



TEMPORARY / CONTRACT EMPLOYEES ORIENTATION HANDBOOK



Revised 03/14

Welcome to Methodist Health System!

METHODIST HEALTH SYSTEM MISSION, VISION, AND CORE VALUES

Methodist Health System (MHS) is a regional network of health care providers and educators who share a dedication to providing high quality, affordable health care to people of Nebraska and southwestern Iowa. Established in 1982, MHS was the first health system to be created in the region. Through its affiliates, MHS has developed health care programs that have become national models. Methodist Health System includes the following organizations:

- ◆ Methodist Jennie Edmundson
- ◆ Nebraska Methodist College
- ◆ MHS - Corporate Offices
- ◆ Methodist Hospital
- ◆ Methodist Women's Hospital
- ◆ Methodist Hospital Foundation
- ◆ Methodist Physicians Clinic
- ◆ Shared Service Systems

MISSION

Improving the quality of life through excellence in healthcare.

VISION

We will be the provider of choice for healthcare in the community we serve.

VALUES IN OUR WORKPLACE (CULTURAL COMPETENCE AND DIVERSITY)

As employees of MHS, we recognize the importance of respecting the individual differences of our co-workers, patients, and customers through our core values and employee standards of behavior. These differences may include such areas as age, race, creed, ancestry, national origin, color, religion, ethnicity, gender, disability, marital status, veteran status, socioeconomic factors, sexual orientation or gender identification.

We believe the differences in background, outlook, and experience we all bring to the table make us a well rounded team. Does it present challenges? Yes! But by working together towards our common goal – the patient – we can overcome any challenge.

There are many opportunities to learn about various differences and similarities we share. There are also resources on mhsintranet, under Cultural Competence and Diversity. You are strongly encouraged to take advantage of these resources.

Affirmative Action

Methodist is an Equal Employment/Affirmative Action employer, meaning that it is committed to providing equal employment opportunity to all applicants and employees, regardless of their race, color, gender, religion, national origin, sexual orientation, gender identity and disabled or veteran status. Specifically, Methodist is required to comply with the requirements of Executive Order 11246, as amended, related to affirmative action; Section 503 of the Rehabilitation Act and the Americans with Disabilities Act, covering the employment of the disabled; and Section 402 of the Vietnam Era Readjustment Assistance Act of 1974, covering the employment of veterans. As part of these obligations, Methodist is required to monitor and analyze its employment practices to ensure equal employment opportunity for all individuals, regardless of their membership in any protected class. Should you have any concerns or suggestions on how to better promote equal employment opportunity, please contact 402-354-2200.

CORE VALUES

*We are patient centered, patient driven.
We honor and respect the dignity of all.
We strive for excellence and push beyond.
We work as one.
We are dedicated to serving our community.*

MHS STANDARDS OF BEHAVIOR

The Standards of Behavior are a powerful tool for building a culture of Service Excellence. The Standards of Behavior set the rules by which employees behave and are held accountable.

Employee Standards of Behavior

As a MHS employee, I am committed to being respectful, courteous, and providing exceptional care and service to our patients/customers, their families and to each other.

I take responsibility to:

- Ensure every person, be they: patient, family member, physicians, volunteers, customer, etc. in our facility is treated with dignity and respect.
- Respect our customers' values, privacy and environment.
- Value our customers' time. I understand they are the reason I am here.
- Meet each patient/customer's immediate need or take them to someone who can meet their needs adequately.

Compassion and Courtesy - As a Methodist Employee, I am committed to Service Excellence.

I take responsibility for every patient/customer in our facility. I am committed to:

- Welcoming and acknowledging patients/customers, physicians, and each other in a friendly manner by smiling, making eye contact, greeting them, and introducing myself.
- Making people feel welcomed by giving every person who approaches me, my undivided attention.
- Being courteous and kind to patients/customers and families in our facility, addressing them with "please", "thank you", and "you're welcome".
- Listening to concerns intently and completely, and then answering questions in a calm, patient, and empathetic manner.
- Offering assistance when required to make our patients/customers feel safe and secure, even if I am not directly responsible for the care of that particular patient/customer.
- Keeping other members of my team and my patients/customers updated on procedures and/or delays, so everyone is aware of changes in timeframes and circumstances.
- Listening to patient/customer concerns, apologizing and resolving issues with empathy for them while striving to enhance the image of our institution, utilizing the Customer Service Recovery Policy when necessary.
- Thanking our patients/customers for choosing our organization by my words, attitude, and actions.
- Welcoming and mentoring all students (nursing, medical, pharmacy, therapists, etc.) as a commitment to education and accepting them as part of our team with kindness and courtesy.

Ownership and Pride - As a Methodist Employee, I take ownership and pride in our organization and in my individual job.

I take responsibility to:

- Conduct myself in a professional manner that displays ownership, pride, and compassion through actions, appearance, and attitude in front of patients/customers and each other at all times, according to Methodist's Core Values.
- Keep personal and work problems away from patients/customers and/or families. If I have a problem/concern, I will talk with my supervisor in a private place and/or use the services of Methodist's

Employee Assistance Program (EAP).

- Know, understand, and accept the responsibilities of my job and related policies and procedures.
- Strive to do my job right the first time and every time by paying attention to details and completing tasks in a timely manner.
- Take pride in my personal appearance and in the appearance of our facilities. (Adhering to dress code policies, picking up litter and disposing of properly, ensuring spills are properly cleaned up, informing Housekeeping Department when necessary, and returning equipment to its proper location.)
- Recognize that a warm and friendly smile is reassuring to all our patients/customers, especially those who are ill, anxious or afraid.
- Accept criticism without becoming defensive or angry and use it as a mechanism to help me improve.
- Understand it is my responsibility to keep current on information that is sent to me via email, posted on mhsintranet, and/or presented at unit meetings.
- Take pride in my work environment by offering suggestions for improvements for patient/customer care.

I am dedicated to:

- Adhering to policies.
- Contributing to the safety and security of the working environment by reporting all safety accidents/incidents immediately.
- Wearing my identification badge where it can be seen by others to assure our customers of my identity and my role, and increase their feeling of safety. I will introduce myself by name and by my role so others will know exactly who I am.
- Confidentiality by:
 - Conducting any conversations (phone, voice care, report, and face-to-face) with patients/customers and their families in a private area.
 - Communicating with patients and their families in the most private way feasible, closing doors or curtains when indicated and assisting physicians to do the same.
 - Always knocking or announcing my presence before entering a patient's room and closing curtains or doors during examinations, procedures, or whenever needed.

