



St. Vincent's  
HEALTH SYSTEM

stvhs.com

St. Vincent's Blount

**General Orientation  
Manual  
Non Associates & Clinical  
Affiliations**

A member of  ASCENSION  
HEALTH

One Nineteen

### **Purpose of the General Orientation Manual**

Welcome to the St. Vincent's Health System. This manual is your guide to the St. Vincent's Health System policies. We believe that understanding the St. Vincent's Health System and how it works is an important step in developing and maintaining positive and productive relationships.

This manual is your orientation to the St. Vincent's Health System. It replaces the traditional classroom General Hospital Orientation.

### **About St. Vincent's Health System and Ascension Health**

St. Vincent's Health System includes the longest-serving hospital in Birmingham, a not-for-profit health care provider founded by the Daughters of Charity National Health System (DCHNS) in 1898. DCHNS is now a member of Ascension Health.

Ascension was formed in November 1999, when DCNHS and the Sisters of St. Joseph Health System entered into a co-sponsorship to strengthen their health care ministries. In 2002, Ascension Health welcomed Carondelet Health Care System and today Ascension Health employs more than 100,000 associates.

In 2007, St. Vincent's Health System expanded to include the facilities of Easter Health System, Inc., another long standing not-for-profit health organization.

### **About St. Vincent's Health System and Ascension Health**

Ascension Health is the nation's largest Catholic and largest nonprofit health system, serving patients through a network of hospitals and related health facilities providing acute care services, long-term care, and community health services, psychiatric, rehabilitation and residential care in 25 states and the District of Columbia.

**The St. Vincent's Health System** arm of Ascension Health consist of five facilities.

Our healthcare ministry currently provides its special brand of Christ-centered quality care to people in as many as 40 different zip codes. Together, we are creating care you can believe in.

- St. Vincent's, Birmingham
- St. Vincent's East,
- St Vincent's Blount,
- St Vincent's St. Clair,
- One Nineteen Health and Wellness



## Philosophy

We believe that each person is created by God in His own image and likeness. We further believe that each person as a unit of body, mind, and spirit has been endowed with unique human dignity, rights, and responsibilities.

We believe that the dignity and rights of each person must be protected and promoted with the utmost care, from the moment of conception through life and death.

We believe that in caring for the whole person, the meaning of suffering may be recognized in light of the suffering and death of Christ.

We believe that healing is ultimately the work of God and that our involvement in health care is a participation in healing ministry of Christ, a mission that we share with all those who assist us in this work.

We believe that the health care ministry provides a means of witnessing to the work of Christ as healer; the teaching of the Catholic Church concerning mercy and justice; and the founders' spirit of humble, simple and loving service.

## Mission Statement

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons, with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care that sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and words.

## Vision Statement

We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of health care. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of the laity, in both leadership and sponsorship, to ensure a Catholic health ministry in the future.



## **Values**

We are called to:

### **Service of the Poor**

generosity of spirit, especially for persons most in need

### **Reverence**

respect and compassion for the dignity and diversity of life

### **Integrity**

inspiring trust through personal leadership

### **Wisdom**

integrating excellence and stewardship

### **Creativity**

courageous innovation

### **Dedication**

affirming the hope and joy of our ministry

## **Rights and Responsibilities**

In recognizing and accepting its responsibility to provide those services necessary to assure quality patient care and to contribute to the health care needs of the local community, St Vincent's Health System maintains the responsibility and the right to determine the extent and type of work which must be performed. In keeping with its core values, it also recognizes its responsibility to establish and maintain efficient procedures and methods to achieve this work, and set forth the standard of performance to realize the Hospital's objectives

## **Equal Employment Opportunity**

The concept of Equal Employment Opportunity is consistent with St. Vincent's Health System's philosophy and is in accord with the principles of Christian social justice, which affirm that all persons should receive recognition of their personal dignity and work. In keeping with this belief, St. Vincent's Health System provides equal opportunity without regard to race, color, sex, religion, national origin, age, or disability. This policy relates both to the public and to all phases of employment including, but not limited to, recruitment, hiring, placement, promotion, demotion, transfer, layoff, recall, rates of pay and other forms of compensation, selection for training, and use of facilities.

The Human Resources Department should be informed of any perceived violation of this policy.

### **Harassment**

It is the policy of St. Vincent's Health System that unwelcome conduct of a nature which causes an intimidating, hostile, or offensive working environment or unreasonably interferes with an individual's work performance will not be tolerated, and such conduct will be subjected to disciplinary action up to and including discharge.

An associate who feels that he or she has been subjected to harassment (including sexual harassment) should immediately report the incident to his or her supervisor, to the next higher level manager, or to Human Resources. St. Vincent's Health System assures prompt, thorough investigation and resolution of any allegation of harassment.

An associate who has had a harassment complaint filed against him or her may not retaliate against the individual who filed the complaint or anyone who participated in the investigation.

### **Violence in the Workplace**

St. Vincent's Health System, in keeping with its philosophy and values, strives to provide a safe environment for associates, patients, visitors and other customers by taking a proactive stance towards the prevention and control of violent behavior on its campuses. Workplace violence typically involves customers or associates, or both, but can be stranger violence that involves the workplace only incidentally.

Concerns about potential threats of violence involving other associates should be reported to the HR Manager in Human Resources. Concerns about potential threats of violence involving non-associates should be

reported to Protective Services. If immediate threats or acts of violence occur, associates should follow their facility specific emergency code. **(See facility specific emergency code policy for threat of violence).**

### **Solicitation and Distribution**

**Non-associates are prohibited from distributing literature and/or soliciting on Hospital premises at any time.**

Associates are not permitted to distribute literature in patient care areas or during work time. Patient care areas include patient rooms, operating rooms and any other place where patients receive treatment, corridors and sitting rooms adjoining or accessible to patient rooms and treatment rooms, and elevators or stairways used to transport patients. Exceptions may *only* be permitted in cases of charitable or Hospital activities with the prior approval of the President/COO.

### **Performance / Competency Assessment**

Staff members are assessed at the time of placement/contract/utilization on whether they are competent to perform the responsibilities outlined in their job description. They are given a copy of their job description during their orientation period and asked to sign an acknowledgment statement. The job description outlines the task, responsibilities, performance standards and required competencies necessary to perform the essential functions of the position. In addition, each department may utilize other internal manuals, checklists, etc, to assist in job performance measurement.

## Corporate Responsibility



### Corporate Responsibility Plan and Ethical Practices

Corporate Responsibility is a process, dependent upon a culture which builds and nurtures a zero-tolerance attitude. St. Vincent's Health System (STVHS) is committed to carrying out its health ministry in a manner consistent with the mission of Ascension Health and the mission, vision and values of STVHS. STVHS is dedicated to the highest standard of moral and ethical excellence. STVHS

requires its associates to maintain a high standard of Corporate Responsibility:

**Quality Care** - Provide competent and compassionate care, respect and safeguard the dignity of the patient and allow patients access to all the medical and ethical information necessary to make decisions about their care.

**Laws and Regulations** - Operate in accordance with all laws and regulations.

**Human Resources** - Cultivate a work environment where all associates are highly regarded.

**Business and Ethical Practices** - Do not purposely defraud anyone of money, property, or services and preserve and protect organizational assets including physical, electronic and intellectual assets.

**Conflicts of Interest** - Do not use my position or status at St. Vincent's Health System to profit personally or to assist others in profiting in any way at the expense of the organization

**Confidentiality** - Maintain the confidentiality of medical records and other patient information, known as Protected Health Information (PHI); as well as keep confidential information about other associates and proprietary business practices of the organization including the security of information and electronic systems, known as Proprietary Information.

**False Claims Act Information - January 2007**

As recipients of federal health care program funds, including Medicare and Medicaid, Ascension Health's hospitals are required by law to provide all associates, agents and contractors with information regarding the federal False Claims Act, the federal Program Fraud Civil Remedies Act, and any applicable state laws intended to prevent and detect fraud, waste and abuse in federal health care program. STVHS will not tolerate making or submitting false or misleading claims or statements to any government agency, health care program or payer. It is the policy of STVHS that its associates, medical staff and vendors adhere to the statutory requirements of the federal and state False Claims Act.

**What is the False Claims Act?**

The False Claims Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. "Knowingly includes having actual knowledge that a claim is false, or acting in "deliberate ignorance" or "reckless disregard" as to whether a claim is false. Examples of possible false claims include billing Medicare and/or Medicaid for services that were not provided, billing for a higher-level service than the service actually furnished (upcoding), or billing for services that were not ordered by a physician. The False Claims Act contains provisions that allow individuals with original information (i.e., information not already the subject of legal proceedings or activities that have already been publicly disclosed) concerning fraud involving government programs to file a lawsuit on behalf of the government and, if the lawsuit is successful, to receive a portion of recoveries received by the government.

**Penalties for Violating the False Claims Act**

Financial penalties to the organization for submitting a false claim can total as much as three times the amount of the claim plus fines of \$5,500 to \$11,000 per claim. In addition to fines and penalties, an individual or organization that violates the False Claims Act is subject to exclusion from participation in federally funded healthcare programs.

**Protections under the False Claims Act**

The federal False Claims Act protects employees from being fired, demoted, threatened or harassed by his or her employer for filing an FCA lawsuit or providing information in good faith relative to a False Claims Act investigation or lawsuit.

