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**AMG Contract Orientation**

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This booklet was created to help you with the orientation to AMG policies and protocols.

All agency nurses, students and contracted employees are expected to fully comply with AMG standards of care/practice, policies and procedures. In order to prepare you for your experience, you are required to complete the orientation module and tests prior to your first shift at the hospital.

**Resources:**

This booklet/guide gives the major points of AMG policies and procedures.

We are happy to answer any questions you may have, so please do not hesitate to ask. The CCO or Charge Nurses are your primary clinical and administrative resources in the facilities.

Team work

**"Coming together is a beginning.  
Keeping together is progress.  
Working together is success."**

**Welcome to AMG!**

**AMG was founded in 1999. AMG's principal officers have over 50 years of experience both developing and managing the operations of multiple inpatient and outpatient rehabilitation hospitals, long term acute care hospitals, general acute care hospitals, ambulatory surgical facilities, walk-in clinics, diagnostic testing facilities, and hospices.**

**Headquartered in Lafayette, Louisiana, AMG is a privately-owned provider of post-acute health care services, with fifteen post-acute care hospitals, and over 1,700 employees. We are in the top 5 Post Acute Hospital Systems Nationally. Our long-term acute care hospitals provide a continued acute level of care for patients suffering complex medical conditions such as: respiratory failure, ventilator dependence, complicated infections, chronic non-healing wounds, cardiac complications and surgical complications. Our inpatient/outpatient physical rehabilitation facilities provide intensive physical rehabilitation to patients needing help to recover from injuries, illness or surgical operations. AMG is dedicated to providing our patients the most appropriate medical care and support to help them return to health.**

**AMG’s purpose is to satisfy the needs of our patients and enhance their well-being. This can only be met through the commitment and performance of our exceptionally skilled and valued employees. It is the policy of AMG and its healthcare providers to deliver the highest quality restorative care possible in an efficient manner.**

***AMG Specialty Hospitals***

Lafayette Main Campus, Regional Campus and Parkplace in Lafayette, Louisiana

Edmond and Mercy Campus in Edmond, Oklahoma Houma, Louisiana Greenwood, Mississippi

Central Indiana & Hancock Campus in Muncie, Indiana Feliciana in Clinton, Louisiana

Albuquerque, New Mexico Denham Springs, Louisiana Tulsa, Oklahoma

Las Vegas, Nevada Covington, Louisiana Wichita, Kansas

***Physical Rehabilitation Hospitals***

Lafayette Physical Rehabilitation Hospital, Lafayette, LA

AMG Rehabilitation Hospital-Covington, LA

**Purpose and Mission**

***The AMG Purpose*** is to operate cost effective post-acute facilities with excellent patient outcomes.

***The AMG Mission*** is to put patient care first at all times, while remaining committed to quality, flexible to change, and supportive of the medical communities we serve.

***Values That Support Our Mission:***

Patient Care: Patients are our first priority.  
Quality Improvement:  
 Outcome metrics and quality data drive our improvement.  
 Flexibility and adaptability:  
 Willingness to change, adapt and improve will allow us to perform better today than yesterday.   
Rapid support to the Medical Community:  
 Timeliness in our response and support is essential.  
Financial Performance:  
 Financial responsibility is required to benefit our patients, our team members and our company.   
Our Team Members:  
 We invest in and reward loyalty, knowledge, performance and a

desire for growth.  
Long Term Relationships:  
 These relationships help foster open, honest and timely communication, which benefits all involved.

***PHILOSOPHY***

AMG exists for the sole purpose of serving our customer, the patient, with methods that are compassionate, current, and cost effective. Patient satisfaction is the most important product we produce. The needs of our patients are top priority and **you, the employee**, are the key to the success of our organization.

***PATIENT******CARE******PRACTICES***

**Employees** are expected to serve patients promptly and politely, answer questions in a detailed courteous manner seeking assistance when necessary, and clearly directing patients toward recuperation. Patients or employees who feel they have not received or that we are not practicing these courtesies are directed to see the Chief Executive Officer (CEO) or the Chief Clinical Officer (CCO).