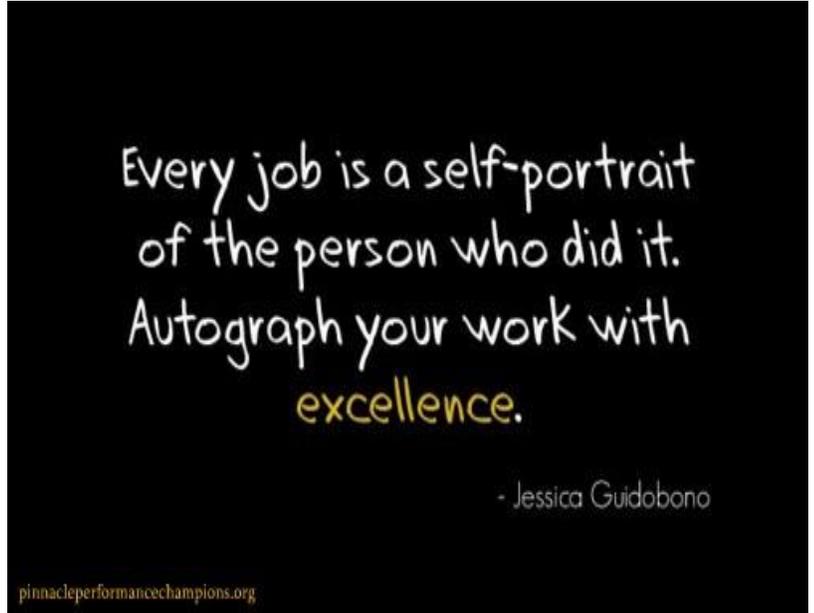
Commitment to Safety - As a Methodist Employee, I understand that keeping our patients and ourselves safe is everyone's responsibility.

I take responsibility to:

- Practice safety because it is the right thing to do for our patients/customers, their families and my co-workers.
- Know the policies and procedures of our institution relating to safety.
- Be prepared for emergencies and know the correct actions to take in the event of an emergency.
- Ensure patient safety by checking armbands before performing any procedure or administering any medication.
- Take responsibility for identifying and protecting patients/customers at risk for injury.
- Keep all patient/customer information confidential, only sharing if there is a "need to know".
- Promptly respond to all alarms and take necessary action.
- Be aware of potential hazards and wear personal protective equipment when appropriate.
- Identify safety hazards as they are seen, correct and report as necessary.
- We will keep ourselves fit and practice good body mechanisms to prevent back and shoulder injuries, especially when lifting, pulling or carrying.
- Ask for help when necessary.
- Be proactive in identifying and reporting mistakes so we can learn from them and make recommendations to prevent future mistakes.
- Promptly report any job-related injury.
- Utilize the services of employee health department and its designated physician for any work related incident.

Service Excellence

- While Methodist has always had a strong commitment to Service Excellence and providing excellent quality care to our patients, Health Care Reform creates a closer tie between our performance with regard to Patient Satisfaction and the designated quality measures. This means that if we fail to achieve certain scores for patient satisfaction and the quality measures, we will lose money. HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems- the government's tool to measure patient satisfaction) survey questions address:
 - Communication with staff and doctors
 - Responsiveness of staff
 - Pain Management
 - Communication about Medications
 - Cleanliness and Quietness at night



The scale is *never, sometimes, usually, or always*. The only answer that is measured is *ALWAYS*.

Every employee in our organization has the opportunity to influence *ALWAYS*. All employees shape the patient's experience of receiving excellent quality care *ALWAYS*. So what can you do? Create an experience, every day for every patient and their family that exceeds their expectations, consistent with our Core Values and Standards of Behavior that will demonstrate that we are *ALWAYS* ...METHODIST, THE MEANING OF CARE.

Every day, every shift, every interaction shapes our patients' perceptions of us. Patient satisfaction is an all-hands-on deck priority. Are you living the Meaning of Care with consistent service excellence on an *ALWAYS* basis? Here's what you can do to positively influence our patient's satisfaction and our continued success.

- "Good morning", "Good afternoon" when answering the phone
- Greet and interact with people warmly. Smile and tell them your name.
- Take pride in your job, appearance, team and teamwork.
- Smile
- Pick up litter on campus.
- Speak softly and minimize noise in patient care areas.
- Smile
- Look for unmet needs, new efficiencies and cost savings.
- Always ask if there's anything else you can do for them.
- Find ways to go above and beyond.
- Smile



In addition to providing excellent service, you also need to **not** engage in behaviors that undermine a culture of safety, such as:

- Failure to report a potential medication error.
- Failure to safely dispose of Sharps.
- Failure to wash your hands between patients.
- Failure to report water that has spilled in a hallway.
- Failure to use proper lifting techniques or ask for help when lifting.

What have you done for our customers today?

CORPORATE COMPLIANCE PLAN

COMPLIANCE

Each of us has the responsibility to make sure that Methodist Health System fully complies with all of the federal and state laws and regulations that govern healthcare. We must make sure we do not personally (or that Methodist Health System as an organization does not) engage in any inappropriate or illegal behavior. Such behavior includes, but is not limited to:

- ◆ Falsifying, forging or altering records, bills or other documents
- ◆ Stealing or misappropriating funds, supplies, property or other MHS resources
- ◆ Accessing or altering computer files or patient records without authority
- ◆ Falsifying reports to management or external agencies
- ◆ Violating the MHS conflict of interest policy
- ◆ Accessing or sharing patient information without a work-related need to know
- ◆ Storing patient information on mobile devices without working through IT to secure the device
- ◆ Failing to comply with OSHA guidelines

1. CORPORATE COMPLIANCE PLAN

The Methodist Health System Corporate Compliance Plan applies to all employees, agents, and affiliates of MHS. The Compliance Plan includes the Code of Conduct, Conflict of Interest, Confidentiality/HIPAA (Health Insurance Portability and Accountability Act), Information Systems Security/HIPAA, and Fraud and Abuse. All MHS employees must report suspected or known compliance issues by employees, physicians, outside contractors, vendors, or others.



2. DESIGNATED COMPLIANCE OFFICERS

Each Methodist Health System affiliate has a designated Compliance/Privacy contact person. Their names and contact information are listed on the Compliance/Workplace Safety page located under Resources on mhsintranet.

Methodist Health System Corporate – Tracy Durbin – (402) 354-2174

Methodist Hospital – Mary Meysenburg – (402) 354-4667

Methodist Women’s Hospital – Mary Meysenburg – (402) 354-4667

Methodist Jennie Edmundson – Kim Lammers – (712) 396-6084

Methodist Physicians Clinic – Mary Thomas – (402) 354-5616

Human Resources issues may also be directed to Sue Maheux – (402) 354-2220

IT security issues should be reported to the MHS IT Security Officer, Brandon Eaves – (402) 354-2151

3. COMPLIANCE EDUCATION

FEDERAL FALSE CLAIMS ACT

What it does:

The False Claims Act allows a civil action to be brought against a health care provider who:

- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to the government or a government agency;
- Knowingly conceals or retains an over-payment made by the government or a government agency;
- Knowingly makes, uses or causes to be made or used a false record or statement material to a false or fraudulent claim; or
- Conspires to defraud the government by getting a false or fraudulent claim allowed or paid

Examples of a false claim:

- Billing for procedures not performed
- Billing for 3 units when only 2 units were administered
- Incorrectly describing services or goods provided to a patient
- Retaining an over-payment made by Medicare or Medicaid
- Violating another law. For example, submitting a claim appropriately, but the service involves an illegal relationship between a physician and the hospital (i.e. the physician received kick-backs for referrals)

Whistleblower protections:

Both Federal and state laws prohibit an employer from disciplining or terminating an employee because the employee reported or otherwise assisted in a false claims action. For further information, go to the Compliance Reporting link on mhsintranet.