**Program Fraud Civil Remedies Act**

The Program Fraud Civil Remedies Act ("PFCRA") provides federal agencies, including the agencies responsible for federally funded healthcare programs, with administrative remedies against individuals and organizations that knowingly submit a false claim for payment, or knowingly make or use a false record or statement to get a false claim paid. The PFCRA is limited to situations where a false claim, or a group of related false claims, does not exceed \$150,000. The PFCRA provides civil penalties up to \$6,000 per false claim, plus an assessment equal to twice the amount of the false claim.

**State of Alabama Law**

Rule No. 560-X-4-.04 of the State of Alabama Program Integrity Division under Code of Alabama 1975 Section 22-1-11 makes it a felony offense to falsify a claim or

application for payment of Medicaid benefits or offer, pay, solicit or receive kickbacks, bribes, or rebates for services. Conviction for any of these felonious actions could result in a fine of \$10,000 or imprisonment for one to five years for each violation.

### **Our Commitment to Corporate Responsibility**

Ascension Health is committed to fully complying with all laws and regulations that apply to our healthcare ministry. We have established the Corporate Responsibility Program (CRP) as evidence of our commitment to operating with the highest degree of integrity. The CRP includes the Standards of Conduct, policies and procedures, training and education, auditing and monitoring, and mechanisms for individuals to raise issues and concerns without fear of retaliation.

### **STVHS Policy and Procedures for Detecting and Preventing Fraud, Waste and Abuse**

As stated in STVHS Corporate Responsibility Plan Section VI A. Identification of High Priority Areas, STVHS is aware of specified levels of exposure within compliance activities. STVHS annually performs an assessment of its Corporate Responsibility Program which includes ensuring appropriate audits, i.e. coding audits, PEPPER (Program for Evaluating Payment Patterns Electronic Report) reviews, as well as other compliance audits are routinely conducted as part of the system's audit and corporate responsibility plans which take in account the Office of Inspector General's Work Plan as well as areas of concerns identified by the Corporate Responsibility Officer.

**Whether you are an associate, contract worker, medical staff member, vendor or other business partner with Ascension Health and/or STVHS, you are reminded to:**

- Act with honesty and integrity in all your business activities
- Follow all laws and regulations that apply to your work activities, including requirements of the Medicare, Medicaid and other federal health care programs. These requirements generally include maintaining complete and accurate medical records, and submitting only complete and accurate claims for services provided.
- Report any violation or suspected violation without fear of retaliation.

Contact one of the following resources available within STVHS if you have knowledge or concern regarding a potential false claim:

- STVHS Corporate Responsibility Office at 205-939-7742
- Values Line 1.800.707.2198 or [www.AscensionHealth-ValuesLine.org](http://www.AscensionHealth-ValuesLine.org)

The Values Line is staffed 24 hours a day, 7 days a week by an outside organization. You may choose to remain anonymous when filing a report. In any form, against an individual reporting an issue or concern in good faith. Please contact the Corporate Responsibility Office at 205.939.7742 if you have any questions



You can obtain a copy of the STVHS Corporate Responsibility Plan and False Claims Act Information Sheet from the Corporate Responsibility Office and from the STVHS website:  
[www.stvhs.com](http://www.stvhs.com)

Ascension Health and STVHS policies strictly prohibit retaliation in any form, against an individual reporting an issue or concern in good faith.

Please contact the Corporate Responsibility Office at 205-939-7742 if you have any questions.

### **Drug Free Workplace**

It is the expectation of St. Vincent's Health System (the System) that associates will engage in behaviors and performance levels that meet the generally accepted expectations of patients, fellow associates, and customers. Associates who are not meeting these expectations will be coached and assisted in developing a plan of action that will allow them to meet expectations. Associates who continually choose not to meet expectations will be addressed by the positive redirection process (STVHS HR Policy #002). Included in these expected behaviors, and not limited to, reporting to work free of the influence of alcohol or illegal drugs, or prescription drugs, which impair performance.

## Health and Safety

St. Vincent's Health System (STVHS) facilities must comply with all government rules and regulations that promote the protection of workplace health and safety. Associates must become knowledgeable of and abide by the Hospital's health, safety and contingency policies and procedures. Associates are expected to help prevent injury to themselves, other associates, patients and visitors.

## HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 reinforces St. Vincent's Health System's ethical principle of confidentiality and expands the scope of Protected Health Information (PHI). As an associate or agent employed by or associated with St. Vincent's Health System, we must be increasingly vigilant and self-enforce the nondisclosure of patient information including medical treatment, billing/payment, and demographic information, either in part or whole. We understand that the disclosure of information for patient treatment, payment, or operations is allowable under the following circumstances:

- We may disclose PHI to the appropriate individual or entity only if necessary for the treatment of a patient
- We may disclose PHI to the appropriate individual or entity to the minimum extent necessary to facilitate payment or hospital operations
- We may disclose PHI at the direction of the patient's primary care physician
- We may disclose to the patient, or the patient's designee, his or her own PHI

## HIPAA

### What is HIPAA?

HIPAA is an acronym for the Health Insurance Portability and Accountability Act. HIPAA contains federal regulations that govern the confidentiality, privacy, and security of information that healthcare providers, such as St. Vincent's Health System (STVHS), maintain about their patients and about others who utilize their services.

Who is protected by HIPAA?

All patients served by STVHS and our affiliated companies.

### What information is confidential?

All information about our patients is confidential. Information communicated orally or in writing, or contained in medical charts and databases, in files, or in electronic or recording devices that identify, or could possibly identify, someone as a patient is confidential. Even information you learn just because you work around STVHS, like seeing a neighbor or acquaintance in the hospital or overhearing a conversation about a patient, is confidential information that you must not share with anyone, not even with your own co-workers, unless you are specifically authorized to do so.

### I Don't Even Work Around Patients. Why Are You Telling Me This?

You do not have to work directly in a patient care area to be affected by HIPAA. Because you are an associate of STVHS you probably see our patients or see patient information every day. For instance, if you work in a billing office or in an accounting office, you might not

actually see the patients, but you see information about them. That information is confidential. If you work in housekeeping or maintenance, you have access to locked offices that often contain confidential information about patients. If you clean rooms in our hospital you may come in direct contact with our patients. If you walk through patient care areas on your way to your office, or you deliver supplies or mail to offices on campus, it is likely that you come in contact with our patients. The law says that we must keep information about our patients confidential.

**What if I run into a friend? Can't I tell someone that I saw them?**

If you inadvertently gain confidential information in the course of performing your job duties as a result of your relationship with STVHS, you must not share it. Under these circumstances, if that friend is at STVHS as a patient you must not disclose that to anyone else – not to other friends, not to your family, not to your friend's family. Our patients have a legal right to privacy and, in your role as an associate or non-associate you have an obligation to maintain that privacy.

**If I work in a patient care area, can't I even discuss confidential information with a co-worker who also works in that area?**

Not unless your co-worker has a need and a right to know the information.

**What do you mean by a "need and right to know"?**

Your need and right to know confidential information is defined by the job you perform. If you must know the information to successfully perform your job duties, then you have a need and a right to know the information. Your co-worker, however, might not need to know the same information as you in order to do his or her job.

**What happens if I release confidential information?**

Breaching the confidentiality and privacy of our patients, even unintentionally, is serious and can result in disciplinary action and even termination. In addition, the misuse of patient information can result in government fines and even criminal penalties.

**What should I do if I see confidential information just lying around?**

If you see confidential information left unattended or unsecured, or you witness any practice that you think might result in the release of confidential information, you should either report it to your supervisor or the Privacy Officer.

**What can I do to comply with HIPAA?**

- Treat all patient information as confidential.
- Never access unauthorized information.
- Keep all confidential information secure.
- Maintain fax machines in a confidential location & use STVHS fax coversheets.
- Verify fax numbers are correct before you fax PHI.
- Keep file cabinets and offices that contain confidential information locked.
- Never dispose of confidential information in the regular trash, always shred it.
- Never discuss confidential information with anyone who does not need to know the information.
- When sharing information with those authorized, monitor the area for those who may overhear.
- When mailing confidential information, remember to clearly mark the package as confidential.
- When leaving a voice message for a patient, make sure you leave a generic message with as little health information as possible.
- Be familiar with the privacy policies of STVHS.
- How do I protect patient information that is stored electronically?
- Never share your computer passwords.
- Make network passwords difficult to break. Passwords should be 8 characters long, contain alpha and numeric characters, and have upper and lower case characters.
- Passwords should be changed periodically or if thought to be compromised.
- Passwords must not contain your user ID or your name.
- Passwords must not be a simple word with a number on the end.
- Shared work stations should have any patient information applications locked or logged out when not attended.
- Utilize screen savers, password protected if available.
- Log off of all computers prior to leaving the work area, or engage password protected screensavers
- Computer screens should not face public areas or should be placed to minimize view from the public.
- Never send patient information electronically to recipients outside of STVHS without encryption or contacting IT for assistance.
- Never use a personal email account, such as yahoo or hotmail to send PHI.
- Protect our computer systems from outside threats by being suspicious of emails and email attachments from unknown senders.
- If there is a specific business purpose for PHI to be stored on a mobile device, always ensure the device is encrypted consistent with STVHS Security standards.
- Be familiar with our Acceptable Use policy which defines appropriate uses of STVHS owned resources.