**ENVIRONMENT OF CARE/SAFETY MANAGEMENT**

Workplace safety is vital to the long-term success of our Company and safety is everyone’s responsibility. Your safety and that of the patients and your co-workers requires your constant attention. Please observe the following:

1. You have the responsibility to follow all posted, written and spoken safety departmental and facility rules in order to prevent injury to yourself and/or others.
2. You have a duty to know and understand the safety rules and expectations of your job, and a requirement to immediately report unsafe conditions to Supervisors.
3. Exercise care when lifting patients and seek lifting assistance to insure safe employee practices for all involved.
4. Follow operating instructions carefully when using equipment.
5. Never operate electrical equipment with wet hands.
6. Never allow patient baths or showers while any appliance is plugged into an electrical outlet in the bathroom.
7. Always exercise extreme caution when handling and disposing of needles or sharps.
8. Remove from walkways any item, which could cause someone to slip, trip, or fall.

**FIRE SAFETY-**Fire or Smoke in your area (Code Red)

1.  Locate the fire extinguishers and red fire alarm pull boxes in your facility. In case of fire or smoke in your area, do not shout “FIRE!”, stay calm.
2. **R.A.C.E.**
   1. **REMOVE**: Get everyone away from immediate danger
   2. **ALARM**: Activate the alarm by pulling lever on nearest red alarm box or using the nearest phone.
   3. **CONFINE**: Close doors and windows to keep fire and smoke from spreading.
   4. **EXTINGUISH**: Attempt to extinguish the fire it it’s small and confined.
3. Use the fire extinguisher properly (PASS).
   1. **PULL** the pin
   2. **AIM** the extinguisher low, point the nozzle at the base of the fire.
   3. **SQUEEZE** handle to release extinguishing agent
   4. **SWEEP** back and forth as you walk backward away from the area.

You should know the following:

* Know where the pull boxes are in your assigned area.
* Learn exact locations of exits.
* Review the fire policy in each unit and the evacuation route.
* Learn exact location of fire equipment on your unit.
* Familiarize yourself (with your supervisor) with the operation of extinguishers.
* Do not use elevators during a fire. Only use stairs.

**ELECTRICAL EQUIPMENT SAFETY**

1. Check connections and cords for the following:
   1. Be alert for damaged cords, plugs, and outlets.
   2. Avoid using extension cords
   3. Keep cords out of the way of traffic.
2. Use Equipment Safely
   1. Read and follow all instructions posted on equipment
   2. Don’t put anything wet on electrical equipment
   3. Turn equipment off before unplugging
   4. Always unplug by pulling the plug, not the cord
   5. Don’t use any equipment that sparks or gives the slightest shock.
   6. Never try to repair equipment. If equipment malfunctions—STOP USING IT! Remove it from the patient/patient’s room. Complete Event Report in ActionCue.
3. Electrical equipment brought in from home by patients must be assessed for safety prior to patient using item.

**SDS/HAZCOM**

**HAZARDOUS COMMUNICATION (HAZCOM)**

Your job may involve the use of hazardous chemicals: Freon, mercury, cleaning agents, copier toner, as well as other substances such as body fluids, chemo agents, etc. that are potential risks to you unless you know how to prevent exposure. You have a **RIGHT TO KNOW** about the chemicals you work with.

Procedures and substances that can help save patient’s lives can also be dangerous. Ethylene oxide, waste anesthetic gases, anti-cancer drugs, and radiation are four of the most common, but there are many others, including solvents and formaldehyde. As an employer, AMG is required to prevent excessive exposures to hazardous substances. As a hospital employee or contract employee, you need to learn about the risks involved and then follow hospital procedure. Remember, the longer these hazards are in contact with the body, the greater chance they have to do harm. Wash your skin and eyes immediately if they become exposed, and report the incident to your supervisor. If you are (or might be) pregnant, understand that your unborn baby is particularly vulnerable.

**ELEMENTS OF THE HAZCOM PROGRAM:**

* Warning Labels on containers.
* Using the Safety Data Sheets (SDS) or specific, comprehensive, written information on the product that the manufacturer is required to provide to the user/employee.
* All chemicals used in your area will be identified in a binder with these sheets of information. Training will be done on hire and whenever a new product is introduced to your facility.

Each SDS contains the information listed below, but not necessarily in any standard format:

* Identification of chemical: product name and manufacturer.
* Hazardous ingredients: hazards and exposure limits.
* Physical and chemical characteristics: how it looks and acts.
* Fire and explosion hazards: effects, symptoms, first aid.
* Precautions for safe use: disposal, clean up.
* Personal Protective Equipment: (PPE) that must be worn.