What you should do if you think Methodist Health System may have made a false claim:

If you see something that is not right, or looks like one of the examples of a false claim discussed earlier, MHS encourages you to:

- Report it to your supervisor for further investigation. If you are not comfortable doing this or do not see action in response to your report;
- Call the MHS Compliance Reporting Line at (402) 354-2174
- Go to www.bestcarecompliance.org (or the Compliance/Workplace Safety link located under Resources on mhsintranet...click on the Compliance and/or Workplace Safety Reports link) and make an electronic report.
- You are not required to report a possible false claims act violation to MHS first. You may report directly to the federal Department of Justice.

MHS will not retaliate against you if you inform MHS or the federal government of a possible false claims act violation.

MHS has several policies related to preventing, detecting and investigating fraud and abuse. These policies are all available on mhsintranet and include:

- Billing Compliance Monitoring
- Conflict of Interest
- Contracting
- Corporate Compliance Plan (Code of Conduct section)
- Medicare Cost Report Preparation and Compliance
- Preferred Vendor Agreements

If you have any questions about this information, please review the policies listed above or call Methodist Health System Corporate Compliance at (402) 354-2174.

CONFLICT OF INTEREST

When employees mix personal interests with job responsibilities, potential problems can arise. A “conflict of interest” is defined as “a clash between the private interests and the official or professional responsibilities of a person.” Additional information regarding Conflict of Interest can be found in the **Conflict of Interest Policy**.



**CONFLICT OF
INTEREST**

An employee may have a potential conflict of interest if he or she, or a member of his or her family has a financial interest in a company that:

- ◆ Provides goods or services to MHS or an Affiliate
- ◆ Purchases goods or services for MHS or an Affiliate
- ◆ Engages in any other business or financial transaction with MHS or an Affiliate
- ◆ Directly competes with MHS or an Affiliate

If a conflict exists, we must make sure that any business transaction between the parties is at “fair market” value and document how we came to that determination.

To avoid other types of conflict, do not participate in activities that conflict with your position. In addition, do not accept personal gifts or favors from a patient, physician, contractor, supplier, customer, or anyone who does business with MHS. Limited exceptions are noted in the **Gift and Solicitation Policy**.

HIPAA / Privacy

HIPAA established basic rules to protect our patients’ privacy. The HIPAA Privacy regulations set certain minimum standards for how “protected health information,” or PHI, can be used and disclosed. **The HIPAA rules apply to our entire “workforce” including our physicians, students, and volunteers.**

Patient Rights Under HIPAA

Under HIPAA, patients have certain specific rights and covered entities have certain specific responsibilities. Patients have the right to:

- Receive a Privacy Notice

- Access their health record
- Amend (clarify or challenge) their medical record
- Request a list of when and why their confidential information was released
- Request restrictions on the use and disclosure of their confidential information
- File a complaint if they believe their rights were violated

HIPAA requires that we have a patient's written authorization to use or share their PHI, except if we are doing so for:

- Treatment purposes;
- Payment purposes; or
- Health Care Operations

These exceptions permit us to use PHI to provide care to our patients, bill for the services we provide, and do various other activities needed to stay in business -- without getting patient permission. Because state laws and our own policies may be stricter than HIPAA, always check with your supervisor or a Privacy Officer if you are unsure if we need patient authorization.

Remember that you must always have a work-related need to access or share patient information. Do not allow your curiosity or desire to check on a friend or family member get you into trouble!

Confidential information includes, but is not limited to patient information. Examples include:

- ◆ Patient name, birthdate, or Medical Record Number (MRN)
- ◆ Patient diagnosis
- ◆ Patient test results
- ◆ Patient social history
- ◆ Patient's insurance information
- ◆ Personal information about employees
- ◆ Computer user names and passwords
- ◆ MHS financial information

We preserve patient privacy and confidentiality by:

- ◆ Keeping patient information confidential and secure
- ◆ Using or disclosing patient health information **only** for work-related purposes
- ◆ Referring **ALL** requests from the media to the MHS Marketing Department
- ◆ Using and disclosing only the minimal necessary information to get the job done
- ◆ Remembering the following rules:
 - ◆ Small steps like logging out of computer applications when they aren't being used, talking in a quiet voice, and avoiding conversations about patients in public areas are important.

- ◆ Do not access computer or paper records involving either patient care, coding or billing for **anyone** without a **valid work reason** to do so.
- ◆ Do not share patient information unless the person you are sharing with has a “need-to-know” the information.
- ◆ Do not share **non-patient** information that is confidential (i.e. phone numbers, salaries).
- ◆ Do not use your Cerner access to “assist” a co-worker in looking up patient information.

Examples of Breaching Confidentiality

- ◆ Telling a co-worker his/her relative is a patient
- ◆ Telling your co-worker how a relative’s treatment is going
- ◆ Accessing and sharing financial/insurance information about a co-worker who is a patient
- ◆ Going into the computer system to see a co-worker’s information because you are curious, concerned, etc.
- ◆ Sharing information about MHS financial issues
- ◆ Sharing your computer sign-on/password(s) with fellow employees or your supervisor
- ◆ Looking up your spouse’s medical record
- ◆ Accidentally giving one patient another patient’s Discharge or Visit Summary
- ◆ Accidentally mailing a patient’s statement to the wrong address
- ◆ Sending a fax to an unconfirmed number which turns out to be someone different than the person you meant to send it to
- ◆ Looking up information about a patient for a friend or co-worker.

HIPAA BREACH NOTIFICATION REQUIREMENTS

- If you **know** or suspect a **patient’s information has been inappropriately accessed or shared, notify your affiliate Privacy Officer immediately**, even if the disclosure was an accident. HIPAA regulations require us to personally notify patients if their information has been inappropriately accessed or shared. Because the notification must be made within a very short time, prompt reporting is critical!
- All MHS employees, students, physicians and volunteers must report any accidental or inappropriate disclosure of patient information immediately to their affiliate Privacy Officer.

HOSPITAL DIRECTORY

HIPAA does allow hospitals to keep a “directory” of current patients. The information in the directory can include **name, location in the facility, and religious affiliation.**

- ◆ Unless the patient is a “no information patient” (sometimes called a “VIP”), the patient’s room number may be given to anyone who asks for the individual by name.
- ◆ Information about a patients’ religious affiliation may be shared with members of the clergy, unless the patient directs otherwise.

HIPAA / Security

The HIPAA Security Rules protect all Personal Health Information (PHI) stored or transmitted using an electronic device. Electronic devices include any system where data and/or voice information is processed, stored or transmitted, including:

- ◆ Computer systems
- ◆ Computer storage devices (i.e., laptop, mobile devices, CD-ROMs, thumb or flash drive)
- ◆ Voice mail
- ◆ FAX machines
- ◆ Telephones



Information Security Policy

The MHS Information Security Policy helps us:

- 1) comply with all applicable federal, state, and local laws;
- 2) protect Methodist Health System's (MHS) information resources from unauthorized access and damage; and
- 3) maintain the confidentiality, integrity, and availability of all information systems supporting the mission and functions of NMHS.