## Appearance and Dress

To maintain the hospital's favorable image and the confidence of its patients and visitors, associates must keep themselves neat, clean and well-groomed, and must present a professional appearance at all times. Moderation and good taste must be observed in regard to clothing, shoes, hosiery, hair, fingernails, fragrances, jewelry, and make-up. Uniforms are required for specific job classifications and must be worn while on duty as specified by the department head.

**\*\*Clinical students in the hospital facility for business related to school activities must wear your uniform and/or lab coat and school ID badge.**

\*\*Fingernails must be kept clean and well groomed. **For associates giving direct patient care, fingernails may not extend more than ¼ inch beyond the fingertip.** Nail polish is acceptable, if it is neat and smooth. No chipped or cracked nail polish may be worn. **Artificial nails, including wrapped, overlays, and acrylics are not allowed by associates giving direct patient care.** Some departments may have more stringent guidelines regarding nail length and artificial nails, as approved by the department head or as specified by outside agencies.

## Badges

In keeping with the Core Values, St. Vincent's Health System associates, volunteers, temporary personnel, and health affiliates, students and vendors performing work at St. Vincent's Health System are required to wear hospital-issued identification badges while on hospital premises.

**Non-associate badges:** Students are required to wear their school badges. Volunteers, temporary personnel, and health affiliates and vendors are issued badges by Protective Services according to established guidelines and upon request from the supervisor of the area in which they will be performing their duties.

### **Other badge tips:**

- If you find a badge or lose your badge, contact security at the site.
- If you see someone without a badge, you have the responsibility to question them.
- You should never loan your badge to anyone.
- When on and off duty, keep your badge secure.

## General Information

### **Parking**

Refer to facility specific information provided in supplement packet.

### **Smoking**

The smoking policy supports the philosophy, mission, vision and values of St. Vincent's Health System. To comply with regulatory standards and requirements, STVHS does not allow use of any tobacco products by anyone in any location on its campus or in its facilities.

### **Telephone and Facsimile Machines**

The hospital telephone system and facsimile machines are intended for official hospital business and for use by our patients. Personal phone calls/faxes are discouraged and should be limited to emergency reasons.

### **Confidentiality**

A patient's condition or other information concerning the patient's illness, hospitalization, or records should not be discussed with anyone except those involved in the care of the patient, and only as necessary to perform this job. Special care should be exercised in regard to casual conversation in elevators, hallways, dining areas, and other places where comments may be overhead. Patients, their care and treatment and other information, should never be discussed outside of the hospital.

### **Media**

Contacts from the news media requesting information should be referred to your immediate supervisor, staff resource and/or the Marketing and Communications Department.

### **Social Media**

St. Vincent's Health System takes no position on associates' decision to participate in the use of social media networks. In general, associates who participate in social media are free to publish personal information without censorship by STVHS. Associates must avoid, however, posting information that could harm STVHS. Use of these media during work time or on STVHS equipment is prohibited.

### **Personal Electronic Devices**

Associates are expected to exercise the same discretion in using personal electronic devices as they use with business equipment. Excessive use of personal electronic devices during the workday, regardless of the device used, can interfere with patient care, productivity, service excellence and can be distracting to others. Associates should restrict the use of personal electronic devices during working time and should use only during scheduled breaks or lunch periods in non-work and non-patient care areas.

### **Performance Improvement**

To enable associates and other health care team members to deliver services most effectively, the St. Vincent Health System has adopted the PDSA model for improving performance. Quality is the focus at every level of the organization. Each and every associate can identify and report performance improvement opportunities to the department manager. Every associate should be an active participant in the performance improvements initiatives specific to their department.

Performance Improvement Methodology

Rapid Cycle PDSA is a methodology used in PI. Other methodologies may be employed as needed such as Lean Methodology, designed to eliminate waste and evaluate processes that add value to processes and outcomes.

Rapid Cycle PDSA:

Process Step	Critical Actions
Plan	<ul style="list-style-type: none"> <li>• Define the problem, gather data</li> <li>• Analyze the data</li> <li>• Plan the improvement actions</li> </ul>
Do	<ul style="list-style-type: none"> <li>• Implement the plan</li> </ul>
Study	<ul style="list-style-type: none"> <li>• Measure to determine the effectiveness of the plan.</li> </ul>
Act	<ul style="list-style-type: none"> <li>• Implement actions to sustain the improvements.</li> </ul>

## Service Excellence



## Standards of Behavior "A-SPARC"

### Attitude

- Smile and introduce yourself when you greet a co-worker, customer, patient or visitor.
- Acknowledge patients by surname unless otherwise directed,
- Knock and ask for permission to enter a patient room
- Provide positive recognition (verbal and written rewards) to co-workers for outstanding service.

### Stewardship

- Safeguard resources:
  - Take care of equipment
  - Use resources wisely
  - Conserve the use of supplies
  - Recycle when possible

- Adhere to hospital policies regarding tardiness, break, and time-off:
  - Report to work when scheduled
  - Report to work on time
  - Avoid unscheduled call-ins
- Utilize work time appropriately
- Complete assignments by established due dates
- Account for time worked honestly and accurately

### Professionals

- Appearance should reflect professionalism:
  - Adhere to the dress code at all times
  - Wear name badges appropriately displayed
  - Maintain good personal hygiene
  - Treat co-workers with courtesy, compassion, and respect
  - Report to work as scheduled and on time
  - Offer assistance to co-workers and ask for help when needed
  - Welcome and be supportive of new associates offering any assistance in the workplace

### When using the elevator:

- Smile and speak to fellow passengers
- Step aside, hold the door and let patients and visitors enter/exit first
- Position wheelchair-bound patients towards the door
- Give priority to patients. Consider taking the next elevator or the stairs to provide ample space for patients and visitors
- Be sensitive and respectful of each person's unique beliefs and cultural customs
- Take ownership of problems and address or report to the appropriate person



**Advocacy**

- Provide encouragement and hope for patients
- Utilize available resources to promote the healing process
- Proactively look for ways to improve delivery of service and/or the use of resources
- Discuss the patient's personal health information with only those individuals who are involved in the patient's medical care
- Avoid discussion of patient information in elevators, hallways, or other inappropriate areas
- Safeguard the privacy of medical records
- Provide a safe, functional, supportive environment for patients, associates, and visitors
- Maintain a work environment that is clean and organized at all times
- Collect and dispose of litter
- Properly clean up any spills or debris to maintain a safe environment

**Responsiveness**

- Initiate contact with those who appear to be lost or need direction, and escort them to their destination
- Anticipate the needs of patients. Meet their needs before they ask
- Respond to call lights, phone calls, and requests promptly any with a positive attitude
- Provide an accurate time frame for when a patient's request will be met if unable to meet the request immediately
- Ask, "Is there anything else I can do for you?" as a final comment when leaving the patient's presence
- Address all complaints in a timely manner using a calm, positive and non judgmental appropriate

**Communication**

- Practice Key Words at Key Times (What to Say When)
- Practice proper telephone etiquette:
  - Identify yourself and your department followed by "How may I help you?"
  - Speak slowly and clearly
  - Ask permission to place a patient on hold and frequently update the status of their wait time
  - Answer the phone with a SMILE...Your attitude can be heard in your voice
- Acknowledge others with eye contact
- Remember, most patients are not medical experts. Use simple language that is easily understood
- Listen while other are speaking
- Assure that the patient and/or family are secure in their understanding of treatment and follow-up care
- Encourage, praise and affirm. (Do not criticize, condemn, or complain.)

### Telephone Etiquette

- Answer incoming calls by the third ring. Apologize to the guest if there is a delay.
- Answer the phone with a pleasant, polite and clear tone of voice.
- Answer with a greeting ('good morning, good afternoon, or good evening'), identify yourself, identify your department or location, and provide an offer of assistance ('may I help you?')
- Take complete messages.
- Ask the customer/guest if they may hold the line for a moment if a second line rings while you are on the phone. Handle the call immediately if the guest indicates the call is urgent. Do not place calls on hold for longer than one minute without explanation or an offer to call back.
- Transfer calls only after giving the number to the caller in case of disconnection. Stay on the line until the party you are transferring to answers the phone. Explain the call and provide the customer's/guest's name when appropriate.

### Dealing with Difficult Situations

- Listen to the guest without interruption.
- Make certain you fully understand the concern.
- Apologize for the situation and assure the guest that you will work with them to rectify or address their concern.
- Avoid blaming other departments or personnel.
- Take action and follow up to make certain the customer/guest is content with the resolution.
- Thank the customer/guest for bringing the concern to our attention and for giving us the opportunity to improve our services.
- Contact the Guest Relations Coordinator to assist or follow up as needed.

### Risk Management - Organization-wide Patient Safety

#### Emergency Assistance

#### EMTALA

E= Emergency Care

M= Medical Screening/Medicare

T= Treat/Stabilize

A= Active Labor Act

L= Level of Care/Cobra Law

A= Assist to Emergency Department

#### Access to Emergency Care

- State and Federal Laws
- Emergency Medical Treatment and Active Labor Act
- Offer emergency service to those seeking emergency care, regardless of the ability to pay, race, color, creed, religion, nationality
- Any patient on the medical premises seeking emergency care

#### Medical Screening

Must be performed on all persons seeking emergency medical care on the hospital premises.

