus (MRSA).

- **Personal protective equipment** needed for restrictive precautions are gloves when in patient room.

#### 5. Droplet precautions –



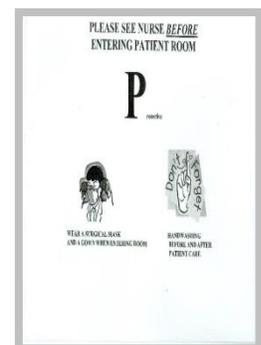
Use droplet precautions for patients with known or suspected illness transmitted by large droplets. Illnesses that require droplet precautions include:

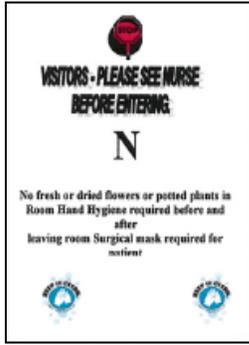
- Respiratory infections from multidrug resistant organisms, e.g. MRSA and pseudomonas
- Influenza
- Mumps
- Pertussis
- Rubella (German measles)
- Scarlet Fever
- **Personal protective equipment** needed for droplet precaution is a face shield, surgical mask, gown and gloves.

#### 6. Protective precautions -

Help reduce the risk of transmission of microorganisms by direct or indirect contact from a caregiver to a susceptible patient. Susceptible patients requiring protective isolation include hematopoietic stem-cell transplant recipients.

- Avoid activities that stir up dust.
- Avoid fresh or dried flowers, or potted plants in protective precaution rooms or in patient areas close to protective precaution rooms.
- Additional precautions for these patients should reduce the risk of hospital-acquired pathogens in immune-compromised patients.
- **Personal protective equipment** needed for protective precautions are surgical masks, gown and gloves.

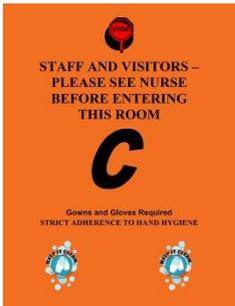




Neutropenia is a disorder characterized by an abnormally low number of neutrophils. These patients are more susceptible to bacterial infections that, without prompt medical attention, may become life threatening. Full barrier precautions (gowns, gloves, masks) are not required, but caregivers should use hand hygiene and standard precautions when caring for neutropenic patients. Patients must wear surgical masks if they are outside their rooms or if staff members are transporting them to another department or testing. We do not allow plants and dried flowers in the rooms of neutropenic patients.

**Please note:** Patients in droplet, contact, restrictive or neutropenic precautions may not always have their doors closed. Please watch for precaution signs on the patients’ doors before entering the rooms. The sign will say, “**STOP! PLEASE SEE THE NURSE BEFORE ENTERING**” followed by either C, A, R or D, depending on the precautions the patient is in. Volunteers should not enter the rooms of patients in precautions.

### 8. CRE precautions -



Examples include multidrug-resistant gram-negative bacilli (E. coli, Klebsiella, Enterobacter) that are resistant to most or all antibiotics.

- Maintain strict adherence to hand hygiene.
- Staff and visitors must see the nurse before entering the room.
- Wear gloves and a gown.

### 9. Chemotherapy precautions –



Besides the transmission-based precautions, we use chemotherapy precaution signs. You must follow the instructions listed on the back of the sig when entering a patient’s room with this sign on the door. This is to prevent personal and environmental exposure to the chemicals with teratogenic, mutagenic and carcinogenic effects.

## **RIGHT-TO-KNOW LAW**

All employees and volunteers have a right to know the risks about materials they are working with so they can take appropriate precautions. Iowa's Right to Know law says that employees, students and volunteers have the right to know the range of risks they face so they can make reasoned decisions and take informed actions.

## **SAFETY DATA SHEETS**

Safety data sheets provide details about chemical materials with which employees are working. You may obtain safety data sheets through Great River Health Systems' intranet two ways:

- Click Program Shortcuts and SDS Finder
- Click Clinical Info and SDS Employee Search

We do not expect you to work with a substance until we provide you with safety information. If you need to view a safety data sheet, please contact a Great River Health Systems employee who has access to a computer to print the requested sheet for you. Students and volunteers should not clean spills of chemicals, body fluids or unknown substances. Please consult staff or call Environmental Services to clean up spills.

