



# METHODIST JENNIE EDMUNDSON TEMPORARY / CONTRACT EMPLOYEES ORIENTATION HANDBOOK



Revised 01/14

# *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.

#### **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.*

# *Standards of Compassionate Service*

The Jennie Standards of Compassionate Service were developed with a great deal of involvement from the Jennie employees. They represent the principles to which we are committed now and in the future. They define what we stand for as an organization and as individuals, and are there to guide us in our day-to-day work and decisions. They are intended to ensure that we provide a great place for patients to receive care, employees to work, and physicians to practice. The Standards of Compassionate Service are reflective in the following:

***Culture of Service*** – We are committed to respect, courtesy, exceptional care, and service to our customers and their families and to each other.

***Commitment to Coworkers*** – We understand that to serve our patients, we must work as a team.

***Ownership and Pride*** – We feel pride and a sense of ownership towards our organization and our individual job.

***Confidentiality and Privacy*** – We keep personal information strictly confidential to protect privacy.

***Appearance*** – We ensure that our appearance reflects the values of Methodist Jennie Edmundson.

***Customer Waiting*** – We strive to provide our customers with prompt service and a comfortable environment while they wait.

***Elevator Etiquette*** – We use good elevator manners as an opportunity to create a favorable impression for our patients, visitors and coworkers.

***Giving Directions*** – We observe our customers and visitors, anticipate their needs, and offer our assistance before we are asked.

***Safety Awareness*** – We understand keeping our patients and ourselves safe is everyone's responsibility.

***Call Lights*** – We are committed to demonstrating to our patients and their families the care and respect they deserve by promptly and courteously answering their call lights.

***Communication*** – We are committed to listening to our customers to fully understand their needs and to communicate with courtesy and warmth.

***Leadership*** – We inspire and influence others by our passion for what is right and our positivity toward whatever actions are required of us to achieve it.

The faith and trust each patient and family member chooses to place in each of us in times of personal need and vulnerability are among the very greatest of all gifts, compliments and honors that anyone can receive. Employees must follow the standards to ensure we are welcoming, assuring and compassionate at all times.

# 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. Compliance issues include, but are 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
- ◆ Violating patient privacy by inappropriately accessing or sharing patient information
- ◆ Storing patient information on mobile devices without working through IT to secure the device
- ◆ Failing to comply with OSHA guidelines

The MHS Compliance Plan includes seven fundamental elements:

1. Written policies and procedures
2. Designated compliance officers
3. Staff compliance education
4. Communication
5. Internal monitoring
6. Enforcement of standards
7. Prompt response to concerns or complaints

## 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. AFFILIATE COMPLIANCE OFFICERS

Each Methodist Health System affiliate has a designated Compliance and Privacy Officer:

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

In addition, Human Resources issues may 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

## REPORTING

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 Reporting link on mhsintranet under Resources/Compliance/Workplace Safety.

The electronic Compliance Reporting system can also be accessed from **any** computer with internet access at [www.bestcarecompliance.org](http://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.

Remember that patient safety and physical security issues, including most patient complaints, parking tickets, etc., should not be reported through the Compliance Reporting system. Please report these issues using the appropriate affiliate reporting system.

Sometimes things happen at work that may bother you, but are not necessarily illegal or unethical. Please talk with your supervisor about these problems. If that is not a reasonable option, please contact Human Resources or EAP to deal with these job-related issues.

## 3. STAFF 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;
- 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 (31 USC sec. 3729(a)).

### ***Examples of a false claim:***

- Billing for procedures not performed
- Billing for 3 units when only 2 units were administered
- Violating another law. For example, a claim is submitted 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:***

Federal law prohibits an employer from discriminating against an employee in the terms or conditions of his or her employment because the employee initiated or otherwise assisted in a false claims action. For further information, go to the Compliance Reporting link on mhsintranet.

## **IN ADDITION TO THE FEDERAL PROTECTIONS, BOTH NEBRASKA AND IOWA HAVE FALSE MEDICAID CLAIMS ACTS AND WHISTLEBLOWER PROTECTIONS**

The Nebraska Medicaid False Claims Act (Neb. Rev. Stat. §§ 68-934 to 68-947) and Iowa Code § 249A.7 both provide that a person may be subject to civil liability for presenting a false Medicaid claim or otherwise violating the Act. 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 the Compliance Reporting link located on mhsintranet under Resources/Compliance/Workplace Safety.
- 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 the Methodist Health System Corporate Compliance Officer at (402) 354-2174.*

## CONFLICTS OF INTEREST

When employees mix personal interests with job responsibilities, it can create potential legal problems for MHS. A “conflict of interest” is defined as “a conflict 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**.



An employee may have a potential conflict of interest if he or she, or a member of his or her family:

- ◆ 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.