A medical screen includes tests, x-rays, consults and ancillary services routinely available to the emergency department in order to determine if a medical emergency exists.

## Risk Management

### **SPEAK UP: Help Prevent Errors**

Everyone has a role in making health care safe—physicians, healthcare workers, nurses and technicians. Healthcare organizations across the country are working to make healthcare safety a priority. You play a vital role in making your patient's care safe by becoming an active, involved and informed member of the healthcare team.

An Institute of Medicine (IOM) report has identified the occurrence of medical errors as a serious problem in the healthcare system. The IOM recommends, among other things, that a concerted effort be made to improve the public's awareness of the problem.

The "Speak Up" program, sponsored by the Joint Commission, urges patients to get involved in their care. Such efforts to increase consumer awareness and involvement are supported by the Centers of Medicare and Medicaid Services. This initiative provides simple advice on how the patient can make his care a positive experience. After all, research shows that patients who take part in decisions about their healthcare are more likely to have better outcomes.

### **To help prevent healthcare errors, patients are urged to "Speak Up":**

**S**peak 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.

**P**ay 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.

**E**ducate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.

**A**sk a trusted family member or friend to be your advocate.

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

**U**se a hospital, clinic, surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation against established state-of-the-art quality and safety standards, such as that provided by Joint Commission.

**P**articipate in all decisions about your treatment. You are the center of the health care team.

### Incident/Event Reporting

An incident/event is any occurrence (with or without injury and/or damage) which is not consistent with the routine operations of the hospital, especially relating to patient care, but also affecting visitors, physicians, volunteers and associates in non-clinical areas. Examples are wrong medication administered, patient or visitor fall, equipment malfunction with patient/staff injury.

St. Vincent's Health System supports a non-punitive reporting of medical/healthcare errors and near misses.

There are four event categories:

Category
1. Patient
2. Visitor/Physician/Other
3. Property/Equipment/Narcotics Count
4. Employee Illness/Injury

#### When an event occurs:

- Inform immediate supervisor or House Supervisor (for students contact faculty advisor and/or unit charge/resource staff nurse)
- The individual who knows the most about the event completes the form or ensures that the report is done

#### When completing a report:

- Do it as soon as possible after the event
- Write objective, accurate, thorough and concise statements
- Maintain confidentiality (Need-to-Know) both inside and outside the hospital
- Document the event on the patient record, if applicable

#### Do not:

- Use the report to punish, blame or accuse other individuals or departments
- Document in the patient's record that you have completed a report

#### Sentinel Events

Sentinel Event – Any event which is an unexpected occurrence involving death, physical or psychological injury, or risk thereof. Serious injury specifically includes lost of limb or function. The phrase "or the risk thereof" includes any process variation of which recurrence would carry a significant chance of a serious adverse outcome.

- The event should be reported to Risk Management immediately
- The Joint Commission requires that all healthcare organizations report sentinel events
  - A Root Cause Analysis (RCA) and action plan is completed
  - An RCA identifies the most basic causal factor or factors for the event and focuses primarily on systems and process, and not the individuals performance



**Patient Safety**

**Patient Safety** is freedom from accidental injury. It encompasses those actions undertaken by individuals and organizations to protect health care recipients from being harmed by the effects of health care services.

**“Medical errors most often result from a complex interplay of multiple factors. Only rarely are they due to carelessness or misconduct of single individuals”**

**Lucien Leape, MD  
Harvard School of Public Health**

Each of us can improve Patient Safety by:

- **Watching** - really looking at situations and potential for error.
- **Listening** - to patients, families, and to co-workers.
- **Asking** - There are no stupid questions!
- **Acting** - Point out your observations and make recommendations for Improvement
- **Reporting** - Develop a proactive not just a reactive approach. Continuous reporting of not only errors but of near misses will enable the use of Failure Mode and Effects Analysis (FMEA) and Root Cause Analysis (RCA) to change systems and Improve Patient Safety.

**Get Involved! It is everyone’s job...**

**JCAHO Standard: Accreditation Participation Requirements (APR) 17**

St. Vincent’s Health System is accredited by The Joint Commission. The Joint Commission standards address an organization’s compliance with the care, services and treatment provided to patients in their care.

Quality and patient safety are the focus of care and treatment provided to patients cared for by St. Vincent’s Health System facilities.

Anyone having concerns about the quality of care or patient safety provided by St Vincent’s Health System facilities, that the hospital has not addressed, is encouraged to contact the hospital’s management through the Patient Representative Office.

Hospital	Contact Number
St. Vincent's Birmingham	205.939.7599
St. Vincent's East	205.838.3167
St. Vincent's Blount	205.274.3055
St. Vincent's St. Clair	205.814.2106
One Nineteen Health & Well-ness	205.408.6440 or 205.408.6460

Hospital associates who may have concerns with quality or patient safety may contact TJC directly. No disciplinary action or retaliatory action will be taken by the hospital against associates who report concerns to TJC. If the concerns cannot be resolved through the hospital management and/or the Patient Representatives office, TJC can be contacted to express these concerns related to quality or patient safety. TJC office of Quality Monitoring may be contacted to report any concerns or register complaints about TJC accredited organizations by either calling 1.800.994.6610 or contact TJC via their web site at [www.jointcommission.org](http://www.jointcommission.org) and follow the link at the bottom of their web page.



### **National Patient Safety Goals**

Safety goals are updated on an annual basis and must be followed to ensure safe patient handling. Refer to Joint Commission web site ([www.jointcommission.org](http://www.jointcommission.org)) to obtain the most up to date goals.

### **Unapproved Abbreviations**

Please refer to Polycystat and [www.jointcommission.org](http://www.jointcommission.org) for unapproved abbreviations for St. Vincent's Health System.

### **Employee Responsibilities**

Working safely is part of expected performance at all levels of the St. Vincent Healthcare System. By observing safe work practices, associates will ensure their safety and the safety of our patients, and visitors. All associates are required to report and take action on any slip, trip, or fall hazards, or anything that could cause an accident or injury.

Work tasks shall not be considered effectively completed unless an associate has followed every precaution and safety rule to protect themselves, fellow associates, patients and visitors.

Wearing of prescribed protective equipment is mandatory.

Seat belts **MUST** be worn by all associates while traveling in a vehicle on St. Vincent's Health System's business, whether in your own vehicle or a St. Vincent's Health System vehicle.

Please do **NOT** talk on cell phone while driving. This is required in St. Vincent's Health System's owned vehicles, and while traveling on St. Vincent's Health System's business.

Unsafe equipment, medical devices, or products must be removed from service immediately and safely kept secure for Biomedical Engineering, Risk Management, or Facilities Engineering, as appropriate.

### **Infection Control**

The purpose of an Infection Control policy is to provide guidelines in order to minimize the risk of transmission and/or acquisition of infectious diseases.

### **Personal Health & Practices**

- Do not report to duty if you are sick!
- Eating and drinking are prohibited in patient care areas.
- Any individual with active, suspect, or exposure to a communicable disease will not be permitted to serve as a volunteer pending a medical evaluation or clearance.

### **Handwashing**

Handwashing is the single most important means of preventing the spread of infection.

- Hands should be washed when coming on duty and upon leaving duty;
- Before and after patient contact
- Before and after glove use
- After handling contaminated equipment
- After using the toilet
- Before meals and breaks
- As a general rule, when in doubt, healthcare workers should wash their hands

### Handwashing Procedure:

1. Under stream of tepid water, wash hands with soap and water for at least 10 to 15 seconds.
2. Rub together vigorously all surfaces, fingertips, and between fingers.
3. Rinse hands thoroughly under running water, holding elbows higher and allowing water to flow from the wrist to the fingertips.
4. Dry hands with a paper towel.
5. Use a paper towel to turn off faucet and discard in trash receptacle.

Handwashing with waterless antimicrobial handwash:

1. Apply a bubble gum ball size amount to palm of one dry hand.
2. Rub hands together, covering all surfaces of hand and fingers, until hands are dry.

*NOTE: If hands are visibly soiled, more time may be required*

### Glove Use

- Gloves should be the appropriate size for the wearer.
- Gloves are to be removed immediately upon completion of task regardless of whether or not visibly soiled.
- Hands are to be washed upon removal of gloves (**gloves may become perforated and bacteria can multiply rapidly on gloved hands**)
- Volunteers with identified tasks will receive instruction from the department personnel for specific glove use

### Isolation Precautions

Below is general information only, on the types of isolation precautions, refer to the facility specific infections control policies for listing of diseases and isolation required:

### Standard Precautions

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals. Proper barrier precautions should always be taken when coming in contact with a patient's body fluids regardless of their diagnosis or presumed infection status. Standard Precautions apply to all body fluids **except sweat:**

1. Blood
2. Any other body fluids, secretions, or excretions
3. Non-intact skin
4. Mucous membranes
5. Articles/Equipment contaminated with blood or body fluids

**Airborne Isolation** A mask is always required. If patient is being transported, then the patient must wear a mask. Use for patients with TB, chickenpox, measles

**Enteric Precautions** For patients with c-difficile, you must wash hands with soap and water before entering and upon exiting the room. Alcohol gel is ineffective against c-diff.

**Contact Isolation** Gloves must always be worn when entering the patient's room. Used for patients with 'c. difficile', multi-drug resistant organisms such as MRSA or vancomycin resistant enterococcus (VRE).