USE OF INTERNET AND E-MAIL

The Acceptable Use Standard permits limited personal use of the Internet and e-mail:

- Authorized Users must use good judgment regarding the reasonableness of personal use. MHS management reserves the right to define and approve what constitutes reasonable personal use. Personal use of MHS Electronic Resources must never interfere with work or the ability of MHS to use its resources for business purposes. Prior use of a MHS Electronic Resource for personal use does not necessarily constitute continuing approval.
- All personal use must be consistent with the Information Security Policy and the highest standards of ethical conduct. Personal use must not violate policies, statutes, contractual obligations, or other standards of acceptable behavior. Under no circumstances may an MHS User engage in any activity that is illegal under local, state, federal or applicable international law while using MHS Electronic Resources.
- MHS systems may not be used to solicit business, sell products, or otherwise engage in commercial activities unless expressly permitted by MHS management. Except as authorized by MHS, use of MHS systems or data for personal business, political campaigning, or other commercial purposes is prohibited.
- MHS e-mail, instant messaging or other electronic communications systems may not be used to create or distribute any disruptive or offensive messages, including offensive comments about race, gender, disabilities, age, sexual orientation, pornography, religious beliefs and practice, political beliefs, or national origin. Users must not create or disseminate defamatory, discriminatory, vilifying, sexist, racist, abusive, rude, annoying, insulting, threatening, obscene or otherwise inappropriate messages or media. Remember that your e-mail message may be forwarded on to others without your knowledge or consent. Because all

forwarded e-mails still have the MHS privacy and intended use disclaimer footer, they are identified as coming from MHS.

- If you receive any offensive e-mail from another employee, please report the matter to your supervisor immediately.
- Confidential information should not be sent via e-mail, regardless of the recipient without proper authorization and encryption. If an e-mail containing Protected Health Information (PHI), credit card account numbers or other personally identifiable information (PII) is sent to any non-MHS e-mail recipient, it is automatically encrypted using ZIXMail. Encryption occurs automatically and you may not be aware your e-mail is being encrypted. The recipient of the e-mail must follow specific instructions to open the message. Call the IT Service Desk if you have any questions about e-mail. You can also type “ZIXIT” in the e-mail subject line to ensure the e-mail is encrypted.

More information about the use of MHS IT systems, including e-mail, internet, and other resources, is available on mhsintranet under Policies, Corporate Offices, Information Technology, Information Security Policy and the Acceptable Use Standard.

4. REPORTING / COMMUNICATION

If you have a question or need to make a compliance report, your supervisor may be able to help. You can also ask compliance questions or make reports directly to your affiliate Compliance Officer or the Corporate Compliance Officer. You can call the Corporate Compliance Reporting Line at (402) 354-2174, send an e-mail, or make an electronic report by using the Compliance/Workplace Safety or HIPAA link on mhsintranet under Resources.

The electronic Compliance Reporting system can also be accessed from **any** computer with internet access at www.bestcarecompliance.org.

Although we encourage you to provide your name when making a report, *you can make a report on an anonymous basis* using the Reporting Line ((402) 354-2174) or the electronic Compliance Reporting system.

- We investigate and handle all reports on a strictly confidential basis.
- We do not retaliate or discipline any employee for making a compliance report.
- Patient safety and physical security issues, including most patient complaints, parking tickets, etc., should not be reported through the Compliance Reporting system.

5. Monitoring – How We Audit

The MHS Compliance, IT and Internal Audit departments regularly review our compliance with federal and state laws and regulations. We report the findings of our audits to the Methodist Health System Board of Directors on a regular basis.

MHS IT systems record and monitor access to our systems, including CERNER, information security incidents, events and weaknesses. Logs are regularly reviewed and analyzed for evidence of inappropriate or unusual activity.

MHS reserves the right to monitor and record the usage of all computing resources as necessary to evaluate and maintain system efficiency, ensure compliance with MHS policies and applicable laws and regulations, and monitor employee productivity. E-mail communications are also subject to review.

MHS may also monitor and record the system usage by individuals under the following circumstances:

1. There is reason to believe that activities are taking place contrary to this policy or state or federal law.
2. To respond to an administrative court or judicial court order.

3. To respond to a request for discovery in the course of litigation.
4. To respond to a public record request for files which are deemed public records under public records laws.

MHS may use information obtained in disciplinary or criminal proceedings.

6. Investigation/Response to Concerns and Complaints

Every compliance concern, regardless of whether it is received via telephone, e-mail or through the electronic compliance reporting system, is promptly and fully investigated. Depending on the results of the investigation, we take whatever action is necessary and appropriate to make sure that we are in full compliance with all applicable laws and regulations. Every MHS employee has a role to play in ensuring that we comply with applicable laws and regulations.

7. SANCTIONS

Anyone who violates MHS policy faces corrective action based upon the MHS Behavioral Improvement/Corrective Action Guidelines. Sanctions may include, but are not limited to verbal or written warning, suspension, termination, suspension of the right to access the MHS IT Network, and/or termination of other privileges. MHS may also notify law enforcement officials, and regulatory, accreditation, and licensure organizations.



Your Compliance Resources

Contact your Supervisor, MHS Privacy Officer at (402) 354-2174 or Brandon Eaves, MHS IT Security Officer at (402) 354-2151, with questions or concerns about HIPAA Privacy or Security. Notify your Privacy Officer immediately any time you know or suspect a patient's information may have been compromised – whether by loss, theft or accidentally.

TOBACCO-FREE ENVIRONMENT

It is the policy of Methodist Hospital, Methodist Women's Hospital, MHS Corporate Offices, Methodist Jennie Edmundson and Methodist Physicians Clinic to provide an environment free of tobacco use. We are all accountable for compliance with the Tobacco-Free Environment policy. Tobacco use is not permitted on hospital property, clinic property, or MHS Corporate Offices property, to include parking lots/garages and vehicles parked on company property. Tobacco use in unauthorized areas may be subject to corrective action, as outlined in the Behavioral Improvement/Corrective Action guidelines.

For additional information, see the Tobacco Free Environment policy.

PATIENT / CUSTOMER SAFETY

Methodist Health System's goal is to provide a culture and environment committed to safety and minimizing risk. Safety of our patients, customers, visitors, and employees is our first priority. Therefore, continuous monitoring and evaluation of our processes is vital. Each person has accountability for safe practices and initiating actions to resolve the unsafe behavior.

- Our patients expect our team to **ALWAYS**:
 - Provide a clean and quiet environment to heal in
 - Communicate clearly about our role by introducing ourselves and telling them about our skills
 - Provide the RIGHT procedure, RIGHT medication, RIGHT diagnostic test, RIGHT meal.

- Protect them from harm - hospital acquired infections, falls, medication errors.
- Communicate clearly the plan for the day
- Educate about self care after discharge

Reporting Unanticipated Adverse Events (Variance/Incident Reporting)

When an incident occurs or the potential for any happening that is not consistent with the normal or usual operation of the hospital or department, a report is filed. This report provides an internal reporting mechanism for identification, assessment, and reduction of risks to patients, visitors, and hospital staff.

The report should be completed by the employee who witnessed the occurrence or by one in a position to review the circumstances, making the report as factual as possible.

To report the incident/unanticipated adverse event, go to the home page of the Intranet, and select “Patient Safety Variance Reporting.”