## **EXTENSION CORDS**

Extension cords must be in good working condition with the proper required plugs. We will remove extension cords found in unacceptable conditions. Do not use a personal extension cord.

## **LOCKOUT/TAGOUT**

Lockout/tagout procedures ensure that energy to circuits and water supplies are locked out to prevent accidental charging of systems, which may cause personal injury or property damage. Plant Operations trains and provides equipment to appropriate employees.

## **ABOVE-CEILING PERMIT**

To gain access for work above the ceiling, the Director of Facilities or the Plant Operations Supervisor issues and signs an above-ceiling permit. After the work is completed, the employee must return the permit to Plant Operations for inspection. We will ask employees or contractors found working above the ceiling without a permit to stop, and we will notify the appropriate department director. We will not allow work to continue until Facilities grants the permit.

## **EMPLOYEE AND VOLUNTEER HEALTH SERVICES**

Great River Health Systems provides employee and volunteer health services that meet all state and federal laws, and OSHA and The Joint Commission standards. The focus is the protection and restoration of employee health and safety. Employee Health's services include:

- Employee and volunteer immunizations (hepatitis, influenza)
- Employee and volunteer safety
- Family Medical Leave Act oversight
- Hazard assessment and surveillance
- Maintenance of confidential employee and volunteer health records
- Preventing and treating work injuries and illnesses
- Tuberculosis skin testing

## **ACCIDENTS AND INJURIES**

**Employees and volunteers** who need medical attention should call the Employee Health Coordinator (a registered nurse) at ext. 3346 during business hours. The Employee Health office is in the Human Resources Department. Office hours are 7:30 a.m. to 4 p.m. Monday through Friday. If injury occurs when Employee Health is not open, please contact the house supervisor if you feel you need immediate medical attention. She may direct you to go to the Emergency Department. Remember to use the Emergency Department for true emergencies only. Please contact the Employee Health Coordinator the following workday to let her know you have been to the Emergency Department for treatment. She will arrange any necessary follow-up care. Employees and volunteers who have work-related injuries should complete a Red Flag Alert - Employee Variance Report before leaving work for the day. The Red Flag Alert is located on the Great River Health Systems intranet.

**Students, vendors and contractors** injured while at Great River Health Systems should notify their school or employer and follow its policy.

## **2017 NATIONAL PATIENT SAFETY GOALS**

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

- **Improve the accuracy of patient identification.**
  - Use at least two patient identifiers when providing care, treatment and services.
  - Eliminate transfusion errors related to patient misidentification.
- **Improve the effectiveness of communication among caregivers.**
  - Report critical results of tests and diagnostic procedures on a timely basis.
- **Improve the safety of using medications.**
  - Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
  - Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
  - Maintain and communicate accurate patient medication information.
- **Reduce the risk of health care-associated infections.**
  - Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization(WHO) hand hygiene guidelines
  - Implement evidence-based practices to prevent health care-associated infections due to multidrug resistant organisms in acute care hospitals.
  - Implement evidence-based practices to prevent central line-associated bloodstream infections.
  - Implement evidence-based practices for preventing surgical site infections
  - Implement evidence-based practice to prevent indwelling catheter- associated urinary tract infections. (CAUTI).
- **The hospital identifies safety risks inherent in its patient population.**
  - Identify patients at risk for suicide
- **Universal Protocol (Policy #6009)**
  - Patient verification during sign-in briefing

- Verification that all consents are present, signed, dated and timed during sign-in briefing
- Verification that the H&P is updated, dated, and timed during sign-in briefing
- Verification of site marking during sign-in briefing
- Site marking is visible after prep and drape (Time-out)
- Time-out must be conducted prior to the start of any procedure.
- Time-out includes all members of procedure team verbalizing correct patient, correct site, if applicable. All activities are suspended and **there is a pause** before the procedure begins