## Tuberculosis (TB)

All employed and non-employed staff are evaluated for tuberculosis prior to working in the hospital environment (See TB Skin Test next page). Employees must be fit tested and wear a Respirator particulate N95 mask (only for TB) if entering airborne isolation. Droplets exhaled by the infectious disease person (coughing, speaking, sneezing, singing or shouting) spread tuberculosis. N95 Respirators must always be worn in the patient's room. The door to a TB isolation room should be kept closed to prevent the airborne bacteria from entering the hallway. Employees must be fit tested and wear a Respiratory particulate N95 mask when entering the patient's room. If the patient is being transported, then the patient must wear a regular mask. (For additional information refer to infection control and TB policies)

### Droplet Precautions

Droplet transmission involves contact of a susceptible person with large-particle droplets generated from a person who has a clinical disease. Special ventilation is not required and a regular mask is to be worn within three (3) feet of the patient.

### The TB Skin Test

#### **What is TB?**

"TB" is short for a disease called tuberculosis. TB is spread by tiny germs that can float in the air. The TB germs may spray into the air if a person with **TB disease** of the lungs or throat coughs, shouts, or sneezes. Anyone nearby can breathe TB germs into the lungs. TB germs can live in your body without making you sick.

This is called **TB infection**. Your immune system traps TB germs with special germ fighters. Your germ fighters keep TB germs from making you sick.

But sometimes, the TB germs can break away and spread. Then they cause TB disease. The germs can attack the lungs or other parts of the body. They can go to the kidneys, the brain, or the spine. If anyone has TB disease, they need medical help. If they don't get help, they can die.

#### **How do I know if I have TB infection?**

A skin test is the only way to tell if you have TB exposure. This test is usually done on the arm. A small needle is used to put some testing material, called tuberculin, under the skin. In two or three days, a health worker will check to see if there is a reaction to the test. The test is "positive" if a bump about the size of a pencil eraser or bigger appears on your arm. This bump means you probably have TB exposure. You may need medicine to keep from getting the disease.

Note: If you have ever had a "positive" reaction to a TB skin test or if you have been treated with TB drugs in the past, tell the health worker.

## Infections and Biohazards

Occupational, Safety & Health Administration (OSHA) has issued regulations to protect workers from blood-borne pathogens, such as Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). These diseases are caused by pathogenic microorganisms that are present in the blood. These are not airborne viruses. You can only become infected by direct contact with blood or body fluids, or materials such as unfixed tissue, or organs (other than intact skin) containing the viruses, or cell or tissue cultures or solutions containing HIV, HBV, or other bloodborne pathogens.

Because you do not know who might be infected with any of these bloodborne diseases, OSHA mandated "Universal Precautions." Anyone in an occupation that exposes him or her to the blood or body fluids of others must protect himself or herself from the possibility of becoming infected. To take "Universal Precautions" means to treat all patients as if they are infected with HIV, HBV, or other bloodborne pathogens.

### **Some Universal Precautions include:**

1. Hand washing, the single most effective infection control procedure.
2. Wearing gloves when exposure to blood or body fluids is anticipated, especially if you have cuts, skin abrasions, chapped hands or dermatitis. Gloves should be the appropriate size for your hands and should be changed between patient contact.
3. Masks/goggles should be used to protect the mucous membranes of the eyes, nose and mouth from splashes of contaminated blood or body fluids.
4. Aprons/gowns should be worn in case soiling/splashing of blood or body fluids occurs to skin or clothing.

Gloves, masks, goggles, gowns and aprons are all considered Personal Protective Equipment (PPE).

## Hazardous Materials & Waste Management Bio-hazard Waste:

Biohazard waste is any body tissue or bloody waste, such as gauze, pads, diapers, empty blood transfusion bags, or suction canisters containing bloody drainage. It also includes all sharps.

All infectious / biomedical wastes (any item with blood or body fluids on it) are placed in red bags at the point of origin and are securely sealed to prevent leakage. Volunteers should not touch or transport these bags. Patient's rooms and procedure rooms have puncture resistant containers that are used for disposing of needles and other sharp items.

Sharps containers must be closed when full. A sharps container is considered full when materials placed into it reach the designated fill line or three quarters  $\frac{3}{4}$  capacity of the container.

Red bags must be handled with care, avoid touching bag against body, and assume red bag may contain sharps in error. The biomedical symbol shall be securely attached or permanently printed on each **RED** bag, sharps container, and outer holding container, and be clearly legible.

Volunteers should not touch these containers.



### **Linen Handling:**

All linen goes into the blue bags. Linen is treated as if infectious and proper barrier precautions are used when coming in contact with a patient's body fluid.

### **Laboratory Specimens:**

Lab specimens and blood bank bags should be securely sealed in a clear, plastic, disposable bag at the point of origin. The use of Special Precaution labels on the specimen tubes and containers is not necessary, as all specimens should be considered potentially infectious.

### **Blood and Body Fluid Spill**

To inactivate potential infectious pathogens as a result of a blood or body fluid spill apply premixed Coverage HBV Spray cleaner, or prepare a solution of one part bleach obtained from Environmental Services. Use gloves, and dispose of gloves and clean up materials as biohazard waste in RED bag. Be sure to soak area for 10 minutes before cleaning up.

### **Biological Hazards:**

Warning labels with the biological hazard symbol or the word "biohazard" is used to identify potentially contaminated or infectious items. They could be on bags, equipment, containers, rooms, etc., that contain or are contaminated with biohazardous materials, i.e., blood, body fluids, or infectious materials.

### **Exposure to Biohazards:**

If you are exposed to any biohazard, wash immediately and report the exposure to your clinical instructor and/or staff resource person, Infection Control nurse or Employee Health nurse; fill out an incident report/form and go to the Emergency Department.

### **Miscellaneous:**

1. Hepatitis B can be more contagious than Acquired Immune Deficiency Syndrome (AIDS). However, there is a vaccine available that prevents HBV.
2. A person may be HIV positive and not have AIDS; however, the person is contagious during this stage.
3. Tuberculosis, chicken pox, mumps and measles are airborne.
4. Respiratory Isolation precautions are used for persons with tuberculosis. They must be cared for in a room with negative pressure, which means the room is vented to the outside.
5. Volunteers should not be in any situations where they are exposed to bloodborne pathogens, but it is extremely important that volunteers serving in nursing areas of the hospital be aware of the possible biological hazards.
6. As of January 1, 2013, flu vaccines will be required in order to provide care to patients. Proof of receiving vaccination must be received by STVHS if vaccine obtained from an outside source.

**Special note:** When you are sick with a communicable illness, we ask that you let us know what you have so we can report it to the Infection Control nurse or Epidemiologist for tracking purposes. You should not come to work or volunteer if you have any kind of infection, i.e., sore throat, fever or undiagnosed illness; or open lesion, i.e., impetigo, rash or oozing cold sore.

If more in-depth training in infection control and safety is needed in a certain area or department, this is provided on an individual basis on the unit by the unit manager/resource staff.

### Chemical Labeling Guidelines

Most chemicals utilized will be in the original container with the manufacturer's label intact.

When you transfer a chemical from its original container to another you should consult the information in the Material Safety Data Sheet (MSDS) to create your label for the new container. Observe the recommended precautions, warnings and PPE.

<b>HEALTH</b>	<b>2</b>
<b>FLAMMABILITY</b>	<b>1</b>
<b>REACTIVITY</b>	<b>3</b>
<b>PERSONAL PROTECTION</b>	<b>B / n</b>

### **Ergonomics**

Ergonomics helps to fit the job to the person and helps to prevent strain that can lead to pain and discomfort. Individual employee awareness of the prevention of bodily stressors and back injury is critical. Early reporting will provide you with the help you need to rearrange your work station or teach you back injury prevention. To prevent injuries to the back you are encouraged to have regular and moderate physical exercise.

### **Notification of Work Related Injuries**

Any occurrence of illness or injury on the job, no matter how slight, must be reported.

Steps to take:

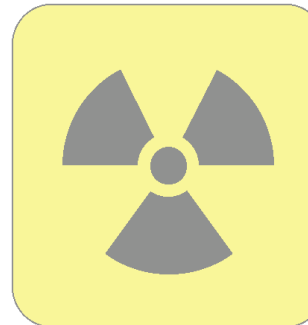
1. Notify your supervisor immediately
2. Go to the Personnel Health or Emergency Department, if necessary
3. If the incident occurs before or after work hours, notify the Nursing House Supervisor
4. Complete an incident report in the DOERS (Dynamic On-line Reporting System)

**NOTE: Employees may not self-direct or refer themselves to any medical provider for care associated with a work-related injury or illness.**

### **Product Recall and Removal**

St. Vincent's Health System has a pro-active program in place for notification of recalls to monitor, identify, communicate, repair and/or remove all stated products. These recalls may involve various affected products, tools, equipment, devices, or drugs that impact patients, staff, or property. If you identify a faulty item, tag and take out of service.

### **Radiation Safety**



A radioactive material can be either a sealed source such as the types used for radiation therapy treatment, implanted seeds, or it can be a liquid given to a patient for a Nuclear Medicine procedure. In each case, the patient becomes a radiation source.

Within Radiology, Nuclear Medicine, Radiation Therapy, and the room of a patient containing radioactive materials, we will see a caution sign that will make us aware of the possibility of radiation exposure.