The screenshot shows the mhsintranet website interface. At the top left is the mhsintranet logo. To the right is a search bar and a user greeting: "Welcome, Jean Mace" with a "LOGOUT" link. Below this is a horizontal navigation bar with links: Home, Directories, Forms, Human Resources, Jobs, Learning, Policies, Resources. On the left side, there are three vertical menu sections: "QUICK LINKS" (listing Bestcare, Cafeteria Menus, Cerner News, Contact Us, Departments, Employee Connections, I.T. Service Desk, Just for Nurses, Just for Physicians, SDS Safety Data Sheets, Teams), "FOR YOUR PATIENTS" (listing Clinical Applications, Forms and Orders, Patient Information, Patient Resources), and "SYSTEM SHORTCUTS" (listing Crimson, Employee Self Service, Kronos, Lawson, Manager Self Service). The main content area is divided into three columns. The first column is titled "ANNOUNCEMENTS" and lists several news items with dates. The second column is titled "Quality and Safety" and contains a list of links: "Anso's Illness Form", "Patient Safety Variance Reporting" (highlighted with a red box), "SDS Safety Data Sheets", "Must Wear a Mask During Flu Season", and "Must Wear a Mask During Flu Season - MJE". The third column is titled "Updated Policies" and lists various policy updates with dates, such as "Absenteeism/Attendance Policy" and "Cerner Downtime -MH/WH/JEH".

Violence, Abuse and Neglect

As members of the health care community, we each have a special duty to be aware of the safety and well-being of our patients, our visitors and ourselves at work.

Threats in our workplace may take the form of angry co-workers, patients or visitors, co-workers or patients who are suffering from domestic violence or patients experiencing other mistreatment or abusive conditions at home. We are obligated to pay attention and do something if the situation warrants our intervention.

Employees, as you know, are screened in a variety of ways prior to being hired. Candidates are interviewed by more than one person, past employment is verified, and references are completed prior to offers being extended.

Sometimes difficult life situations affect us. We each have the responsibility to be aware of and report behavior that is not consistent with our core values.

- Employees are encouraged to review the policy titled [Workplace Disturbance \(Violence in the Workplace\)](#) for more information.

Again, it is important that we be observant and know what to do in the event we suspect patient mistreatment or abuse, whether in or outside the health care setting. Patients or visitors who exhibit behavior as noted above may need to be observed more carefully. Additionally, there are four types of Elder Mistreatment:

1. Abuse- Conduct by a responsible caregiver or another person that constitutes "abuse" under the applicable federal or state law, such as kicking, punching, slapping, or burning.
2. Neglect- An act of omission by a responsible caregiver that constitutes "neglect" under the applicable federal or state law, such as withholding food, medication, hygienic assistance, or health care.
3. Exploitation- The inappropriate use of resources for personal gain, such as use of the person's home without consent, use of her or his money for personal expenses, and withdrawal of care until funds or property are given.
4. Abandonment- A caregiver's precipitous withdrawal of care, services, or companionship.
(Adapted from Panel to Review Risk and Prevalence of Elder Abuse and Neglect, et al., editors. *Elder mistreatment: abuse, neglect, and exploitation in an aging America*. National Research Council. Washington, D.C.: National Academies Press; 2003.)

Any member of the Health Care team should notify a supervisor if he/she has concerns about any of these issues. The supervisor should notify the Social Work department to complete an assessment. At Methodist Physicians Clinic, the supervisor should notify the treating physician so that he/she may address these concerns and/or report as required.

Remember, the safety and well-being of our patients, our visitors and ourselves at work is the responsibility of all of us!

ADVANCE DIRECTIVE

Advance Directive is any written instrument which documents a patient's healthcare choices, or which appoints / designates another individual to make healthcare choices on behalf of the patient. A patient's Advance Directive status will be documented on the patient's medical record.

Methodist Health System understands adult patients generally have the right to agree, to refuse, or otherwise limit, the medical care they receive. We will respect this right in accordance with state law.

The two types of Advance Directives recognized under Nebraska and Iowa law are:

- Living Will Declaration of the Rights of the Terminally Ill Act
- Durable Power of Attorney for Healthcare

It is the responsibility of the patient, family member, or adult to obtain and furnish a *copy* of the Advance Directive to healthcare providers. The patient keeps the original.

Resources are available to assist the patients in understanding and developing an Advance Directive if they do not have one. At Methodist Hospital and Women's Hospital, a chaplain/administrative coordinator are available and at Methodist Jennie Edmundson, a social worker will assist. Patients and families are encouraged to bring an existing Advance Directive to the hospital. At Methodist Physicians Clinic, physicians should query patients regarding the existence of an advance directive and request a copy for the medical record.

PATIENT RIGHTS AND RESPONSIBILITIES

A patient has the right to personal dignity, to express their needs, and to be involved in the decision-making process involving their care. These are known as "Patient Rights." A patient also has a responsibility to behave in a reasonable and appropriate manner. These are known as "Patient Responsibilities."

Methodist Health System respects and honors our patients' rights and responsibilities – it's **How We Do Our Work**. Following are some examples of each.

Patient Rights:

- Access medical services
- Respect and dignity
- Privacy and confidentiality
- Personal safety
- Know identity and professional status of healthcare provider
- Consent in healthcare decisions
- Information on the treatment plan
- Consult with a specialist upon request
- Consent, refuse, or limit treatment
- Billed only for services provided
- Pain management needs met
- Receive information in a language he/she can understand
- Be protected and respected during research, experimentation, or clinical trials
- Communicate with people outside the facility, unless his/her physician determines this will hinder treatment
- Transfer to another facility with a complete explanation, and to be informed of continuing care following discharge
- Freedom from mental / physical abuse, or unnecessary restraints, unless clinically necessary, and to have access to protective services

Patient Responsibilities:

- Provide correct and complete information about his/her current health complaints, prior illnesses, hospitalizations, medications, and changes in matters relating to his/her health.
- Comply with hospital rules and regulations and cooperate with health personnel as they implement the ordered plan of care.
- Provide copies of a living will or other advance directives.
- Responsible for his/her actions if treatment or instructions refused.
- Assure financial obligations are fulfilled as promptly as possible.
- Considerate of the rights of other patients, hospital personnel, assist in noise control of his/her visitors, and respect the property of others.
- Responsible for any property / valuables kept in his/her possession.

MATTERS OF CONSCIENCE

Working in the healthcare industry, there may come a time when you're uncomfortable performing certain tasks or procedures due to personal beliefs. Examples are: termination of pregnancy, termination of life support systems, administering certain medications, and treating patients with communicable diseases. If this happens, you should:

- Express your objections to your supervisor in writing in advance
- Ask not to be assigned to that type of duty in the future

The care of the patient is the top priority. Every reasonable attempt will be made to accommodate such requests. However, if a reasonable accommodation is not possible, you will be required to complete the care of the patient. For ongoing concerns, talk to your supervisor.

ETHICS IN HEALTHCARE DECISIONS

Methodist Hospital and Women's Hospital have a process for ethical dispute resolution that provides assistance for clinical staff, patients and families to manage ethical issues and disputes available 24 hours, 7 days a week. Ethical issue concerns

should be brought to the attention of the Core Nurse, who will act as the Facilitator to identify who should be involved and ensure the process progresses. For any questions, you may also contact the House Supervisor to help initiate the process. (See Ethical Issues Resolution Process Policy, in Administrative section for details.)

Methodist Jennie Edmundson's process for resolution of ethical disputes is similar. Disputes related to patient care requiring immediate intervention should be referred to social workers and /or MHS/MJE Compliance Officer, Vice President of Patient Services or the Administrative Coordinator for assistance. If further ethical consultation is required, a phone query of the available members of the Ethics Committee may be obtained for a consensus recommendation. (See Institutional Review Board/Ethics Committee Policy, in MJE Administrative section for details.)