**NEVER transfer products from one container to a different container or use any product from and unlabeled container.**

Responding to a Major Chemical, Biological or Radioactive Material Spill:

* Remove yourself and others from the area of the spill. Secure the area.
* Attend to injured/contaminated persons and remove them from exposure if it is safe to do so.
* Report all hazardous materials spills to your supervisor immediately.
* Have persons knowledgeable of the incident assist responding personnel.
* Attempt to clean up the spill only if you (1) have been trained, (2) have spill cleanup supplies, (3) have personal protective equipment and, (4) feel comfortable.

**GENERAL SAFETY**

As an employee, you have rights that protect you from health and safety hazards on the job. You have the right to participate in workplace health and safety programs and to know about potential hazards. You also have the right to refuse work that you believe is dangerous, and to stop working in certain circumstances.

**YOUR HEALTH AND SAFETY RIGHTS**

• **The right to know.** You have the right to know the hazards in your job. Your supervisor must make sure you know how to work safely.

• **The right to participate.** You have the right to play an active role in keeping your workplace healthy and safe. This includes training and participation on safety committees/programs.

• **The right to refuse unsafe work.** If you believe your job is likely to endanger you, you have an obligation to report the unsafe situation to management. If the situation is not corrected, you have the right to refuse to perform the work without reprisal.

Be aware of the risks involved in your job and set an example of safety awareness and safe practices for coworkers.

**a) General Safety Rules**

* Approach all aspects of your job with safety in mind.
* Use good body mechanics at all times.
* Keep hallways and corridors clear.
* Become familiar with safety hazards and evacuation routes in your work area.
* Report to your supervisor any unsafe conditions, situations or practices.
* Walk---don’t run
* Clean up spills immediately. Use wet floor signs appropriately
* Be aware of surroundings to avoid trips, slips and falls. Report any tripping hazards to the Safety Officer.

**Employee Reporting of Unsafe Conditions:** Employees are responsible for immediately reporting any unsafe conditions or potential hazards to their supervisor. Supervisors are expected to evaluate the concerns and implement corrective actions

Employees who are injured on the job must perform the following:

* Complete an Event Report in ActionCue under the Employee Injury Category
* Perform basic first aid if indicated
* Contact Supervisor for possible referral for Occupational evaluation/treatment and Urine Drug Screening

**Ergonomics:** Employees should be knowledgeable of the proper ergonomic conditions at their

work-station, and proactively arrange their workstation accordingly to prevent unsafe working conditions and job practices. The Safety Office provides ergonomic evaluations and training upon request. Ergonomics means designing the work place to fit the worker. In other words, making your work area worker friendly. Check your work area for the following problems:

1. Are the tables you work at too high or too low to comfortably fit your body frame?

2. Do you have to stretch to reach the items with which you work?

3. Does the location of work tools keep you from using proper lifting techniques?

4. Look around your facility for areas that make using correct lifting techniques difficult. It’s possible that by moving a shelf or rearranging items, the problem can be eliminated or reduced.

5. Take an active role in your well-being by communicating any problems to your supervisor.

**BACK SAFETY**

Employees should be knowledgeable of the back safety risks involved when performing their job functions, and proactively prevent unsafe working conditions and job practices. Back safety training can be provided upon request by the Safety Officer.

**Safe Body Mechanics:**

* Bend at your hips and knees, not at the waist.
* Keep loads close to your body. If you lift 50 pounds with your arms away from your body, the force of the load on your back reaches 500 pounds.
* During the lift, contract your stomach muscles to protect your back. Use the force of your legs to do the work-not your back and arms.
* Avoid twisting motions. They misalign your back and increase the risk of injury. Instead, take small steps and pivot.
* Be aware of your posture during daily activities. When experiencing back or neck pain, check your posture. Correcting your posture may help.
* Avoid overreaching, whether up, down, or across. Use a step stool when reaching something high.
* Don’t lift objects above shoulder height or below waist.
* Always keep your working surface slightly higher than waist level to avoid back strain.
* Push whenever possible instead of pulling.
* When you have to stand for long periods, minimize back strain by placing one foot on a stool or another similar object. Change positions frequently.
* Never lift a load that is too heavy for you.