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*

The basic rules that protect our patients’ privacy are established in the HIPAA regulations. HIPAA sets certain minimum standards for how “protected health information,” or PHI, can be used and disclosed.

HIPAA says that we must have a patient’s written authorization to use or share their PHI, except if we are doing so:

- For treatment purposes;
- For payment purposes; or
- For “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. However, state laws and our own policies may be stricter than HIPAA, so always check with your supervisor or a Privacy Officer if you are unsure if we need patient authorization.

*HOW WE DO OUR WORK EACH DAY DIRECTLY CONTRIBUTES TO THE PRIVACY OF PATIENTS, CUSTOMERS AND CO-WORKERS:*

- ◆ Every employee is personally responsible for protecting our patients' healthcare information. This means logging out of computer applications when they aren't being used, talking in a quiet voice, and avoiding conversations about patients in public areas.
- ◆ We do not access computer or paper records involving either patient care, coding or billing for *anyone* unless we have a **valid work reason** to do so.
- ◆ We do not share patient information unless the person we are sharing with has a "need-to-know" the information.
- ◆ We do not share non-patient information that is confidential (i.e. phone numbers, salaries).

*Examples of Confidential information*

- ◆ Patient diagnosis
- ◆ Patient test results
- ◆ Patient social history
- ◆ Patient's insurance information
- ◆ Personal information about employees
- ◆ Computer user names and passwords

*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 your computer sign-on/password(s) with fellow employees or your supervisor
- ◆ Looking up your spouse's medical record
- ◆ 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

*We preserve patient privacy by:*

- ◆ Keeping patient information confidential and secure
- ◆ Using or disclosing patient health information only for work-related purposes
- ◆ Using and disclosing only the minimal necessary information to get the job done

## *HIPAA BREACH NOTIFICATION REQUIREMENTS*

- If you **know** or suspect a **patient's information has been inappropriately accessed or shared**, even if the disclosure was an accident, **notify your affiliate Privacy Officer immediately**. 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!
- Under HIPAA, these breach notification requirements include our physicians, employees, 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

Under HIPAA, these breach notification requirements include our physicians, employees, students, and volunteers.

## **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 only be shared with members of the clergy.

## *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, Palm Pilot, CD-ROM, thumb drive)
- ◆ Voice mail
- ◆ FAX machines
- ◆ Telephones



## *PROTECT PATIENT INFORMATION*

- ◆ Promptly log out of any programs or applications that contain patient information as soon as you are done. Do not leave a computer unattended with programs or applications running that include patient information.
- ◆ Use a strong password – a strong password is set at least 6-8 characters long and includes both letters and numbers.
- ◆ Do not access or store PHI on mobile devices because of the risk of loss or theft. If you must store PHI on these devices, contact Information Technology for an assessment of the security of this information on your particular device.
- ◆ If you store PHI on a portable or mobile device and it is lost or stolen, or if you otherwise intentionally fail to protect patient information, you may be subject to civil and criminal penalties for HIPAA violations.

## *USE OF INTERNET AND E-MAIL*

The internet Access and Computer Network policies permit limited personal use of the Internet and e-mail:

- ◆ You may use the internet for personal use if it is reasonable, during non-working times, does not interfere with job performance, and is otherwise in compliance with these policies, including the protections on privacy.
- ◆ You must use MHS Internet access in a professional, lawful and ethical manner. If you abuse the Internet, you may be subject to discipline, including termination, and civil and/or criminal liability.
- ◆ You should not expect privacy in any of your e-mail or Internet communications at work.
- ◆ You may only use e-mail and the Internet for lawful purposes.
- ◆ You may not use e-mail or the Internet for any type of solicitation of the Company, its employees or third parties, except for Company-endorsed charitable causes approved by management.
- ◆ Do not use your MHS e-mail to share your personal opinions on politics, religion or other sensitive topics. If you receive any offensive e-mail with such content from another employee, please report the matter to your supervisor immediately.
- ◆ Remember that your e-mail message may be forwarded on to others without your knowledge or consent. All forwarded e-mails still have the MHS privacy and intended use disclaimer footer and thus are identified as coming from MHS. Do not forward e-mails containing offensive or potentially offensive messages about race, gender, disabilities, age, sexual orientation, pornography, religious beliefs and practice, political beliefs, national origin, or other sensitive topics.
- ◆ To protect our patients' information, all e-mails sent outside MHS that contain PHI are automatically encrypted using ZIXMail. Encryption occurs automatically and you may not be aware your e-mail is being encrypted. However, the recipient of the e-mail must follow specific instructions to open the message. Call the IT Help Desk if you have any questions about e-mail.

## 4. Internal monitoring

The MHS Compliance and Internal Audit departments regularly review our compliance with federal and state laws and regulations. For example, we may audit an employee's usage of MHS information systems on a random or when we receive a complaint. We also conduct regular audits of billing and coding accuracy. We report the findings of our audits to the Methodist Health System Board of Directors on a regular basis.