The Meaning of Care – Patient Population Specific

Bariatric Awareness

Obesity has evolved over the last 20 years due to changes in diet, exercise, the rise of fast foods and a more sedentary way of life. Obesity is a health care condition that deserves the same quality of care and respect as heart disease, diabetes or cancer. Social, environment and employment stigmas have caused us to raise our awareness of the care of bariatric patients. Methodist Hospital is a Bariatric Center of Excellence. To maintain this status, we provide awareness training to our employees who have contact with bariatric patients.

The Future is Here: Caring for Older Adults

Methodist has a long history of providing best care to older adults.

In 2006 Methodist Hospital and 2013 Methodist Jennie Edmundson became **NICHE** hospitals (**Nurses Improving Care for HealthSystem Elders**). This designation means that we've taken steps to promote a culture of being "elder friendly", and to educate our staff to provide sensitive care to patients age 65 and older.

In 2010 Methodist Hospital was designated as an *AgeWISE* hospital which means we provide a nurse residency program on caring for elders at the end-of-life.

Both of these designations show that not only nursing but *all health care staff* have a commitment to promote a culture of being "elder friendly" and by providing sensitive care to patients age 65 and older. Elder care requires understanding their special needs, and celebrating their wisdom.

With the aging of baby boomers, preparing staff in geriatric care is more important than ever. The NICHE program has improved the quality of care for our older patients by increasing awareness of geriatric issues, improving staff competence in geriatric care, and supporting the implementation of hospital geriatric protocols.

What are you doing to support our older patients? To check out the "NICHE" materials, type in "NICHE" on the mhsintranet upper right search field for more information.

Stroke Education and Early Heart Attack Care

Methodist Hospital is a Primary Stroke Center, certified through The Joint Commission. This certification was effective October 2013. Methodist Hospital is applying for Chest Pain Center Certification through the Society of Cardiovascular Patient Care. Our application will be submitted in August 2014.

Awareness education is provided as both The Joint Commission and the Society of Cardiovascular Patient Care require that all hospital staff receive training/education annually on stroke, early heart attack care and heart disease.

MRI Safety

MRI scanners are very powerful magnets that can cause injury if metallic items are taken in the magnet room. MRI safety awareness is required for all personnel who work in a healthcare facility that has an MRI scanner. Your Health System contact will notify you if your position requires advanced MRI safety training.

ENVIRONMENTAL SAFETY

Emergency Preparedness

Any number of hazardous events may disrupt the hospital's ability to provide normal healthcare services/operations.

Event examples include:

- Natural: e.g., tornado, blizzard, flood
- Human: e.g., mass casualty, active shooter
- Technology: e.g., information system (computer) failure, electrical failure
- Hazardous Materials: e.g., chemical spill/exposure, radiological accident/exposure

The top two identified risks the Methodist healthcare settings are vulnerable to are **tornado** (evacuation with structural damage) and **mass casualty** with an influx of patients.

- When such an event occurs involving the hospitals, the Administrator on call or the on-duty Administrative Coordinator (AC) makes the decision to activate/announce **Code Triage**.
- Once announced the Administrator on call or AC opens the hospital command center as the incident commander and may request additional trained incident command staff to assist in managing the event response. The incident command centers are located at:
 - Methodist Hospital (NMH), 84th street campus: **Nebraska Room**
 - Methodist Women's Hospital (WH), 192nd campus: **Volunteer Workroom**
 - Methodist Jennie Edmundson (MJE): **Administration**

On-duty staff respond to an event according to event-specific procedures and department-specific procedures.

- Hospital personnel are required to complete a department assessment checklist describing current patient census and available staff at the time of the event. The checklist is sent to the incident command center within the first 20 minutes of a Code Triage announcement. Personnel follow response procedures.
- Non-hospital personnel should review and follow disaster-response policies/procedures.

Off-duty staff will be contacted if they are to report back to work.

Hospitals have a **Decontamination (Decon) team** established to respond to the Emergency Department when suspected or known contaminated patient(s) arrive. The team is composed of staff from many different departments. They are trained in decontamination processes to protect healthcare staff and the hospital environments from hazardous materials contaminated on in-coming patients. Anyone can join the team by contacting the Safety Officer.

ACTIVE SHOOTER/ARMED INTRUDER “CODE SILVER”

Code Silver is the announcement/code for an active shooter or armed intruder. Preparedness and response are important in an Active Shooter event. Please discuss the action plan for your area with your Methodist Health System contact.

CODE ADAM / CODE WALKER / MISSING ADULT VISITORS / DR. MAJOR

- Code Adam is the announcement/code for infant/child abduction.
- Code Walker is the announcement/code for patient elopement (leaves unit or campus).
- Dr. Major is the announcement/code used to identify an agitated patient or visitor.

Please discuss the action plans for your area with your Methodist Health System contact.

EQUIPMENT SAFETY

The safe operation and maintenance of equipment is the employee’s responsibility. Medical Equipment Management covers all equipment used to provide or maintain patient care.

- Some equipment is marked with an inspection sticker.
- Report out-of-date inspection stickers by calling Customer Service at ext. 4-4111. If at Methodist Jennie Edmundson call 354-4111.
- Equipment without a sticker is inspected annually.

LOCK-OUT / TAG-OUT

- The purpose of lock-out / tag-out is to prevent injury due to unexpected energization or startup of machines and equipment, or the sudden physical release of stored energy.
- Energy sources can be more than just Electrical, including sources such as mechanical springs, steam lines, hydraulics, etc.
- The control of hazardous energy standard is commonly known as the lock-out / tag-out standard.
- If a piece of equipment has a Lock-Out/Tag-Out on it, leave it alone.
- **NEVER** remove the lock or tag from a piece of equipment, as it is unsafe to use.

FIRE RESPONSE

Why Do We Close Doors During a Fire?



Figure 5 - Patient room (204) where the door was open during the fire (NFPA)



Figure 6 – Exterior of closed door of patient room. (NFPA)



Figure 7 - Interior of patient room, where the door was closed during the fire (NFPA)

Fire Response Q & A

Question: How would you rescue a victim if the room was half full of smoke?

Answer: Go in low, on your hands & knees with a co-worker at the doorway.

Question: At what point would you not rescue a person from a room that is on fire?

Answer: When the room is completely filled with smoke.



Question: How would you alert others that a patient’s room has been checked and evacuated?

Answer: By placing a towel or garbage bag over the door and closing it.

Question: Describe the “Alert” steps of R.A.C.E

Answer: Shout Code Red, Call 6911/9911, pull the fire pull station.

Question: Describe two ways to contain smoke.

Answer: Closing doors to rooms and closing doors to hallways.

Question: Can you describe how to use a fire extinguisher?

Answer: Use the acronym **P.A.S.S.** (Pull, Aim, Squeeze, Sweep)

In case of a fire, use the term “Code Red.” Be sure to do your part:

- Know where fire extinguishers, fire pull stations, compartments and exits are located in your work area.
- Know your duties in case of a fire.
- Refer to the Emergency Procedures Manual for site-specific and department-specific policies and information.

Protecting yourself and your patients/customers during a fire is essential.

Knowing your options or limitations will aid you in making the right decisions.