The sign will have a proper written description of its meaning. There are three basic types of radiation caution signs, (normally a magenta or purple radiation symbol or a yellow background). If the Caution Radioactive Material sign is posted on a patient's room, instructions will be posted on the door, and anyone who wants to enter the room must read and follow them.

### Radiation Protective Practices

The three principles of radiation protective practices are: Time, Distance, and Shielding.

Every individual within the hospital is responsible for keeping his or her radiation exposures as low as possible by observing three basic principles:

1. Perform your duties as quickly and safely as possible following posted instructions, if available. This is the "Time Principle." Exposure is directly related to the amount of time spent near a radiation source.
2. Keep maximum distance between you and the potential or known radiation source. This is the "Distance Principle." The farther away from the radiation source the smaller the exposure is going to be to you.
3. The "Shielding Principle" is the third method to minimize employee exposure. Shielding means containing the source of radiation within a barrier that will block the radiation. This material is usually lead. Shielding of radiation sources sometimes is not possible and therefore the "time and distance principles" are the best protection.

### Laser Safety

Lasers are used in the OR. Laser is an acronym for Light Amplification by Stimulated Emission of Radiation. The beams of lasers can cause burns to the skin and damage to the retina of the eye, therefore training, isolation of room where laser is in use, and use of protective equipment is mandatory. Heat generated can cause fire. Keep away from combustibles (paper, cloth), and flammable liquids (alcohol).

### MRI Safety

The Magnetic Resonance Imaging (MRI) equipment located in your facility uses a large and powerful magnet that is always producing a magnetic field and therefore attracts metallic objects at all times.

Any metallic object, including oxygen cylinders, wheelchairs or stretchers, can be subjected to the strong magnet's pull and could become projectiles if brought into magnetic zone.

- Only MRI compatible equipment may be allowed into the MRI Magnet room at any time.
- Non-compatible metal objects will cause severe damage and injury.
- Get permission from the MRI staff before entering area



### **Medical Equipment**

Before using biomedical equipment look for the biomedical inspection sticker and the next inspection due date. If Biomedical Equipment starts malfunctioning, take equipment out of service, tag as defective and contact the Biomedical Engineering Department.

**Testing Intervals** – All biomedical equipment used in patient care areas shall be tested before it is first put into service, after any repair or modification, and re-tested at least annually thereafter.

**Operator's Manuals** – Operator's manuals for all Biomedical Equipment shall be kept in the area where the equipment is located and used.

**Inspection Tag (sticker)** – Biomedical Equipment, including authorized extension cords, is inspected and a sticker with the date of the inspection is placed on the equipment.

### **Electrical Safety Guidelines**

Report ALL electrical hazards to your supervisor immediately, such as:

- inoperative electrical/electronic equipment
- intermittent operation of electrical/electronic equipment designed for continuous operation
- improper extension cords, frayed or damaged power cords, wires or leads
- bare or exposed electrical wire
- loose wiring on plugs or equipment
- broken, cracked, damaged switches or plugs
- broken pins on equipment plugs
- damaged wall outlets, receptacles, plates or switches
- three-wire to two-wire "cheater" adapters
- burned out indicator lights
- equipment with a damaged case, switch, cord or plug
- liquid that has spilled into electrical equipment
- any electrical shock you have received—no matter how small
- meters, scopes, or displays that don't seem to be working properly
- excessive heat or smoke rising from equipment

### Utility Systems

The Utilities Management Program addresses safe operation, maintenance and emergency response procedures for critical operating systems, as well as evaluation, assessment, and improvement processes.

All critical elements of utility systems used for life support, infection control, environmental support, equipment support, and communications are included in the program.

1. Electrical Distribution Systems
2. Heating, Ventilation, and Air Conditioning Systems
3. Domestic Water Systems and Sewage Removal Systems
4. Medical Gas Systems, and vacuum Systems
5. Elevators – Vertical Transport Systems
6. Communications Systems
7. Steam Distribution Systems
8. Fire Alarm Systems

### MSDS (Medical Safety Data Sheet)

OSHA, MSDS, and “The Right to Know”

The Occupational Safety and Health Administration (OSHA), mandates laws to protect workers on the job. OSHA says workers have the “Right to Know” about potential chemical hazards they are exposed to in the work place.

### Material Safety Data Sheet (MSDS)

MSDS is the Material Safety Data Sheet. Every department in the St. Vincent Health System has a Material Safety Data Sheet or MSDS Manual, which outlines the chemicals you are exposed to in that department and health and safety concerns associated with the chemical and how to store and handle them safely. A typical MSDS is divided into nine major sections:

1. Chemical and Manufacturer name, address and emergency telephone number.
2. Hazardous ingredients and percentages contained therein.
3. Physical/chemical characteristics – appearance/odor, pH and vapor pressure.
4. Fire and explosion hazard data – flammable limits of the chemical.
5. Reactivity data – information on the chemical’s stability and materials, which are incompatible.
6. Health hazard information – symptoms related to exposure to the product.
7. Precautions for safety handling, use, spill response and disposal.
8. Control measures – personal protection information.
9. Special precautions – appears on some MSDSs.



In the event of a chemical emergency, you should notify your supervisor immediately and In the event of a chemical emergency, you should notify your supervisor immediately and obtain the MSDS. Your staff supervisor will notify personnel responsible for the appropriate clean up procedure.

**Some Potential Hazards in a Hospital:**

- Radiation used in x-ray
- Chemotherapy used to treat cancer
- Ethylene Oxide used to sterilize hospital equipment
- Chemicals from bleach to white-out
- Medical Gases include oxygen and anesthetic gases

Refer to facility for additional information regarding MSDS.

**Safe Patient Handling**

St. Vincent's Health Care System is dedicated to a "Culture of Safety" approach to safety in the work environment. Mechanical lifting equipment and/or the approved patient handling aids must be used to prevent, limit and reduce manual lifting and handling of patient except when absolutely necessary.

**Protective Services (Security)  
THREAT OF VIOLENCE**

Acts or threats of physical violence which includes intimidation, harassment or coercion, and which in your judgment affects your safety will not be tolerated. Associates should be reported to the HR Manager in Human Resources and non-associates should be reported to Protective Services.

If immediate threats or acts of violence occur, associates should follow the procedures outline in your emergency code for threats of violence.

Hospital	Number
St. Vincent's Birmingham	939.7799
St. Vincent's East	838.3911
St. Vincent's Blount	625-4351
St. Vincent's St. Clair	781 - page Security
One Nineteen Health & Wellness	408-6546 or 541-8441

**Fire Response & Life Safety Fire Plan – Code Red**

If there is a fire in your area: stay calm, don't shout "fire," use the following procedure:

**R.A.C.E.**

**R – RESCUE** Immediate action may be needed to save a life. Move patients if immediate danger and close that door.

**A – ALERT** Alert by pulling down the fire alarm pull station and notify switch board of exact fire location and dial:

Hospital	Number
St. Vincent's Birmingham	205.939.7223
St. Vincent's East	205.838.3500 (in house only)
St. Vincent's Blount	205.838.3300
St. Vincent's St. Clair	781
One Nineteen Health & Well-ness	911

**C – CONFINE** Close doors and windows, to prevent smoke spread and to cut off air supply to fire.

**E – EXTINGUISH** With fire extinguisher, if trained and safe to do so.

The steps to be used in the R.A.C.E. plan for fire safety may vary in sequential order depending on the immediate situation. For example, if you discover a fire in an empty room, the first thing to do would be to confine the fire by closing the door and then sound the alarm. If the fire is discovered in an occupied room rescue efforts should be implemented immediately.

Elevators should never be used during a Code Red.

**Use of Fire Extinguisher**

You must be trained before using a fire extinguisher. When using, know your immediate exit route, alert for help, start back at least 8 feet from the fire, and follow PASS rules.

**PASS:**

- P PULL the safety pin on the handle
- A AIM at the base of the fire
- S SQUEEZE the handle to discharge agent
- S SWEEP from side to side

**Fire Response Plans**

Each patient care unit and support service has a current fire response and evacuation plan developed. The plans describe the steps that must be implemented to minimize immediate danger from a fire, removal of patients to areas of refuge, evacuation to another level or section of the building, and evacuation of the building.

## The Patient

At St. Vincent's Health System, each patient has the following rights:

- Considerate and respectful care
- Be well informed about your illness, treatments and outcomes
- Know the names and professional status of those providing your care
- Consent to or refuse a treatment
- Have an advance directive
- Personal privacy
- Confidentiality
- Review your completed medical record
- Be free from restraints and seclusion of any form as a means of coercion, discipline, convenience or retaliation by staff
- Appropriate and medically-indicated care
- Appropriate assessment and management of pain
- Consent or right to refuse care that involves research
- Be involved in discharge planning
- Receive explanations about your hospital bill
- Request assistance regarding ethical issues
- Know your relationship with outside parties that may influence care, (i.e. educational institutions or insurers)
- Kept informed of patient individualized Plan of Care.

## Patient responsibilities:

- Provide information about your health
- Ask questions when you do not understand
- Tell your doctor if you cannot follow through with treatment
- Be considerate of other patients and hospital staff
- Work with the hospital to arrange payment
- Recognize the effect of lifestyle on your health

If you or your family has any concerns or complaints while in our care, please contact the Patient Representative.