**EMERGENCY PREPAREDNESS**

Emergency preparedness is the responsibility of every AMG employee in the event of an emergency response. Natural disasters, such as hurricanes/tornadoes, flooding, heat waves and human caused emergencies, such as transportation crashes, industrial explosions, terrorist activities or infectious disease epidemics are likely to result in the activation of emergency response procedures. The principles of the National Incident Management System (NIMS) and the National Incident Response Plan are based on an “all hazards” approach to emergency management. The six critical areas of emergency management include:

* communications
* resources and assets
* safety and security
* staff responsibilities
* utilities management
* patient clinical and support activities.

The clinical goal during emergency management is the greatest good for the greatest number of individuals. During disastrous circumstances, the most critical standards for clinicians providing care include:

* triage/admissions process
* maximizing worker and patient safety
* maintaining airway and breathing, circulation and control of blood loss
* maintaining or establishing infection control practices.

Challenges of emergency preparedness and management may include:

* loss of essential services, including electricity, water or the supply chain
* loss of infrastructure, including facilities or electronic information
* shortage of workers due to transportation loss, worker or worker family illness/injury or unwillingness to report to work
* size of affected population and sudden patient surge capacity or elevated injury severity scores
* relocation of care to an alternate facility

AMG employee responsibility during an emergency response/event:

* Use your professional competence to provide the best care possible given the resources and physical conditions under which you are working
* Listen for alarms and turn on the radio for any instructions.
* Do not leave the building or allow patients to leave the building unless you are given an evacuation order by the designated person in charge.
* Stay inside. If the building starts to shake or move, get all patients and yourself under something very firm: i.e., a desk, a well-supported table, an arch or a doorway.
* Avoid glass. Keep patients and yourself away from windows and any place where bottles may fall and break.
* Never permit lit matches or smoking if you are in a damaged building. Gas lines may have been broken and a fire hazard may exist.
* When it appears calm and safe to move about, proceed with caution. If there is significant damage, the building may have become unstable and many items may still fall and could cause injuries.
* Certain natural disasters are unpredictable. The eye of a hurricane is a false calm. Tornadoes have been known to double back. Earthquakes always have after-shocks. Always continue your disaster duties until the all-clear signal is given.
* Use assigned or announced information resources to clarify any changes in protocols or staff roles
* Use available rapid training to update readiness to respond to the specific event
* Communicate difficulties responding as expected through the assigned chain of command as quickly as possible



|  |  |
| --- | --- |
| **EVENT/DRILL** | **SAFETY CODE** |
| **Fire Alarm Activation/Fire** | **CODE RED** |
| **Newborn, Infant or Child Abduction** | **CODE PINK** |
| **Adult Cardiac/Resp. Arrest** | **CODE BLUE** |
| **Security Alert-Violence/Hostage** | **CODE WHITE** |
| **Severe Weather** | **CODE GREY** |
| **Bomb Threat** | **CODE BLACK** |
| **Disaster-Mass Casualty** | **CODE YELLOW** |
| **Hazardous Materials** | **CODE ORANGE** |
| **Active Shooter** | **CODE SILVER** |

* Know the location of the fire alarms, fire extinguishers and evacuation plan in your area
* Know the location of the Crash cart
* Announce the type of code and the location of the code overhead 3 times

**CULTURAL AND AGE SPECIFIC DIVERSITY**

**CULTURAL SENSITIVITY**

The goal of the health care system is to provide optimal care for all patients. We must keep in mind that culture and ethnicity are strong determinants in an individual’s interpretation or perception of health and illness. Religion, ethnicity, and culture interweave into the fabric of each response of a particular individual to treatment and healing.

ANA position statement

* Knowledge of cultural diversity is vital at all levels of nursing
* Cultural groups often utilize traditional health care providers, identified and respected within the group.
* Concepts of illness, wellness, and treatment modalities evolve from a cultural perspective or world view and are part of the total cultural belief system.
* Recognizing cultural diversity, integrating cultural knowledge, and acting, when possible, in a culturally appropriate manner enables nurses to be more effective in initiating nursing assessments and serving as client advocates.