- **R**escuing does not mean you jeopardize your life.
- **A**lerting others starts with verbally calling for help.
- **C**onfining the fire starts with knowing what the compartments are that you are in and how to use fire doors.
- **E**xtinguish may not always be the right option;
- **E**vacuation x5 should be considered. This means evacuate from the room with the fire. If the hallway starts to fill with smoke, then evacuate past the next set of fire doors. If the whole floor fills with smoke, then evacuate to the next building at the same floor level or consider going to the next lower floor in that same building. Never use the elevators unless told to do so by the fire department. If you must evacuate from the building, do you know what set of stairs gets you out and at what level? Instead of waiting for it to happen, check it out now!

HAZARDOUS MATERIALS AND WASTE

You may come into contact with chemicals or other hazardous materials and waste at work.

- All chemicals have labels.
- Know your chemicals and the hazards of those chemicals

- To review the Safety Data Sheet on any chemical, call the Safety Department or access via mhsintranet / Quick Links / SDS Safety Data Sheets.

WASTE MANAGEMENT

The following hazardous wastes must be disposed of in accordance with Federal and State laws and regulations:

- Mercury
- Lead aprons
- Expired silver nitrate (sticks and solutions)
- Drugs (as specified by Pharmacy)

Hazardous chemicals and materials may **NOT** be disposed of by red-bagging in the same manner as infectious / biohazardous waste. Contact the Safety Department for correct disposal procedures.

Everyone needs to work together to ensure all waste is disposed of properly. **Remember:** Handle waste and sharps safely to prevent exposure! Review the table below.

WASTE	WASTE STREAM
Non-Hazardous Drugs Examples: Narcotics, Fentanyl patches, partial doses	Secured Sharps Containers
Chemotherapeutics	Yellow bags and yellow waste containers
HAZARDOUS CHEMOTHERAPY DRUG WASTE Defined by the EPA/RCRA	BLACK EPA/DOT/RCRA CONTAINERS
Blood and Body Fluid	RED BAGS
Other Biohazard Materials	Indicated by orange Biohazard symbol
Universal Waste / General Waste	Gray trash bags

INFECTION CONTROL

Please refer to your company-specific Infection Control Manual for all infection control issues (i.e., Bloodborne Pathogen Exposure Control Plan and the Tuberculosis Control Plan). Your Methodist Health System contact can provide you with the location.

The Joint Commission (TJC) provides many recommendations to healthcare organizations. In accordance with the Joint Commission (TJC) recommendations, Methodist Health System has established an active, system-wide Infection Control Program. The goal of this program is to identify and control the spread of hospital-acquired (healthcare associated) and community-acquired infections on our campuses.

STANDARD PRECAUTIONS

Standard precautions are to be used with every patient. Any contact or potential contact with blood or body fluid requires the use of gloves.

Gloves

The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70 percent to 80 percent, prevent cross-contamination, and protect patients

and healthcare personnel from infection. Hands should be cleaned before and after each patient, just as gloves should be changed before and after each patient.

Employees Required to Wear Gloves

- a. Gloves should be changed before and after each patient.
- b. Gloves should also be changed between tasks to prevent cross-contamination
- c. Artificial nails are NOT ACCEPTABLE
- d. Nail polish MUST be in good repair
- e. Natural nails should be short, less than one quarter of an inch long
- f. You must wash hands after removing gloves

Practice Good Hygiene

1. Minimize splashing, spraying or splattering when performing procedures involving blood or other potentially infectious materials.
2. Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where there is a reasonable chance you might be exposed to blood or body fluids.
3. Do not keep food and drink in places where blood or other potentially infectious materials are present.

Handle Sharps with Care

- Prevent injuries from needles and other sharp instruments when using, cleaning, or disposing of them.
- Never band, recap, or break needles after use.
- Dispose of contaminated sharps in appropriate, puncture-resistant containers immediately after use.

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) protects you from infection hazards – when worn properly. PPE includes gloves, fluid-resistant gowns or aprons, face shields, protective eyewear and masks, resuscitation bags, or other ventilation devices.

PPE must be appropriate for your task. Wear as much or as little PPE needed to keep blood or other potentially infectious materials from getting on your clothing, skin, or mucous membranes.

Blood-borne Diseases

Blood-borne pathogens are viruses (HIV, HBV, HCV), bacteria and other microorganisms that are carried in a person's bloodstream. If a person comes in contact with blood infected with a blood-borne pathogen, he or she may become infected as well.

Other body substances may also spread blood-borne pathogens:

- a. Blood products (such as plasma)
- b. Semen
- c. Vaginal secretions
- d. Fluid in the uterus of a pregnant woman
- e. Fluid surrounding the brain, spine, heart and joints
- f. Fluids in the chest and abdomen

CONTACT PRECAUTIONS

Contact precautions are to be used with patients with known or suspected of having, a serious illness that can spread through direct patient contact or contact with items in a patient's environment. A "Contact Precaution" sign will be posted on the patient's door.

- Everyone must wear gloves when entering the room.
- Everyone must wear a gown if in contact with the patient or items / surfaces in the room.
- Dedicate non-critical equipment to each patient.
- Disinfect shared patient equipment, wheelchairs and carts after each use.
- An order for Contact Precautions is a standing order when a patient with "Infection Control Alert" is admitted.

ENHANCED CONTACT PRECAUTIONS

MHS Enhanced Contact Precautions



Enhanced Contact Precautions

Visitors: Check with Nursing for Education Sheet before entering patient's room

1. Private room
2. Wear gloves and gown when entering the room
3. Masks and protective eyewear per Standard Precautions.
4. Hand hygiene before entering and leaving the room.
5. Dedicate the use of non-critical patient care equipment for each patient.
6. Disinfect shared patient items with bleach product.

MJE Enteric Contact Precautions



CONTACT Precautions

Wash Hands with Soap and Water

Wear Gloves & Gown While in Room

VISITORS
Please Check With Nurse Before Entering Room

Use bleach for disinfecting equipment

Enhanced Contact Precautions are used with patients who have C. difficile infection (CDI) and Norovirus (Norwalk) that causes diarrhea. An Enhanced Contact Precaution sign will be posted on the patient's door.

- Everyone must wear gloves and gown when entering the room
- Everyone must perform hand hygiene before entering and leaving the room. Use soap and wash or alcohol foam/gel for hand hygiene. Use soap and water if hands are visibly soiled.
- Dedicate non-critical patient care equipment for each patient.
- Disinfect shared patient items and environmental surfaces with bleach product.
- Visitors are asked to clean their hands with soap and water or an alcohol-based hand rub before and after visiting the patient, and wear a gown and gloves while visiting.
- Patients in Contact Precautions are asked to stay in their hospital rooms as much as possible.
 - They should not go to common areas, such as the nourishment center, gift shop or cafeteria.
 - They can go to other areas of the hospital for treatments and tests.

Cleaning and Low Level Disinfection of Patient Care Equipment

Purpose: To minimize the risk of transmitting infection causing organisms through contaminated medical equipment or supplies:

1. Low-level disinfect patient-care surfaces (ie bedrails, over-the-bed –table) and equipment (blood pressure cuff, point of care device) that touch intact skin with a hospital-grade disinfectant before use on each patient.
2. Equipment in an occupied patient room, whether used or not, is considered contaminated and must be cleaned/disinfected before using on the next patient or stored.
3. Select appropriate product to clean/disinfect equipment based on the equipment manufacturer’s instructions
4. Designated shared patient equipment shall have a Green (Clean) label affixed to it after cleaning/low level disinfection.