Unresolved Medicare grievances may be reported to:

### ***The Alabama Quality Assurance Foundation***

Two Perimeter Park South, Suite 200W,  
Birmingham, AL 35243.  
1-800-760-4550

### ***The Joint Commission's Office of Quality Monitoring***

1-800-994-6610  
complaint@jcaho.org

## Cultural Differences

Understanding cultural beliefs and the variety of ethnic backgrounds, regardless of age, can help you understand a patient's behavior, actions and responses in the health care setting. Knowing all the customs and practices of the variety of cultures is not practical. However, there are some key areas to focus on that can have an immediate impact on patient care and effect outcomes.

Five (5) Key Areas to Address in Caring for a Patient of a Different Culture:

- 1. Respect for personal space.** Stay at arm's length initially and observe the patient's reaction and interaction with other family members. *For Example: In some cultures, physical closeness is preferred, i.e., Spanish or Italian heritage. In other cultures personal space and privacy are highly valued.*
- 2. Tune into voice volume, eye contact, and gestures.** Speak clearly and in a soft tone. *For Example: In some cultures, speaking loudly is considered rude and reflects anger, and in other cultures, direct eye contact may be viewed as being disrespectful.*
- 3. Determine the primary caretaker.** Ask the patient and/or family who will be responsible for providing the care. *For Example: In Asian families, the oldest son is traditionally responsible for making decisions and carrying out instructions. So if instructions are given to the oldest daughter, she may understand but she may not have the authority to carry them out.*
- 4. Respect your patient's perspective of time.** Be attentive to the perception of time. What may seem important to some may not be to others.

- 5. Communicate and encourage feedback.** Continually evaluate the patient's level of understanding and ability to follow through with instructions regarding his/her health care and plan of care.

In summary, be understanding and respect other people's health care beliefs. Beliefs vary, such as:

- Illness may be viewed as a punishment or being evil
- Patients may view themselves as powerless over the illness
- Patients may believe greatly in alternative remedies, healing potions, biofeedback, acupuncture, and herbal remedies
- Patients may not believe in taking medications or have a fear of overmedication. Keep in mind that if the family remedies or alternative remedies are not harmful to the patient or anyone else, and they don't interfere with your plan of care, then be willing to compromise. This may go a long way to improve the patient outcome. Reducing stress can improve the overall psycho-physiological response.

### **Diversity**

What is diversity? How does diversity affect our lives? Diversity means recognizing that each individual is unique and possesses unique gifts. It can also be defined as “otherness”. By otherness we mean that we see people and groups as different from us. How we react to these differences in human qualities will influence both our personal and professional lives.

It is important to distinguish between the primary and secondary dimensions of diversity. The primary dimensions of diversity are broad categories of human nature that can not be changed. Primary dimensions include age, ethnicity, physical abilities/qualities, and sexual orientation.

The secondary dimensions of diversity may be changed. They can include educational background, geographic location, income, marital status, military experience, parental status, religious beliefs, and work experiences. Diversity adds a vital texture to our lives. We must learn to embrace diversity in individuals and groups. When we value diversity, we help to create a stronger more compassionate society.

Our goal at St. Vincent’s Health System and Ascension Health is to celebrate the rich dimensions of diversity that are an integral part of our community and our workplace.

### **Practitioner Health**

The St. Vincent’s Health System and all St. Vincent’s Health System associates share a mutual responsibility to provide a safe and healthy environment for fellow associates, students and patients.

It is the responsibility of each associate or student who observes another associate or student in an impaired condition to report this fact to his/her supervisor.

**Students will report this to their clinical instructor. Clinical instructors will report this to the unit manager.**

### **Age Specific and Developmental Care Issues**

As caregivers, we must be aware that patient needs vary depending on their age and development level. The following is a summary of the major health care issues, including physical, psychosocial, and safety needs, and appropriate age specific interventions.

**Newborns/Infancy (0 to 1 yr)** — are dependent on their caregivers to meet all their physical and emotional needs. They are developing a sense of trust. They are sensitive to loud noise and develop anxiety towards strangers and unfamiliar environments. Preventing sensory overload, limiting caregivers who come in contact with the infant, and allowing parents to participate in their care are essential aspects of their care.

**Toddlers (1 to 3 yrs)** – are developing a sense of autonomy. Caregivers should encourage their sense of independence whenever possible —e.g., allow them to help dress themselves. Promoting safety is a major concern as toddlers are more mobile and are continuously exploring their environment. Additionally, toddlers develop “magical thinking”, are egocentric, and often blame themselves for events. Caregivers should provide simple, truthful explanations of procedures and treatments.

**Preschoolers (3 to 5 yrs)** - have imaginations that don't stop. They are curious for factual information --“Why” is their favorite word. They retain magical thinking and egocentrism. They feel that a “bad” thought can cause a “bad” event and often see illness as “punishment”. They fear mutilation and bodily injury, losing control, and separation from family and friends. They benefit from clear, simple explanations of procedures allowing them to “handle” equipment when possible.

**School age (5 to 12 yrs)** - start to have logical thinking; understands concepts of time and space. They are concerned with modesty and privacy. Peer groups are important and accomplishments lead to improved self-esteem. Often concerned about death and hospitalization is seen as a loss of control. While caring for this age group, allow and encourage discussion of feelings, offer choices and encourage decision making. Provide privacy and allow peer interaction whenever possible.

**Adolescent (12 to 18 yrs)** - are struggling for a sense of identity, however, they don't want to be seen as different. Peer pressure may create problems with pregnancy, sexually transmitted diseases, substance abuse, and Motor Vehicle Accidents. Health promotion should include these topics. Additionally, adolescents need reassurance about normal changes in body appearance/function.



**Adults (18 to 45 yrs)** – move from dependency to responsibility. Often responsible for the care of children or parents. Major health risks are obesity, hypertension, heart disease, cancer, stroke, STDs, and smoking.

**Middle Adults (45 to 70 yrs)** - experience a slowing of reflexes, visual changes especially farsightedness, noticeable loss of taste and hearing, decreased balance and coordination, and decreased short term memory or recall. Need to individualize safety needs— need for adaptive equipment to prevent injury (e.g., handgrip at bathtub). May need to repeat information or adjust lighting when providing written materials.

**Geriatrics (70+ yrs)** – have decreased tolerance to heat/cold, decreased peripheral circulation, decreased functioning of major organs, and decreased response to stress and sensory stimuli. Decreased skin tone, decreased bone density, and loss of teeth occur. Provide support for coping with any impairments—avoid making assumptions about loss of abilities. Ensure safe environment and utilize measures to maintain/promote skin integrity.

In summary, incorporating simple, age-specific interventions enables health care providers to provide the most appropriate care to our patients.

### **Minimizing the Use of Restraints—Know your Role!**

As health care providers, we have increased our awareness and emphasis on patient rights, individualized care and ethical considerations. In order to minimize the use of restraints, we must first understand the definitions.

*According to The Joint Commission (TJC):*

**Seclusion** is the involuntary confinement of a patient in a room or an area where the patient is physically prevented from leaving.

**Restraints** are any method (chemical or physical) of restricting a patient's freedom of movement, physical activity or normal access to his or her body.

Alternative measures to deal with threatening behaviors or safety issues must be attempted and documented prior to the utilization of restraints. These measures may include assessment of patients comfort level, assessment of physical needs (is the patient hungry or thirsty, does the patient need to use the bathroom, etc); verbal re-orientation, de-escalation, mediation, and or decrease of environmental stimuli. Restraint alternative products can be used as well, such as:

- Activity apron
- Skin sleeves
- Freedom splints

To help minimize the use of restraints, it is important to understand the underlying causes of behaviors exhibited by patients. Often patients demonstrate aggressive or unsafe behaviors because they are confused, disoriented, angry or overwhelmed. Sometimes a patient's behavior is related to a medical rather than an emotional condition (for example, threatening or unsafe behaviors resulting from delirium in fevers).

Lastly, remember our behaviors affect the behaviors of the patient. Always use a non-threatening approach to try to defuse the behavior. For more information on these approaches, staff may attend the Non-violent Crises Intervention classes.

(Refer to facility specific policy for detailed information regarding restraint use)

### **Effective Pain Management**

What are some barriers to effective Pain Management?

- Pain is not assessed or inadequately assessed/reassessed.
- People have fears about addiction.
- Patients and families are not involved in planning for their pain management.
- Tendency to under medicate (remember, pain is “whatever the experiencing person says it is, existing whenever he says it does” - McCaffrey, 1968).
- Failure to use non-pharmacologic interventions.
- Besides medications, the following measures can be used to relieve pain:
  - Application of heat, cold, positioning, or elevation.
  - Humor, distraction, guided imagery, self-hypnosis, relaxation, or music therapy.
  - Therapeutic touch, massage, or acupuncture.

### **BE A PATIENT ADVOCATE - be proactive NOT reactive!**

(Refer to facility specific policy for detailed information on pain management)

### ***End of Life Care—Meeting the Unique Needs of Patients and Their Families***

St. Vincent’s Health System Core Value of Reverence and consistent with the Ethical and Religious Directives for Catholic Health Care Services of the United States Conference of Catholic Bishops, the rights and dignity of every patient and family will be honored and protected.

Nursing care of the dying patient will be performed in a holistic manner, focusing on the whole person in an attempt to meet the physical, emotional, spiritual, and social needs of the patient approaching death, as well as the needs of the family.