Barriers to cultural competence:

* Equal Treatment Model-All people are treated the same. This is what my parents told me as I was growing up. Melting Pot syndrome-put everyone in same pot together. This could lead to failure to recognize ethnic differences and needs of various patients.
* Cultural Dissonance-When the needs of ethnic minority group in the hospital are not recognized this could lead to cultural dissonance. This is when 2 distinctively different cultures are match up to each other. In Nurse/Patient relationship, patient is often labeled as “non-compliant” because the patient’s individual or cultural needs are not fully explored.
* Ethnocentrism-Belief that one’s own culture is better than others. This is often unconscious but pervasive and imposed on the care of the patient. Nurses often believe that their ways (traditional western views) of health care practices are the best, most moral, and correct.

**AGE SPECIFIC CARE**

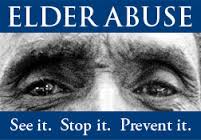
Each age group has different communication, comfort, and safety needs. How these needs are met depends, in part, on the age of the patient and your understanding of their needs. Please use the following information as a guide for age-specific care. See figure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Communication** | | **Comfort** | **Safety** |
| Toddler | -Introduce self to pt and caregiver, involve caregiver in plan  -Expect self-centered thinking from child  -Do not rush patient. May need time to think about what has been asked of him/her  -Use simple words to explain things | -Provide warmth  -Allow pt to keep favorite comfort objects  -Establish routine of care and keep continuity  -Consolidate care to provide rest  -Encourage use of playroom | -Do not leave unsupervised. Pt often does not recognize danger.  -Keep side rails up  -Provide non-flammable toys  -Avoid choking hazards  -Limit separation from caregiver |
| Pre-school | -Introduce self to patient and caregiver  -Get down to eye level to talk to child  -Do not rush patient  -Offer choices when possible  -Allow pt to touch equipment  -Include parents in explanations  -Expect regressive behaviors | -Allow pt to talk and verbalize fears  -Do not separate from comfort objects  -If frightened, may accept explana­tions/exams given on “teddy” or favorite toy  -Praise attempts to cooperate | -Limit separation from caregiver.  -Usually able to obey simple commands and recognize danger  -Set limits. Often cannot understand why something is acceptable vs. unaccept­able.  -Provide close supervision  -Provide safe environment  -Watch for hazards |
| School-Aged | -Introduce yourself  -Provide explanations appropriate to age.  -Talk to child directly  -Allow time for repeated questions  -Allow to explore equipment before use  -Involve in planning and decisions | -Allow security objects.  -Be subtle in encouraging child to take comfort object with him  -May need parent  -Use calm, unhurried approach  -Allow child some input on deci­sions  -Reassure that it is okay to cry | -Curious  -Able to accept limits  -Review rules and parameters of safety  -Provide safe environment  -May transport in wheelchair |
| Adole-scents | -Introduce yourself  -Use adult vocabulary. Do not “talk down” to  -Very curious- take time for explanations and questions  -Needs privacy  -Provide choices. | -Maintain privacy. May be very modest  -Allow patient to choose whether or not caretaker is present  -Take time for explanations | -Can recognize danger  -Inform pt of hospital/department rules  -Transport as an adult  -Provide safe environment |
| Young Adult/Early Middle Age | -Introduce yourself  -Call pt by title and last name  -Do not use endearment terms, such as “honey”; Be respectful  -Explain procedures using details  -Allow time for questions | -Maintain adult privileges- decision making, privacy, routine of personal habits  -Offer assistance with personal care  -Inform of available amenities/services  -Inform of hospital/department poli­cies (ex. smoking, visitors) | -Keep needed items within reach- in­cluding walking and hearing aids  -Fall precautions, if appropriate |
| Late Middle Age/  Late Adult | -Same as “Young Adult/Early Middle Age”  -Ensure assistive devices are in working order  -Speak slowly, clearly, looking at patient. Do not shout at the hearing impaired patient.  -Put objects where patient can see them  -Keep room well lit, use night- lighting | -Same as “Young Adult/Early Middle Age”  -Do not rush pt  -Ask family to bring in familiar items from home  -Tell confused pt who you are, where they are, and what time of day it is every time you meet them.  -May need repeated offers of assis­tance for personal care needs  -Follow home routine as closely as possible | -Fall precautions, if appropriate  -Keep needed items within reach, includ­ing walking aids  -Weak or confused pts may need special safety measures  -Do not rush pt. Reaction time is slower  -Help pt to and from bathroom if neces­sary |

**ABUSE AND DOMESTIC VIOLENCE**

Domestic Violence (DV) is a pattern of behavior used by one person in a relationship to gain power and control over another, usually an intimate partner. It can include physical, psychological, emotional, verbal, sexual, and/or economic abuse.