## 5. Prompt response to concerns or complaints

Every compliance concern, regardless of whether it is received via telephone, e-mail or through the Electronic Compliance reporting System, is 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. This may include refunding payments we have received, notifying a patient that their information has been breached, terminating an employee, correcting a computer glitch, or doing additional staff education. Every MHS employee has a role to play in ensuring that we comply with applicable laws and regulations.

## ***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 a priority. Therefore, continuous monitoring and evaluation of our processes is vital.

Each affiliate contributes to safety in a unique way. Here are some examples:

### ***Methodist Hospital, Women’s Hospital and Methodist Jennie Edmundson***

Patient Safety is “the prevention of harm to patients”. Emphasis is placed on a system of care delivery that:

1. prevents errors
2. learns from errors that occur
3. builds on a culture of teamwork, trust and doing what’s right for the patient

Patient safety initiatives at Methodist Hospital, Women’s Hospital and Methodist Jennie Edmundson include:

- Prophylaxis to prevent blood clots during a patient’s hospitalization
- Hand hygiene to eliminate infections
- Bar code scanning to prevent medication errors
- Emphasis on Time Out determining right patient, right procedure, right equipment
- Rapid Response Team and for Methodist Hospital FIRST team
- Hand off communication between Nursing staff using the SBAR format
- Hourly rounding to meet patient’s needs while decreasing pressure ulcers and patient falls
- Bedside Shift Report at Methodist Jennie Edmundson has improved safe handoff of patients at shift change
- Environmental Services focus on patient room cleaning procedures and the addition of steam cleaning of privacy curtains in C Difficile rooms reduce the risk hospital acquired infections
- Safety and Style – initiative for hospital personnel to wear uniforms that are color-coded by staff role or discipline.

Each person has accountability for safe practices and initiating actions to resolve the unsafe behavior.

### ***Methodist Physicians Clinic***

Following are patient safety initiatives (Performance Improvement Indicators):

- Cholesterol monitoring and treatment
- Blood pressure management and control
- Diabetic care
- Immunizations

## Corporate

Patient / Customer and Employee Safety Initiatives:

- Safe environment – installed additional surveillance cameras to improve safety and security in the parking lots and at the entrances.
- Reduce falls – decreased clutter in work areas
- Culture of safety – monitor for patterns and trends (i.e., overloading desk cabinets, falls in the parking lots, air quality)

While the level of our interactions with patients / customers varies by job, it is *everyone's* responsibility to protect the well-being of our patients / customers. The following information may appear clinical; however, there are aspects that apply to all of us. Regardless of your job role, the potential for interaction with patients, customers, family, and visitors exists for all of us.

## EMPLOYEE SAFETY INITIATIVES

Each affiliate of Methodist Health System has a Safety Committee. Below is a summary of their safety initiatives.

- **Methodist Physicians Clinic**
  - Emergency readiness – all employees know, and can demonstrate, what to do in an emergency situation
  - Building security – card entry doors for employees
  - Buddy System – employees walk to their cars in pairs as a security measure
- **Methodist Hospital, Women's Hospital and Methodist Jennie Edmundson**
  - Emergencies – x4-6911 is the number to call for emergencies at Methodist Hospital and Women's Hospital, or x6911 at Methodist Jennie Edmundson. This includes: "Code Blue," "Code Triage," "Code Red," "Dr. Major," "Code Adam," and "Rapid Response Team"
  - Department safety inspections – all departments free of safety hazards (i.e., items stacked appropriate distance from ceiling and doors, hallways free of clutter, cleaning products have a Material Safety Data Sheet)
  - Disaster readiness – all employees know, and can demonstrate, what to do in the event of a disaster
  - Equipment readiness – all equipment checked on a regular basis to ensure it is working properly
  - Hazard Communication – Leaders will know their roles regarding hazards in their work place, identifying those specifically when it comes to chemicals and educating their staff on how to mitigate these identified hazards
  - Safety and Style - initiative for hospital personnel to wear uniforms that are color-coded by staff role or discipline. The hospital uniforms are an integral part of improving patient care, safety and the overall patient experience. Such programs have been shown to help foster communication and reduce anxiety for patients and their family members who are confused about the various hospital personnel and roles they have in providing care and service. Hospital personnel wearing color-coded uniforms are perceived as being more professional and approachable.
- **Corporate**
  - Falls (sprains and strains) – be alert for weather-related conditions that increase falls (i.e., when ice and snow is present, wear appropriate shoes. Call x4-4111 for sand/salt for slippery surfaces, as needed).
  - Worksite evaluations – contact Employee Health for worksite evaluations, which include assessing your desk/chair height, computer and keyboard placement, knee and feet angles. Employees are expected to follow suggested recommendations.
  - Work hazards - keep desk drawers closed when not in use
  - Keep obstacles out of the way
  - Do not fill overhead bins above desk too full
  - Exercise active caution in the workplace – trip/fall accidents were up sharply in 2010.