## **FALL PREVENTION**

“Safety Begins with Teamwork” is the theme and focus of the fall-prevention program at Great River Health Systems. Evidence-based practice shows a decrease in falls with significant injury in organizations that have adopted this focus. Key points to this program include:

- Anyone who hears a bed or chair alarm should respond immediately to the patient room to help prevent a fall. Non-nursing staff responding to the alarm should remain with the patient until nursing staff arrive and we provide information about the event.
- Consider using a bed or chair alarm for patients with cognitive issues or with patients who are noncompliant in asking for help before getting up.
- Educate patients and family members about how the fall-prevention program helps keep our patients safe.
- Every patient admitted to Great River Health Systems’ inpatient units are considered high fall risk for the first 24 hours after admission unless the patient proves compliance with the program and nursing staff documents that they are no longer a high risk for falls. High fall-risk patients on inpatient units wear yellow gowns to show fall risk to other disciplines.
- Patients in the Emergency Department, Digestive Health Center, Heart and Vascular Center, Day Surgery, the operating rooms and the Post-anesthesia Care Unit are high fall risk.
- Staff providing services to patients using a bed or chair alarm should ensure the bed or chair alarm would not sound before helping the patient up. False alarms lead to a decrease in response to alarms.
- Yellow signs placed at the heads of beds in inpatient units show:
  - other safety measures in place
  - the number of staff needed to walk or transfer the patient.
  - the patient’s fall risk
  - appropriate assistive device

This sign is important to all disciplines for communication of the patient risk. Staff must complete it on the patient’s arrival and update it as needed. Patients at high fall risk will have yellow light on in 4<sup>th</sup> position on corridor light.

## **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

HIPAA addresses concerns about the security and confidentiality of patient information. The intent of HIPAA is to assure citizens that they have control of personal health information (PHI). HIPAA’s privacy standards apply to Great River Health Systems employees, volunteers, students, nonemployee affiliates, agency and contract staff, and business associates. The privacy

regulations assure rights to the patient or his or her representative about the control and release of health information. These include the right to:

- Amend or correct errors in the record
- Be notified promptly if a breach happens that may have compromised the privacy or security of his or her information
- Consent before we use or release health information, except treatment, billing or provider-operations purposes. Even then, the patient may request restrictions.
- Leave his or her name out of patient directories or not have clergy notified
- Look at or request a copy of his or her record
- Receive a notice of how we will respect the rights of privacy of a patient and how we will use his or her protected identifiable health information
- Receive an accounting of **everyone who has seen** or received a copy of the patient's record for purposes other than treatment, billing or provider operations
- Receive confidential communications from the provider, such as a specific telephone number or mailing address
- Restrict his or her name from marketing purposes
- Restrict who may see the health information

## **CONFIDENTIALITY AND HIPAA**

An important requirement of HIPAA involves sharing a patient's PHI, whether it is verbal, written or electronic. Employees cannot access or share **protected health information** about a patient with anyone unless he or she needs to know for his or her job. Protected health information discussions should never happen in a public place, with anyone not involved in the patient's care or outside the hospital or clinic. Be aware of face-to-face and telephone conversations that others may overhear. Information about a patient or the patient's care is confidential. Do not share protected health information with spouses, children, relatives, friends, church members or neighbors. **The confidentiality and security of patient information is the responsibility of all employees, students and volunteers.**

If we grant to you access to PHI on a computer system or program, it is your responsibility to protect patient information. You are responsible for your sign-on and passwords. We will monitor and, if necessary, report access. Protect workstations and report any suspicious activity quickly. Email outside a secure network should never include PHI.

Consequences will include discipline, and we could fire you or remove you from a volunteer position. We could remove you from a clinical or practicum position that could result in your college releasing you from your health-science program. You might not complete your education, and it's possible you would never work in health care again. A breach of confidentiality or a HIPAA violation for a quick glance at someone's PHI out of curiosity isn't worth it.