Terminal illness clearly affects more than just the patient’s body; care for the dying patient requires a multidisciplinary team working together in concert to adequately address all aspects of that person and the many forms of suffering that may present.

The family will be supported and consoled and the patient kept as comfortable as possible at all times to be provide for the most peaceful passing in an atmosphere that honors each individual’s needs and preferences during this most sacred process.

Other team members who can be to consulted regarding the care of the dying patient are; Palliative Care, Pastoral Care, Socials Services and Ethics Committee.

(Refer to facility specific policy for detailed information on Care of the Dying Patient)

### **Organ Procurement—How much do you know?**

Did you know that...

- An average of 77 organ transplants takes place every day in the U.S.; however, an average of 18 patients die every day while waiting for an organ they need that did not become available in time
- Today, a single organ donor can theoretically benefit more than 60 individuals if bones, eyes and organs are donated
- The number of organ transplants nation wide recorded by the United Network for Organ Sharing (UNOS) since 1988, is 400,291
- As of June 22, 2007, the UNOS recorded 96,364 candidates on their awaiting lists for organ donations. This number has steadily increased over the years due to monumental advancements in the care and treatment of patients with end stage organ disease
- Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi and Puerto Rico are the states that make up "Region 3" of the UNOS, as of June 22, 2007:
  - the UNOS recorded 49,825 candidates on their list awaiting an organ donation in Region 3
  - the UNOS recorded only 25,773 organ donors in Region 3
- Federal and state law require that families be given the opportunity to donate their loved one's organs/ tissues at the time of death, based on medical eligibility
- Most major organized religions support donation as a humanitarian act in keeping with religious doctrine
- Donation costs the donor family nothing
- Giving the family an opportunity to donate is a kind and caring act. It can provide comfort and long term consolation to family members
- Donation does not disfigure the body
- Donation occurs within a few hours of the family giving consent
- It is a crime to sell organs under the Federal National Organ Transplant Act (Public Law 98-507).
- A person becomes eligible to receive a donated organ or organs by getting on the National List of Transplant Candidates.
- Geographical proximity is a key criterion in organ distribution. If a qualified recipient is not found locally, the search then turns to the national list.
- Signing a donor card combined with family discussion of donation, is the most certain method of having one's wishes carried out.

## Other Mandatory Topics

In keeping with St. Vincent's Health System's Core Values, every effort will be made to comply with all applicable federal and state laws/regulations regarding the procurement of organs and tissue while maintaining the dignity of the patient and compassion for the family. We will extend the healing ministry of Christ through an active organ and tissue procurement program in association with the **Alabama Organ Center and Alabama Eye Bank.**



### Referral of Potential Donor

- The attending physician will determine prognosis of patient and discuss with the family and document in the progress notes.
- Once the determination is made by the physician that death is imminent, or when death occurs, the Alabama Organ Center (A.O.C.) at 1.800.252.3677 and Alabama Eye Bank at 1.800.424.7811) is notified to determine definite suitability for organ procurement
  - Refer to the **Organ and Tissue Procurement for Donation** policy for detailed guidance

Your notification to the Alabama Organ Center (A.O.C.) is a small role but the implications and potential benefits are tremendous!

The United Network for Organ Sharing (UNOS) information and data was obtained from [www.OPTN.org](http://www.OPTN.org).

**Identifying Victims of Abuse**

In keeping with the Core Values of St. Vincent's Health System, associates are committed to identifying, treating and referring victims of human abuse. Such victims may be victims of abuse, neglect, exploitation, or domestic violence.

St. Vincent's Health System cooperates with Alabama agencies to report or cause a report to be made by practitioners of the healing arts and any other persons having reasonable cause to know or suspect that a child under the age of nineteen years or any person who is aged or disabled and has been the victim of abuse, neglect, or exploitation.

**Child/Elderly** – Aged or disabled persons or children under the age of nineteen years arriving at the emergency department, outpatient areas, or inpatients of the hospital suspected of having been abused, neglected or exploited, will be reported to the Department of Human Resources of the State of Alabama (Title 27, Code of Alabama, 197, Section 26-14-1 through 26-14-13 and Adult Protective Services Act of 1976, Section 38-9-1 through 38-9-11). Any person who reports a case of abuse will be immune from any liability, civil or criminal, that might otherwise be incurred.

**Definitions:**

**A. Abuse** – The willful, non-accidental infliction of physical pain, injury, mental anguish, or sexual abuse or the willful deprivation by parent, caretaker or other person of services necessary to maintain mental and physical health.

**B. Neglect** – The failure of a parent or caretaker to provide basic needs such as food, shelter, clothing, and health care for the child or adult unable to care for himself/herself; or the failure of the person to provide basic needs for himself/herself when the failure is the result of the person's mental or physical ability.

**C. Exploitation** – An unjust or improper use of another person or another person's resources for one's own profit or advantage.

**D. Domestic/Partner Violence** – Characterized as a pattern of coercive behaviors that may include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation, and intimidation. These actions are perpetrated as a method of coercion, control, revenge, or punishment upon a person with whom the partner is in a intimate relationship. An intimate relationship is defined as a relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of a child, regardless of whether the persons have been married or lived together at any time.

**As an associate, what do I do if I suspect abuse?**

- **Notify the Charge Nurse/Manager and Case Management during regular shift hours, after hours, notify the House Supervisor**
- **Refer to facility specific policy and/or unit manager for detailed information on reporting abuse.**



## A Key Part Of Patient Safety

### Teamwork

TJC Standard HR 2.30

St. Vincent's Health System and The Joint Commission (TJC) believe that teamwork has a direct impact on patient care. TJC standard for team training reads as follows:

- Ongoing education, including inservices, training, and other activities, maintains and improves competence.

Element 5: Ongoing in-services, training, or other education incorporate methods of team training when appropriate.

### Teamwork is more important today than ever!

In a world where healthcare is changing daily, teamwork is more important than ever before. We are all struggling to manage a complex system that has inherent dangers such as:

- Complicated equipment,
- Biohazardous waste,
- Radiation,
- Acutely ill patients,
- Nosocomial infections

The list could go on.

Lack of teamwork or functioning in a vacuum can have adverse effects on:

- Patient safety,
- Financial outcomes, and
- Staff and customer satisfaction.

One way to address these issues is to establish good communication and teamwork. In 1999, the Institute of Medicine (IOM) published a landmark report on patient safety titled, "To Err Is Human". They estimated that up to 98,000 people die annually from patient safety issues. This has cost the nation approximately 29 billion dollars. These errors are often made by highly skilled individuals and are generally the result of system failures, not substandard individual performance. Despite our best intentions, mistakes happen, and the individual involved is often blamed for the error.

In July 2004, The Joint Commission (TJC) noted in a Sentinel Alert, that most cases of death and injury are caused by problems with an organization's culture and miscommunication. This prompted TJC to recommend that organizations conduct team training to teach staff to work together and communicate more effectively.

O'Brian & Keefe (2006), reported that nurses rate teamwork and attitude as what is most important for them to remain in a particular job. While most hospital employees feel they already work in teams, the truth is that they don't. We confuse working in groups with working in teams. Webster's defines a group as *a number of persons or things gathered together forming a unit; cluster; band*. Teams are groups that have united for a common purpose (i.e. sports teams playing together to win a national championship, super bowl, or hospital process improvement teams to initiate a new change in clinical practice or new policy).

A team has **one** common goal...All partners must work toward one common goal. Every interaction matters. Striving for a common goal means that everyone needs to work together and everyone understands their value to the team. John Donne, a 17th Century English poet, spoke of teams in his famous quote: ... "*no man is an island, entire of itself; every man is a piece of the continent, a part of the main.*" Thus, can any of us say that we work alone? Working together in collaborative relationships is essential to delivering a seamless continuum of care and ensuring the best possible patient outcomes in a safe environment.

Teams need to acknowledge the need for each and every member of the team and the diverse contribution each member brings to the team. Teams acknowledge the need for **Interdependence**. A team has the ability to connect across common divides. For example: across departments, job functions and assignments. Team members need one another's knowledge, skill, and resources to produce something together that they could not have accomplished alone.

St. Vincent's Health System recognizes the importance of teamwork. Our mission and vision embrace teamwork concepts and our core values outline how associates and non-associate should demonstrate teamwork. The following are some examples of teamwork outlined in our core values:

### **Service of the Poor**

- acknowledging that every staff member is an advocate and a servant made in God's image
- building relationships and collaborating with other for the common good

### **Reverence**

- being sensitive to the goals and needs of co-workers
- listening when others are speaking, showing respect for their opinions and concerns

### **Integrity**

- working diligently to make the workplace more just, more spiritual, and more ethical
- providing a professional work environment that is free from harassment

### **Wisdom**

- holding high expectations of myself and others; no one ever rose to low expectations
- recognizing and affirming excellence of associates, physicians and volunteers

### **Creativity**

- being flexible and willing to assist when another's workload is excessive
- being open to the possibility of change with a positive attitude

### **Dedication**

- demonstrating commitment to accomplishing the goals of my unit/department and the organization
- using teamwork to solve problems

Through **teamwork** we can reach Ascension Health's Call To Action

Healthcare That Works  
Healthcare That Is Safe  
Healthcare That Leaves No One Behind