## ***Employee Responsibilities***

To prevent injuries for yourself and your patients/customers, we all need to follow guidelines and processes that are in place. For example:

1. If you need help moving a patient or a piece of equipment, ask for help and wait for someone to assist you. Use lift/move assistance devices, not your body.
2. To keep facilities safe, if you see something in the hall that could cause someone to fall or trip, remove it or report it to Customer Service at x4-4111. If at Methodist Jennie Edmundson call 354-4111.
3. Listen to visitor and patient concerns and respond to them promptly. **Do not** ignore questions or comments by family and patients.
4. Use proper body mechanics when lifting, moving, pushing, and pulling.

## **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.

An Advance Directive may be revoked or changed by the patient at any time.

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.

## **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.

## *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. In maintaining this status, we provide awareness training to our employees who have contact with bariatric patients.

## *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.

- Changes in behavior may signify a need to intervene. Anger, sarcasm, bullying and threats (verbal or physical) require supervisory intervention, as would withdrawal, increased absenteeism, tardiness or impairment of any kind. (Employees are reminded that the Employee Assistance Program is always a resource for free and confidential assistance with personal or family problems.)
- Supervisors are strongly encouraged to review their physical settings for potential risks and consult with Security to be sure their environments are as safe as possible.
- If an employee is being mistreated or abused at home, not only will that affect the employee's behavior at work, but it also puts the staff at risk should the abuser come to the work-place.
- Employees are encouraged to review the policy titled [Workplace Disturbance \(Violence in the Workplace\)](#) for more information.

Likewise, our patients and their families may come to us from a variety of situations.

- Patients with health problems may behave violently. Caregivers must be alert to this possibility to be prepared for the most difficult scenario. It is critical that each of us knows what to do in the event this happens.
- Supervisors are expected to orient employees so employees know what to do in each particular health care setting. This information should also be reviewed annually with employees.
- Knowing when to call the Supervisor, call Security, call a "Dr. Major" or call 9-911 is essential to maintaining a safe environment.

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!

## **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.)

## **ENVIRONMENTAL SAFETY**

All Methodist Health System locations have site-specific policies and procedures outlined in the Emergency Procedures Manual. Ask your Methodist Health System contact to show you where these manuals are kept. Please refer to these for all emergency-related issues (fire safety, disaster, missing persons, utility and equipment management, lock-out/tag-out, hazardous materials and waste, codes, and responses).

## **ERGONOMICS**

Proper ergonomics is one way to keep employees safe and healthy. Ergonomics focuses on the right "fit" between people and the physical requirements of their job. A couple of reminders:

- Use proper lifting techniques
  - When lifting, bend knees and hips – lift with your legs
  - Hold the load close to your body
  - Push the object as opposed to pulling it
- Be sure your workstation is a correct fit for your body
  - Adjust the chair height so your knees and hips are at a 90° angle
  - Get up every 20 to 30 minutes and take a 5 second "walk-about"

## PERSONAL SAFETY

For safety purposes, when traveling on the business of the employer in either a personal car or company vehicle, cell phone usage, texting, and other potentially distracting activities such as eating while operating a moving vehicle are not allowed. If you are in a vehicle and must use the phone, pull over in a safe location prior to its use.

### Emergency Preparedness

At our hospital locations, the term we use to announce a situation that will disrupt normal operations is called “**Code Triage.**” A **new preparedness step** has been added to disaster response called “**Code Triage Standby.**” **Code Triage Standby** is announced when a situation warrants staff to be aware that a situation exists that might advance into a disaster-response situation, either:

- Internally (such as, water flooding into two adjacent departments and has the potential of extending and disrupting services or utilities)
- Externally (such as, a shooting in another location that might involve an influx of patients to our ED)

During a **Code Triage Standby**, employees should have a heightened awareness of preparedness and readiness:

- **On-duty hospital personnel:**
  - Review Code Triage and any department-specific disaster-response policy/procedures:
    - Have department checklist form readily available for advancement to **Code Triage** ---DO NOT send in completed form during a **Standby**
    - Have department call-back listing or procedure readily available in case it is activated—DO NOT activate
- **On-duty non-hospital personnel:**
  - Review Code Triage and any department-specific disaster-response policy/procedures
  - No further action necessary at this time

A **Code Triage Standby** can either be terminated (“all clear”) when the situation did not develop into a disaster-response event **OR** it will advance into an actual “**Code Triage**” announcement. At that time employees follow **Code Triage** procedures.