Federal law sets heavy penalties for violations of the HIPAA requirements. Inappropriately used, disclosed, viewed or transmitted PHI – beyond the minimum necessary to perform a job and proven to be a breach of confidentiality – may result in fines or penalties of up to \$250,000 and 10 years in jail. The person who violates HIPAA is subject to the fines or penalties.

We keep medical and billing information in confidence for the benefit of the patient, the health system and the physician. Medical and billing records are the property of the health system. You cannot remove them from the health system except by subpoena or court order. PHI includes patient-specific information that someone could use to identify a patient.

PHI includes:

- Address
- Age
- Gender
- Name
- Social Security number
- Telephone number

The health system provides for the security of the medical and billing record, and establishes policies to provide for their proper use and disclosure.

Disclosure of medical information about alcohol and drug abuse, mental health and HIV/AIDS is subject to state and federal laws that provide extra protection, and require specific authorizations to release information about any of these conditions.

Students and volunteers may have access to some confidential records, such as census lists, if it pertains to their roles. Patient Access staff will identify patients who have elected to not be listed in the directory or have visitors. We will not release information about them. If someone asks about someone not in the patient directory and persists about the inquiry, refer him or her to Patient Access. Staff should not imply to the visitor or caller that the patient is here. They should say, "I'm sorry, I do not have information about this person."

If you see someone you know visiting the hospital or a Great River Health Systems clinic, do not ask why he or she is here. This may be personal information, and they may not want to share it.

If you have any questions or concerns about HIPAA privacy and security, call the Privacy Officer at ext.1960, Corporate Attorney at ext. 3292 or Compliance Officer at ext. 3293.

The Notice of Privacy Practices is available on Great River Health Systems' website or at patient access points throughout the health system.

### **COMPLAINTS AND GRIEVANCES**

As part of Great River Health Systems' dedication to high-quality care and world-class customer service, we encourage the expression of concern or problem by patients and family members. All complaints are handled quickly and as closely to the patient as possible to meet the needs of the patient or patient representative. If you need help, we encourage you to contact the supervisor of the involved area. If the supervisor is unavailable, staff should contact the director and work through the chain of command, if necessary. You should not refer complaints to someone else for resolution. The Centers for Medicare and Medicaid Services (CMS) defines a referred complaint as a grievance. Grievances can include:

- A patient satisfaction survey with a comment or an attached letter that requests resolution
- A telephone call expressing a complaint after discharge
- A written complaint from a patient or the patient's representative
- Accusations of abuse or neglect
- Accusations of noncompliance with CMS requirements

- Concerns referred to someone else for resolution later
- Requests by the patient or a patient’s representative that complaint be handled as a grievance. If a staff member identifies a grievance, he or she should contact his or her department director. The director and staff from Quality Resources will work to resolve the grievance with the patient. For more information, refer to policy No. 1081, “Patient Complaints and Grievances.”

The Joint Commission and CMS require us to have a process for resolving concerns quickly, and that we tell the patient about the process. We’ve detailed this process in the “Patient and Visitor Handbook.” If the patient wants to file a grievance with a regulatory agency, the handbook includes contact information for The Joint Commission and the Iowa Department of Inspections and Appeals.

### **SERVICE RECOVERY**

Great River Health Systems’ Service Recovery Program empowers staff to give customers an appropriate gift for service issues. Refer service questions to your supervisor or another staff member, or call Quality Resources at ext. 4906.

### **PERFORMANCE IMPROVEMENT**

The purpose of performance improvement for Great River Health Systems is to ensure that we provide patients quality care in a safe environment. We do this by designing effective processes, monitoring and analyzing patient care and the environment, and carrying out improvements. Staff, students and volunteers have been helpful in providing information for the performance-improvement process. The steps in the performance-improvement process are:

- Plan – What are the project’s goals and communication process?
- Do – Did we facilitate the change effectively?
- Study – Analyze the data.
- Act – Modify the project, if needed, and retest.