Process:

1. Put on gloves and other personal protective equipment according to disinfectant manufacturer recommendations
2. If no visible soil present – clean/low-level disinfect with one wipe
3. If surface or equipment is visibly soiled – Use one wipe to clean, use a second wipe to disinfect
4. Contact time – equipment remains wet for full contact time

- PDI Sani-Cloth AF3 wipe = 3 minute contact time



- PDI Sani-Cloth Bleach wipe = 4 minute contact time



- Steris TB Plus Spray = 3 minute contact time



5. Remove gloves, perform hand hygiene
6. Store medical equipment in a clean manner
 - Keep clean and dirty separated
 - Store in dedicated clean supply room/area
 - Storage carts have solid bottoms
 - No supplies stored in corrugated boxes
 - Monitor expiration dates of supplies
 - Store linen in cupboards or on a covered cart
 - No food/drink allowed where clean or sterile supplies are stored

COUGH ETIQUETTE

Preventing the spread of respiratory infections at the first point of contact is key. Elements of respiratory / cough etiquette include:

- Cover your mouth and nose with a tissue when coughing or sneezing.
- Clean hands frequently with soap and water or alcohol hand rub.
- Supply a mask for a person coughing to wear.
- Proper hand hygiene after contact with respiratory secretions.
- Disinfect work surfaces, telephones and keyboards

HAND HYGIENE AND WHY IT IS IMPORTANT

Hand hygiene is *the single most important thing* you can do to prevent the catching and spreading of infection. Did you know . . . some viruses and bacteria live for prolonged periods of time, on surfaces such as tables, doorknobs, and desks?

Hand hygiene is *everyone's* responsibility! It is for *your* protection as well as the patient's protection.

The spread of infectious disease can be controlled easily by following established practices and guidelines.

TUBERCULOSIS (TB)

Methodist Health System is low risk for encountering patients with active (infectious) pulmonary tuberculosis. Despite being low risk, there are occupational control plans in place to protect all employees from possible exposures. The following steps are important elements of the TB control plan:

1. Assess & identify patient for TB risk / Patients shall be screened upon admission for detection of active TB to minimize contact time with other patients, visitors and staff.
2. If a patient is suspected of having active TB, the applicable protocol is followed.
3. What should I do if I suspect I have been exposed to a patient with active TB?
 - a. Report to your Manager ASAP! Your Manager will work with you to determine if you had a significant exposure.
 - b. Infection Prevention & Control Department will determine the definition of a significant exposure and notify Department Managers.
 - c. Your Manager works with Employee Health to complete a baseline TST skin test and 8-10 week follow-up TST skin test according to Employee Health policy.
4. It is critical for **employees** to be aware and report to Employee Health if they or others develop signs and symptoms of TB:
 - a. Cough \geq 3 weeks
 - b. Loss of appetite
 - c. Unexplained weight loss
 - d. Night sweats
 - e. Bloody sputum
 - f. Hoarseness
 - g. Fever
 - h. Fatigue

Resources

Call Infection Control at 402-354-8715. At the MJE campus, call Infection Control at 712-396-4404.

Please read, print, sign the following forms and give to your Methodist Health System contact. Failure to complete mandatory orientation may result in termination of assignment or contract.

ORIENTATION HANDBOOK RECEIPT:

You are encouraged to read this handbook carefully and become familiar with its contents. Should you have questions regarding policies and procedures, you are encouraged to communicate with your Methodist Health System contact. Temporary/Contract employees of Methodist Health System are held in the highest regard by the Methodist Health System leadership. Working as a team, it is our goal to provide the highest quality of care to our patients.

I acknowledge having received this handbook.

I certify that:

- I have been informed about, and know how to access, the Methodist Health System Code of Conduct and any compliance policies applicable to my responsibilities.
- I pledge to act in compliance with the Code of Conduct and any compliance policies applicable to my responsibilities.
- I will seek advice from my Methodist Health System contact or the Compliance Officer concerning appropriate actions that I may need to take to comply with the Code of Conduct.
- I understand that failure to comply with this certification will result in disciplinary action or termination of assignment or contract.

CONFIDENTIALITY AGREEMENT:

I understand/agree as an employee/student/agent at Methodist Health System (MHS), or its medical staff, external reviewer, volunteer, researcher, vendor, or independent contractor of the Nebraska Methodist Health System (MHS), I must maintain the confidentiality of all medical, personal, proprietary, and financial information derived from any source. This information includes, but is not limited to, written information, electronic information, and verbal communication.

I agree to follow all MHS policies and procedures with respect to individually identifiable information. I understand I may access such information on a "need to know" basis only to the extent needed to perform my duties.

I understand MHS conducts audits of its information systems to verify information is being accessed by authorized individuals only.

I understand violation of this confidentiality agreement may result in possible fines and civil or criminal penalties under state or federal law, as well as disciplinary or other corrective action, including termination of access and/or employment.

USER IDENTIFICATION CODE:

- I, undersigned, acknowledge receipt of my user identification code(s). The code(s) are confidential. I will be held accountable and responsible to ensure confidentiality at all times. I understand that:
- My user identification code is the equivalent of my signature.
- If assigned a user identification code, I will not disclose the code to anyone.
- I will not attempt to access, via the system, any information to which I am not authorized and/or to which I do not have a specific work-related need to know.
- My accessing the system via my identification code is recorded permanently.
- If I have reason to believe that the confidentiality of my user identification code has been broken, I will contact my supervisor and/or the Information Technology Help Desk immediately so that the suspect code can be deleted and a new code assigned to me.

I understand that my user identification code will be deleted from the System when I no longer hold a position that requires that code(s).

I further understand that if I violate any of the above statements regarding the Confidentiality Agreement and/or User Identification Code, it will be referred to my MHS contact and termination of assignment or contract may occur. I understand criminal fines and penalties may also be brought against me for violations of confidentiality.

TEMPORARY/CONTRACT EMPLOYEE NAME (PRINT)

TEMPORARY/CONTRACT EMPLOYEE NAME (SIGNATURE)

DATE

TEMPORARY / CONTRACT EMPLOYEE ORIENTATION CHECKLIST

NAME _____ POSITION _____

DEPARTMENT NAME _____

ORIENTATION ITEM	ORIENTED BY	DATE
1. Meet supervisor		
2. Meet co-workers		
3. Identify work area		
4. Tour physical layout of applicable area		
5. Explain (as appropriate):		
a. Assignments		
b. Hand washing		
c. Confidentiality		
d. Emergency preparedness		
e. Meal breaks/rest periods		
f. Applicable department-specific policies and procedures		
g. ID badge		
h. Dress code		
i. Health System security watch		
j. Emergency numbers and codes		
Code Silver		
Dr. Major		
Code Black		
Code Adam		
Code Walker		
Code Green		
Code Triage		
Code Pink		
Code Blue		
Code Red		
6. Patient Population Specific Competence		
7. Other		

HEALTH SYSTEM CONTACT SIGNATURE _____

TEMPORARY / CONTRACT STAFF'S SIGNATURE _____

DATE _____