Just a reminder that a **tornado warning** and a **high wind warning** (winds > 73 mph) require the same response actions – move to a safe location away from windows. This also means “do not use stairwells that contain glass windows/walls.

Thunderstorm announcement (overhead, pagers, blackberry) by operators is informational only and requires **NO action.**

When a situation exists that will disrupt normal operations, we call a “**Code Triage.**” You will hear “**Code Triage**” announced if a disaster occurs. There are two types of disasters – internal and external.

- **Code Triage = Internal Disaster:** Something inside the facility that disrupts normal operation, such as a bomb threat.
- **Code Triage = External Disaster:** Something outside the facility that causes disruption to normal operation and might increase the number of patients to the facility, such as a blizzard or a plane crash.

Employees have certain responsibilities during a disaster:

- **On-duty personnel:**
  - Follow the instructions given by person **in authority**. Staff’s response may include “compartmentalization” (moving patients and staff from involved, compromised compartment of department/floor to safer compartment) or it may extend to evacuating the building. One example of a disaster is on-site fire response:
    - ▶ **RACE:** **R**escue, **A**lert, **C**onfine, **E**vacuate & **PASS:** **P**ull, **A**im, **S**queeze, **S**weep (with fire extinguisher, in case of fire):

- o **Hospitals, including Health West ambulatory services:** It is important for staff to move patients, visitors and other staff to safe compartment(s) horizontally and/or vertically. The “X 5” approach becomes important. The “X 5” approach means:
  - 1<sup>st</sup>, evacuate the location where the event started, such as a patient’s room to hallway
  - 2<sup>nd</sup>, evacuate horizontally to safer compartment on same floor, such as west side of building to east side
  - 3<sup>rd</sup>, if necessary, evacuate horizontally to opposite tower/building, such as South tower to North tower
  - 4<sup>th</sup>, at the direction of the Fire Department, evacuate vertically down elevators of opposite tower
  - 5<sup>th</sup>, as directed, evacuate down stairs to pre-identified “collection point” location
- o **Clinics, Corporate, off-site departments:** evacuate immediately to outside of building to pre-established “collection point”
- o Refer to the Emergency Procedures Manual for department-specific responsibilities and procedures.
- **On-duty personnel not in the immediate area of disaster:** Maintain calmness, stay aware of what is going on around you, wait for instructions and/or “All Clear.” Refer to the Emergency Procedures Manual for department-specific responsibilities and procedures.
- **Off-duty personnel: Do not call in.** If you are needed at work, your supervisor or manager will call you to report to your work area for further instructions. Listen to radio announcements.
- Disasters are communicated in the following ways:
  - Methodist Physicians Clinic – Call Chain
  - Methodist Hospital & Women’s Hospital – Public Announcement (PA) system
  - Corporate – Call Chain
  - Methodist Jennie Edmundson – Public Announcement (PA) system

In the event of an evacuation, do you know where to go? If unsure, see your supervisor and/or refer to your Emergency Procedures Manual.

The Emergency Management Safety Subcommittee’s attention has been on activities related to tornado/high wind alerts, evacuation process and active shooter/armed intruder response (in collaboration with General Safety Subcommittee). The importance of preparedness for these events has, unfortunately, been experienced by our community healthcare facilities. No better defense is to know the response plans and practice, practice, practice. Has your department had a drill this year?

### **Tornado/High Winds alerts:**

- **Watches:** When weather conditions support the development of tornado
  - o Close window coverings
  - o Test flashlight batteries; pre-plan any needed supplies, especially for patients
  - o Consider gathering initial “head count” information of department staff, visitors and patients
- **Warnings:** When a tornado has been cited, damage from high winds or report of high winds (> 72 mph) in the area (external siren sounding)
  - o Seek shelter in interior part of building or basement (away from windows) with preplanned supplies
    - If relocating away from unit, consider taking battery-operated weather radio with you to keep current with weather situation
  - o Prepare “head count” of your department staff, visitors and patients, in case you have to evacuate
  - o Stay in safe location until ‘all clear’ notification
    - Note: External sirens will stop sounding within 3 minutes automatically; IT DOES NOT MEAN AN “ALL CLEAR” when the siren stops sounding
  - o IF THREAT OF A TORNADO “HIT” TO YOUR STRUCTURE:
    - **Get down** (i.e. curl up into a ball, turtle position); Joplin hospital employees found out standing upright made them targets for flying debris) or under a protective object (like a desk)

## **Evacuation Process:**

- Fire/Code Red: Follow site specific relocation to safety
  - Hospital: relocate to next safe smoke compartment
  - Business occupancy: relocate outside to pre-assigned location for “head count”
- Priority processes:
  - First, maintain your personal safety
  - Second, assist others to safer location
    - Shelter-in-place = unless life-threatening situation, remain in a safe part of a structure until help arrives
    - Evacuation = when no longer safe to remain inside structure (life-threatening), relocate out of the building to a safer location