### **RED FLAG ALERTS**

Staff must complete a Red Flag Alert when an event or incident involving patient safety has occurred. If you identify a safety event or potential safety event, you should report the incident to your supervisor when it occurs, and complete a Red Flag Alert. Students should notify their instructors **and** the primary nurses so they can complete the Red Flag Alert. Volunteers should notify their director, and they will help complete the Red Flag Alert. You can find the Red Flag Alert on Great River Health Systems’ intranet. If you have questions or difficulty completing a Red Flag Alert, call Quality Resources at ext. 3293.

### **SENTINEL EVENTS**

Sentinel-event reporting affects everyone. In 1995, The Joint Commission began tracking serious adverse and unexpected occurrences at hospitals to prevent future occurrences.

#### **What is a sentinel event or a near miss?**

A sentinel event is an unanticipated incident resulting in death or serious physical or psychological injury to a patient not related to the natural course of the patient’s illness. Sentinel events specifically include loss of a limb or gross motor function and any event for which a

recurrence would carry a risk of a serious adverse outcome. Refer to Policy #EC3164 Sentinel Event.

It is important for all employees, students, volunteers and physicians to understand what a sentinel event or a near miss is and what to do when one happens. **You should report immediately sentinel events and incidents called “near misses” or “close calls” to your supervisor.**

## **HARASSMENT**

All Great River Health Systems staff, students and volunteers have the right to an environment free from harassing, abusive, disorderly and disruptive behavior. We do not tolerate such behavior. If you believe someone is harassing you, speak to your supervisor, the CEO/President, any vice president or an employee in Human Resources. You may select any one of these people or any combination at your discretion. We will conduct a prompt investigation of the situation. If the allegation has merit, we will institute appropriate sanctions as determined by the findings of the investigation. This can include termination. If the allegation is without merit, the investigator will relay the finding to the charging employee, student or volunteer. If you have any questions, please refer to HR policy #5033, “Zero Tolerance of Harassment,” or call Human Resources at ext. 3750.

## **DIVERSITY**

Great River Health Systems values differences in our employees, students, volunteers, patients and customers. We comply with applicable local, state and federal laws, including:

- Age Discrimination Act of 1975
- Civil Rights Act of 1964
- The Americans with Disabilities Act
- The Rehabilitation Act of 1973
- Title I and Title III
- Title IX of the Education Amendments of 1972
- Title VI and Title VII

We will not exclude anyone from receiving care, deny to them benefits of care or subject them to unlawful discrimination in the provision of care or service on the grounds of race, sex, age, color, national origin, disability, sexual orientation, religion or creed.

## **CULTURAL SENSITIVITY AND PATIENT CARE**

Respect and appreciation of the diversity of others is an expectation during our interactions with patients and others at Great River Health Systems. Many factors are involved to be culturally sensitive to others. Consider the person’s age, gender, race, ethnicity and religious beliefs. You also must consider factors such as income and ability to pay, functional ability and sexual orientation when providing patient care.

Someone’s culture and ethnicity can affect their health-care decisions. For example, a patient may refuse blood transfusions or medical treatments because of religious beliefs. They may request alternative treatments or they may have different beliefs about the cause of an illness. Religion and personal convictions or preferences can influence someone’s diet. Be prepared to offer diet alternatives when the patient or family requests them.

Families sometimes must decide about a patient's care. There also may be customs for birth, illness or death. Previous health-care encounters and family events, such as loss of a loved one or divorce, can affect what the patient or family considers appropriate care. Economic status also may influence care decisions. It may prevent a patient from seeking routine or preventive care, or it may interfere with the ability to obtain medicines recommended by the physician. Cultural sensitivity means respecting patients' choices, including same-sex and biracial couples or couples who live together but are not married.

A functional disability such as hearing loss, vision problems or confusion from a recent illness or medicine can affect communication. The patient may have difficulty expressing thoughts or understanding information. If you need interpreter services, you must use a Language Line interpreter rather than a family member. A family member may not accurately interpret important health information or they may feel uncomfortable sharing certain information. Please contact your supervisor for more information.

Open-ended questions that do not require a "yes" or "no" answer can help us evaluate the needs of the patient or family member. They also can help decide how well the patient understands the information. Some open-ended question examples are, "Could you tell me more about that?" or "How may I help you with this?" It is also helpful to notice and adapt for the person's nonverbal communication. Ultimately, you should treat each person as an individual, and with dignity and respect.

## **PATIENT RIGHTS AND RESPONSIBILITIES**

Great River Health Systems respects patients' rights. Because of the importance of respecting each patient's personal dignity, we will provide considerate, respectful care focused on the patient's needs. We will tell patients their rights and responsibilities in the "Patient and Visitor Handbook" and the "Patient Rights and Responsibilities" brochure.

As we care for patients, please be aware that the patient has the right to:

- Appropriate pain assessment and management
- Ask to be transferred to another room if an appropriate bed is available
- Be in a safe setting free from neglect, exploitation and abuse that could occur while the patient is receiving care, treatment and services.
- Be told about any discharge instructions
- Be told of any experimental methods, treatments or other research available at Great River Health Systems that may affect treatment. The patient also will have the right to agree or refuse to participate in this treatment.
- Be told of patient responsibilities
- Be involved in decisions about his or her care, treatment and services based on appropriate provided information (informed consent). When a patient cannot make decisions about his or her care, treatment and services, the health system will respect the decisions of the patient's surrogate decision maker. When a surrogate decision maker is responsible for making care, treatment and services decisions, the health system respects the right to refuse care, treatment and services on the patient's behalf, in accordance with law and regulation.
- Considerate and respectful care
- Examine and receive an explanation of the bill, no matter the source of payment
- Expect Great River Health Systems to provide evaluation, service and referral according to the urgency of the case

- Expect Great River Health Systems to provide information about the transfer to another facility, including an evaluation of the risks and benefits of the transfer, should it be determined that the patient needs to be transferred to another facility for a higher level of care.
- Expect privacy in every area of his or her care program. We will keep records and communications about care confidential.
- Expect the medical team to provide efficient and timely care
- Expect the physician to provide information about diagnosis, treatment, prognosis, outcomes of treatment and services. The physician will give this information to someone the patient chooses to represent him or her (designee) when it is not medically advisable to give such information directly to the patient. This would include information about unanticipated outcomes of care, treatment and services that relate to sentinel events.
- Expect the physician to provide information and explanations before starting a procedure or treatment so the patient may give informed consent. The physician may make exceptions in emergency cases.
- Expect to be told about any relations between Great River Health Systems and other health-care providers, and any professional relations between Great River Health Systems staff members when such relations affect health needs
- Have a Living Will or a Durable Power of Attorney for Health Care.
- Have basic communication needs addressed. If the patient needs help understand because of language, sign or hearing impairment, Great River Health Systems will provide help or arrange for an acceptable alternative.
- Have someone of the patient's choice and the patient's physician notified that he or she is a patient at Great River Medical Center.
- Information about pain that may be expected and the treatments available for pain
- Know by name the person(s) responsible for any procedures or treatments, and the nature of those procedures or treatment
- Make verbal or written complaints about the quality of care to a nurse, the unit director or supervisor, Quality Resources or the hospital President and CEO. We will assure the patient and his or her family that making a complaint will not affect any care received at the hospital.
- Participate in the discussion of ethical issues involving care. This includes the right to have our Ethics Committee review any concerns. The patient should notify the nurse or chaplain if he or she wishes to speak to a representative of the Ethics Committee.
- Refuse seclusion or restraints unless medically necessary
- Refuse treatment, as allowed by law. We will tell the patient about the possible medical results of his or her actions.
- See his or her medical records
- See visitors of his or her choice
- Sign a consent form, either by the patient or his or her designee

### **PATIENT RESPONSIBILITIES**

Just as patients have certain rights, they also have certain responsibilities to achieve a good patient-health system relation. A patient's responsibilities are:

- Alert the staff to any pain he or she may be having.
- Be considerate of other patients and hospital employees.