Know your healthcare facility’s and departments-specific (if applicable) response plan and PRACTICE, PRACTICE, PRACTICE

## SECURITY

The safety and security of patients / visitors / employees is important. Safety is everyone’s responsibility - Methodist Health System has a “Security Watch” program. The purpose of Security Watch is to raise awareness of security issues. Keep the following in mind:

- Safety is everyone’s business; it begins and ends with you.
- Take pride in your workplace.
- Make a personal commitment to work and live in a safer environment.
- Report suspicious activity to Security immediately at ext. 4-4055 from Methodist Hospital and Women’s Hospital, Clinics and Corporate, and x6000 via the Operator at Methodist Jennie Edmundson.
- Report emergencies to Security immediately at ext. 4-6911 from Methodist Hospital, ext. 5-6911 at Women’s Hospital, ext. 6911 at Methodist Jennie Edmundson, and 9-911 at clinic and corporate locations.
- Be aware of surroundings and environment.

## SUSPICIOUS ACTIVITY

If you observe suspicious activity, remember these three steps:

**Step 1:** Ask, "May I help you?"

**Step 2:** Be a good witness. Be able to describe:

- Physical characteristics
- Clothing
- Height and weight
- Identifying marks, scars, tattoos
- Glasses, hair
- Vehicle description and direction of travel

**Step 3:** Report suspicious activity to Security, a supervisor, or police immediately.

## PARKING LOT SAFETY

- Have your access card out and ready to use when you arrive at the gates.
- Lock your vehicle and secure all valuables out of sight (i.e. in the trunk).
- Have your access card out and ready to use at the Employee Entrance.

- When you leave the building walk with someone/call Security for an escort.
- Have your keys in your hand as you walk to your vehicle and be aware of your surroundings.
- Check the interior of your vehicle before you get inside and lock it quickly after getting inside.
- Data shows most trips and falls happen on the way into the workplace – be alert for weather-related conditions that increase falls (i.e., when ice and snow is present, wear appropriate shoes. Call x4-4111 for sand/salt for slippery surfaces, as needed).

## **PHOTO ID BADGE**

Your photo ID badge should be worn at all times when on duty. Some purposes of your photo ID badge:

- Visible security presence
- Employee recognition
- Customer relations
- Parking authorization
- Access control

## **“CODE ADAM”**

“Code Adam” is the term used for the abduction or suspected abduction of a patient or visitor of any age, by a person not having legal custody of the patient or visitor, without the consent of the legal guardian; or by the legal guardian, if such removal violates a court order or legal proceeding (i.e., Emergency Protective Custody or Civil Protective Custody). “Code Adam” is also the term used for a patient who has left the unit or activity without notification and for the visitor whose whereabouts are unknown and there is a concern for their safety.

### ***What To Do If A Person Is Missing From Your Unit/Department:***

- Secure the area to avoid the loss or contamination of evidence.
- Notify your supervisor immediately.
- Enlist the assistance of other staff members to search the entire unit thoroughly and account for all other patients.

### ***What To Do If A Person Has Been Abducted Or Suspected To Have Been Abducted From Your Unit/Department:***

- Secure the area to avoid the loss or contamination of evidence.
- Notify your supervisor immediately.
- Request a “Code Adam” announcement by calling 4-6911 at Methodist Hospital, 5-6911 at Women’s Hospital and x6911 at Methodist Jennie Edmundson. For all non-hospital sites call 9-911 to notify local law enforcement. Be prepared to provide the operator with a complete description of the missing/abducted person when you call.
- Do not discuss the incident with anyone other than security or law enforcement to maintain confidentiality and the accuracy of your information.

### ***All Other Areas In The Facility***

- Monitor all department exits for the missing/abducted person.
- Refer to your Emergency Procedures Manual for specific unit responsibilities.

- If your department does not have an assigned area of responsibility, walk to the nearest hallway and take a few minutes to look for the missing/abducted person.
- Report any suspicious activity to Security or law enforcement immediately.

### ***What Should I Do If I Encounter A Suspected Abductor?***

- Do not attempt to physically restrain the suspect.
- Delay the subject by engaging them in conversation. Try, “Excuse me, we have an emergency going on here. Will you please step aside and wait for a few minutes?”
- Attempt to detain the person without compromising your own safety or that of others in the area.
- If the suspected abductor leaves “Be a good witness.” Take note of the subject’s clothing and physical description, observe the route he/she takes, and if possible, obtain a vehicle description and direction of travel. Report this information to Security or law enforcement immediately.

## **ACTIVE SHOOTER/ARMED INTRUDER “CODE SILVER”**

Code Silver is the new 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.