- Be responsible for his or her actions if he or she refuses treatment or if he or she does not follow the health-care professional's instructions.
- Follow the treatment plan recommended by the primary physician. This may include following instructions of nurses and other employees.
- Keep all scheduled appointments. When the patient cannot do so, he or she should notify the responsible health-care professional or the hospital.
- Make it known that he or she clearly understands the treatment and what caregivers expect, and asks questions for clarity of information.
- Meet the financial obligations of his or her care promptly.
- Provide, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medicines and other matters about his or her health.
- Report unexpected changes in his or her condition to the physician, nurse or other practitioner.
- Respect the property of others and of the hospital.

### **SPIRITUAL NEEDS**

Chaplains are always available to help patients, family members, staff and others with spiritual concerns. Call the Spiritual Care Department at ext. 1000 or ext. 4060.

### **ETHICS COMMITTEE**

Great River Health Systems' Ethics Committee is available for consultation to help resolve ethical issues when requested to do so by:

- A patient
- A physician
- Anyone concerned with the care and well-being of the patient
- The patient's representative or family member

The committee serves in an advisory capacity and as a facilitator, helping people who request a consultation to explore various alternatives. The committee does not make specific recommendations or decisions in individual cases.

The purpose of the Ethics Committee is to protect the interests of patients when they, their representatives or their family members face an ethical dilemma, and to provide a forum for physicians, hospital staff and others involved in the care and well-being of the patient to consider ethical issues in patient care. You may access the Ethics Committee by contacting any department manager, a chaplain, Quality Resources, the Corporate Attorney, the Vice President of Nursing, or the CEO. Information about patients' rights and responsibilities and the Ethics Committee is available on the Intranet.

### **CORPORATE COMPLIANCE**

Corporate compliance programs address the rapidly changing regulatory environment. The intent of our program is to effectively tell and show the organization's commitment to legal and ethical conduct. Organization-wide policies, which are on the Great River Health Systems intranet, are an important part of the program. We gear our Code of Conduct toward compliance with the laws and regulations that everyone must follow. Some of the principles and standards from the Code of Conduct are:

- **Professional environment** – We strive to ensure that we provide the positive, respectful and professional working environment necessary for the fulfillment of Great River Health Systems’ vision and mission. We will not tolerate disruptive behavior.
- **Legal compliance** – We strive to ensure that all activity by or on behalf of Great River Health Systems follows applicable law. Great River Health Systems treats all employees, patients, applicants and others without regard to race, color, religion, sex, ethnic origin, age, disability or any other classification prohibited by law. We do not permit harassment or discrimination.
- **Business ethics** – Honesty is required from employees and volunteers when performing their responsibilities and communicating. Employees and volunteers will not make false or misleading statements, or misappropriate confidential or proprietary information.
- **Confidentiality** – Employees and volunteers will refrain from revealing any personal or confidential information about patients unless supported by a legitimate business or patient-care purpose.
- **Gifts and gratuities** – Employees and volunteers may accept gifts and gratuities less than \$25 in value from patients, but not cash gifts. Employees and volunteers will not accept gifts that may influence decision making or actions affecting Great River Health Systems. Employees and volunteers may accept gifts from existing vendors that have a nominal value, but not cash gifts.

Our reporting policy provides a method for employees, students and volunteers to report any activity or conduct that he or she suspects is not in adherence to our mission, compliance program, or federal, state or local laws and regulations. We have an affirmative duty to report any suspected illegal or improper conduct.

Compliance issues drop boxes are at the employee entrance at GRMC and at the employee entrance at the Klein Center. Compliance issue forms are next to the drop boxes, to report any compliance issues. You do not have to identify yourself on the form, and there is no retribution or retaliation for reporting. GRHS Staff can access the Intranet, select Red Flag Alerts, then select compliance and fill out their concern online. This information will go directly to the Compliance Officer and is kept confidential.

#### **The Deficit Reduction Act (DRA) of 2005**

DRA became effective Jan. 1, 2007. Our Compliance Program provides basic information about:

- Federal False Claims Act
- Penalties for violating the False Claims Act
- Whistleblower lawsuits
- Whistleblower protections

The Federal False Claims Act (31 USC 3729-33) is known as the “Lincoln Law” because it was enacted to counter fraudulent activities involving military procurement during the Civil War. This act makes it a crime for anyone or an organization knowingly to make a false record to file as a false claim with the government for payment. “Knowingly” can include deliberate or reckless ignorance of facts that make a claim false. Examples of possible false claims are knowingly billing Medicare for services not provided or not ordered by a physician, and services provided at substandard quality because there was no reimbursement for this service by the government.

Anyone who knows a false claim was filed for payment can file a lawsuit in Federal Court on behalf of the government and sometimes receive a reward for bringing original information about a violation to the government's attention. This person is known as a "whistleblower." Penalties exist for violating the Federal False Claims Act. These penalties can be up to three times the value of the false claim, plus anywhere from \$5,500 to \$11,000 in fines per claim. A handful of states also have false-claims acts. These state-level acts allow a similar lawsuit in state court if someone files a false claim with the state for payment, such as under Medicaid or Workers' Compensation.

Besides a financial reward, the False Claims Act provides protection for anyone who files a false claim lawsuit from any form of retaliation such as job termination, demotion, and threats or harassment by his or her employer for filing the suit. If a court finds that the employer retaliated, the court can order the employer to rehire the employee and to pay the employee twice the amount of owed back pay plus interest and attorney's fees.

### **EMTALA**

EMTALA (Emergency Medical Treatment Active Labor Act) requires hospitals, including Great River Medical Center, that receive Medicare benefits to provide a medical screening examination to patients who come to the Emergency Department complaining of a medical condition or in labor despite their ability to pay or the source of insurance. We must provide a medical screening examination to anyone who arrives on our campus (up to 250 yards from the hospital building, excluding private office space), cannot get to the emergency department and is asking for medical attention or cannot make this request, but is in obvious need of attention. Notify the Switchboard if you see someone on campus needing a medical-screening examination.

#### **In an emergency:**

- Call 5222, and say the nature of the event and location.
- Do not move the person.
- Stay with the person and give first aid if you are qualified to do so.

### **PATIENTS LEAVING THE FACILITY WITHOUT MEDICAL CONSENT**

Report a patient thought to be leaving the hospital without medical consent (leaving without a physician's order) to the Switchboard immediately. Provide a description of the person, which direction they were heading, a description of a vehicle they left in and a license plate number.

### **SUSPECTED CHILD OR DEPENDENT-ADULT ABUSE**

Children under 18 and adults dependent on others for their care may be victims of abuse. Abuse of a child or dependent adult may include physical, mental or sexual abuse, financial exploitation, and neglect or self-neglect. Neglect is the denial of minimum food, shelter, clothing and supervision, and physical or mental health care. Child abuse can also include the lack of a responsible caretaker, the presence of an illegal drug in the child's body, manufacturing a dangerous substance in the presence of a child, bestiality, allowing access to a child by a registered sex offender and allowing a child access to obscene materials.

Great River Health Systems employees who examine, attend, counsel or treat children or dependent adults are mandatory reporters of any suspected abuse. In Iowa, mandatory reporters

must have two hours of training in the recognition and reporting of abuse every five years. If you suspect that someone is a victim of abuse, report it to your supervisor, to a social worker, the patient's nurse or the nursing supervisor. They will help you report it to the appropriate agencies for investigation.

### **VOLUNTEER SERVICES and GREAT RIVER FRIENDS**

Our volunteers and volunteers provide a variety of services throughout Great River Health Systems. The following is a partial list of volunteer locations:

- Acute Care Center
- Clerical services
- Friendly visitors
- Gift Shop
- Great River Friends
- Hospice
- Information Desk
- Klein Center
- Living History Program
- Mammography reception
- Mercy Plaza reception
- Patient and visitor escorts
- Senior Health Insurance and Information Program
- Surgical Waiting reception
- Tour guides
- Virtual volunteer (knitting and crocheting)
- Volunteer Services Center

For more information about volunteering, call 319-768-3340.

### **CONCLUSION**

Thank you for completing this Great River Health Systems Orientation self-study packet. Please sign, date and return the cover sheet (page 1) as indicated. Welcome to Great River Health Systems!