## **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.

## **REFRIGERATOR SAFETY**

The safe operation and maintenance of refrigerators/freezers is also the employee’s responsibility. Here are basic safety guidelines for review:

- There are five types of Refrigerator/Freezers used in the hospital (Pharmacy, Pathology, Food Service, Nutrition Centers, & Staff)
- A wireless temperature-monitoring device is installed in all but staff refrigerators, for monitoring purposes.
- All refrigerators in use must maintain a temperature range as identified in the hospital “Refrigerator/Freezer Usage” policy.
- New locations requiring wireless temperature monitoring require an (RFID-Temperature Monitoring Request) e-form request located on ERNIE.
- Notify customer service at ext. 4-4111, if there is a question regarding temperatures or access to reports.

## LOCK-OUT / TAG-OUT

- The purpose of lock-out / tag-out is to block the flow of the energy source on a piece of equipment.
- Energy sources can be more than just Electrical, such as Mechanical sources such as 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 Lock-Out / Tag-Out On It:*

- Leave it alone and **DO NOT** remove the lock or tag – it is being worked on, or it is unsafe to use.

## FIRE SAFETY

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!

## SAFE HANDLING OF PACKAGES

All sorts of different products are transported by delivery staff coming from inside and outside of the hospital. You must be wary of all packages and the products that are inside because they may be hazardous to you if the package becomes damaged.

Some ways to protect yourself are to:

1. Examine the package for damage. Smashed packages, bent corners, wet packages are signs that the product on the inside may be loose and could harm you.
2. Read the shipping papers, manifests or packaging slips to identify what is in the package before opening it.
3. Read the labels on the box. There are many labels that are required by the Department of Transportation that identify the different types of hazards that the product on the inside poses.

4. Talk to the party that delivered the package. They may be aware of what is inside.
5. Open the package carefully to see if the product on the inside is damaged. And if it is know how to deal with it. If you don't please call someone who does.
6. If you are unsure, assume the package is hazardous and call Safety or Security to help.

## *HAZARDOUS MATERIALS AND WASTE*

You may come into contact with chemicals or other hazardous materials and waste at work. All chemicals have labels. Hazardous materials have a colored warning label. The colors designate four different specific areas.

1. **Flammable** – products that are readily ignitable (examples: rubbing alcohol and acetone.)
2. **Toxic** – products which may be deadly to humans based on exposure levels, duration, and route (examples: formaldehyde and mercury.)
3. **Reactive** – products that, when combined, produce a hazardous by-product (example: Comet and ammonia combine to make chlorine gas.)
4. **Corrosive** – products that dissolve and/or gradually erode over time (example: a product containing acid, such as lead acid.)

To review the Material Safety Data Sheet on any chemical, call the Safety Department or access the Safety and Security link on the Intranet home page to find the MSDS On-line data base.

**WARNING:** Prior to using these chemicals, make sure you understand what they are and how to use them. The MSDS or the label will provide you with necessary information.

**\*\*Important Note:** We are responsible for all the chemicals brought to our campus locations. Please DO NOT bring chemicals to work unless they are cataloged and listed on a Material Safety Data Sheet or approved by Safety. Chemicals not listed on our MSDS system, or approved by Safety are forbidden in the workplace.

## HAZARD RECOGNITION

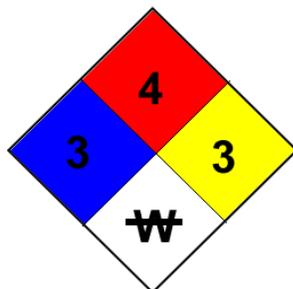
The panel has four areas:

**Red** – Fire Hazard

**Blue** – Health Hazard

**Yellow** – Reactivity

**White** – Specific Hazard



**The numbers in the first three areas range from 0 to 4, with 0 signifying no hazard and 4 signifying a severe hazard. For example:**

**In the **Fire Hazard** area, the numbers indicate the flashpoint:**

- 0 = Will not burn
- 1 = Above 200 degrees F (93 C)
- 2 = Above 100 degrees F, not exceeding 200 degrees F
- 3 = Below 100 degrees F (38 C)
- 4 = Below 73 degrees F (23 C)

**In the **Health Hazard** area:**

- 0 = No hazard
- 1 = Slightly hazardous
- 2 = Hazardous
- 3 = Extremely hazardous
- 4 = Deadly

**In the **Reactivity** area:**

- 0 = Stable
- 1 = Unstable, if heated
- 2 = Violent chemical
- 3 = Shock or heat may detonate
- 4 = May detonate

**In the **Specific Hazard** area, you will see things like:**

- W with the line through – no water
- OXY – Oxidizer
- ACID
- ALK – Alkali

## SIGNS

Signs are indicators of the specific hazards in certain areas. You must:

- Be aware of signs on all doors (i.e., “Biohazard – Do Not Enter”)
- Enter only authorized areas (i.e., “Authorized Personnel Only”)
- Follow any rules indicated by the signs (i.e., “Wear Protective Clothing,” and “No Food or Drink”)

## 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
Chemotherapeutics	Yellow bags and yellow waste containers
<i>HAZARDOUS CHEMOTHERAPY DRUG WASTE</i> Defined by the EPA/RCRA	<i>BLACK EPA/DOT/RCRA CONTAINERS</i>
Blood and Body Fluid	<i>RED BAGS</i>
Other Biohazard Materials	Indicated by orange Biohazard symbol
Universal Waste / General Waste	Gray trash bags

## BIOHAZARD BAGS

This is a biohazard bag and should never be considered “clean” or used for clean purposes. After use it is to be disposed in the Biohazardous waste stream, i.e. red bag waste. These bags should be used only for the containment of biohazard materials and maybe reused. Because of its unique purpose, it should never be used for :

- Patient Medication
- Personal items
- Popcorn bag
- Ice bag
- Lunch sack



# 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.

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

## TRANSMISSION OF DISEASE CAUSING ORGANISMS

To be transmitted, microorganisms must enter the host's (patient's) body. Entrance may be gained through:

- Inhalation (breathing in)
- The mouth, eyes, nose or other openings into the body
- A break in the host's skin – caused by cuts, nicks, skin abrasions or dermatitis
- A contaminated needle or other sharp object.

**Contact Transmission** – the most common route, can be either direct or indirect.

- **Direct-contact transmission:** occurs when microorganisms are physically transferred from the source person's body surface to the host's body surface. This can happen when a healthcare worker turns or bathes a patient, or performs other patient care activities that require direct personal contact.
- **Indirect-contact transmission:** occurs when a source of infection contaminates an object, which then contacts a susceptible host. This can happen when contaminated gloves are not changed between patients or when a healthcare worker is stuck with a contaminated needle.

**Droplet Transmission** – occurs when a source person produces tiny droplets containing infectious organisms. Droplets may be generated when a source person coughs, sneezes, or talks. During certain procedures, such as a bronchoscopy or suctioning, droplet transmission can occur. The infectious droplets are propelled a short distance through the air and land in the host's eyes, nose or mouth. Droplets do not remain suspended in the air.

**Airborne Transmission** – can occur over greater distances than droplet transmission. Infectious organisms are carried by microscopic droplet nuclei or even dust particles that remain suspended in the air for long periods of time. Microorganisms can be inhaled by a susceptible host in the same room, or they may be carried by air currents and infect people farther away.

## STANDARD PRECAUTIONS

- Standard precautions are to be used with every patient. Any 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.

## Strategies for the Prevention of Healthcare Acquired Infections (HAIs)

HAIs can be prevented by using best practices. These best practices involve the use of several activities happening together known as “bundles”. A number of bundles are available at Methodist Hospital, Women's Hospital and Methodist Jennie Edmundson. These bundles are used to prevent specific types of HAIs.

The types of HAIs we strive to prevent are:

**Surgical Site Infections (SSI)**

**Central Line-Associated Blood Stream Infections (CLABSI)**

**Catheter-Associated Urinary Tract Infections (CAUTI) in the Adult Setting**

# Healthcare-Associated Pneumonia

## Preventing *Clostridium difficile* Transmission

1. *Clostridium difficile* [pronounced Klo-STRID-ee-um dif-uh-SEEL], also known as “*C. diff*” [See-dif], is a germ that can cause diarrhea.
2. The patient’s symptoms of a *C. diff* infection should be reported as soon as possible and may include:
  - a. Watery diarrhea
  - b. Fever
  - c. Loss of appetite
  - d. Nausea
  - e. Stomach pain and soreness
3. *C. difficile* infection can spread from person-to-person on medical equipment and on the hands of doctors, nurses, other healthcare providers and visitors.
4. To prevent *C. diff.* infections, everyone should:
  - a. Use Enhanced Contact Precautions to prevent *C. diff* from spreading to other patients.
    - i. Gowns and gloves are worn by everyone entering the patient room.
  - b. Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient
  - c. Carefully clean hospital rooms and medical equipment that have been used for patients with *C. diff* with bleach.
  - d. 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.
  - e. Patients in Contact Precautions are asked to stay in their hospital rooms as much as possible.
    - i. They should not go to common areas, such as the nourishment center, gift shop or cafeteria.
    - ii. They can go to other areas of the hospital for treatments and tests.

## 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.

### Resources

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

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**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		
Code Adam		
Code Blue		
Code Red		
Code Triage		
6. Age-specific Competence		
7. Other:		

**HEALTH SYSTEM CONTACT SIGNATURE** \_\_\_\_\_

**TEMPORARY / CONTRACT STAFF'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_