**Domestic Violence (Adult Partner Abuse)**

* 30% of female homicides are committed by intimate partners
* DV is the leading cause of death of both pregnant women and women who are one year post-delivery or pregnancy termination
* 25-45% of battered women were battered while pregnant
* Battered women account for 25% of women who attempt suicide

**Vulnerable Adult/Elder Abuse**

* Older adults may be subjected to a pattern of abusive behavior
* Abuse may be committed by a family member (such as an adult child or grandchild) or by someone with whom they have an intimate relationship, such as a spouse or life partner.
* In some cases, the family member or intimate partner may also be the caregiver.
* Vulnerable adults (such as physically or mentally disabled individuals) may be at risk for abuse.

Why doesn’t the victim leave? Fear, economic dependency, no one to help, shame, language and/or cultural barriers, poor self confidence

Why does the victim stay? Commitment, no place to go, children, religious beliefs, medical problems, immigration status

What to say: “What you are experiencing is abuse,” “It is not your fault,” “Help is available.”

* Indicators of Abuse:
* Injury pattern is inconsistent with mechanism or explanation
* Contusions, abrasions, minor lacerations, fractures, sprains
* Injuries to head, face, arms, neck, multiple injury sites, repeated chronic injuries, injuries in various stages of healing
* During pregnancy-breasts, abdomen, genital area
* Shyness, fright, embarrassment, evasiveness, passivity, jumpiness
* Limited access to finances
* Restricted ability to communicate by phone
* Chronic pain, chronic headache/migraine
* Depression, anxiety, sleep disturbances, vague complaints, headaches, choking sensation, hyperventilation, G.I. symptoms, panic attacks
* Substance abuse
* Feelings of isolation, inability to cope, suicide attempts or gestures, Post Traumatic Stress Syndrome
* Limited access to routine or emergency medical care
* Non-compliance with treatment regimens, missed appointments
* Lack of independent transportation
* Psychogenic Pain
* GI/abdominal complaints

**Neglect**:

* Active Neglect: The caregiver intentionally fails to meet his/her obligations towards the older person
* Passive Neglect: The failure is unintentional; often the result of caregiver overload or lack of information concerning appropriate care-giving strategies
* Signs of Neglect:
  + Evidence that personal care is lacking or neglected
  + Signs of malnourishment
  + Chronic health problems
  + Dehydration
  + Pressure Sores
* Self Neglect: An older person may fail to meet his/her own physical, psychological and/or social needs. Often, these individuals may be resistant to intervention as prior experiences with interventions has not been positive and perhaps experiences as harmful. The problem may escalate when paired with:
  + Physical impairment
  + Social Isolation
  + Malnutrition
  + Substance Abuse
  + Cognitive Impairment

**ADVANCE DIRECTIVES**

An Advance Directive formally permits patients to make their health care decisions known in advance of a medical crisis to their family, their friends, as well as the hospital.

There are two types of Advance Directives:

1. The Living Will provides the physician with instructions on what to do if the patient lapses into a coma-- use or withhold life support, artificially administered feeding, blood, etc.
2. The Durable Power of Attorney appoints an individual to speak for the patient and to make decisions on giving or withholding treatment in the event the patient cannot speak for themselves.

Advance Directives are a patient’s right by both the Federal and State Law. They are one means by which an individual can exercise self-determination over the types of treatment provided in specific situations.

**An Advance Directive is not the same as a DNR/No CPR order nor can it be assumed that the presence of an Advance Directives indicate that the patient does not want life sustaining treatment.**

To be **valid** an Advance Directive must be **signed and dated by the individual**, **in the presence of 2 adult witnesses or a lawyer or a notary or a judge**. At AMG, the following are **not permitted** to act as a witness:

1. The designated healthcare representative(s)
2. The attending physician

The directives can be revoked, changed or reinstated at any time by the patient, verbally or in writing (whether or not the patient is deemed competent at the time). The proxy may be called upon to further interpret the patient’s wishes if the patient is confused or unable to participate in the decision making.

The Advance Directive can be implemented when the patient lacks capacity and meets one of the following criteria:

1. He/she is determined to be permanently unconscious or in a persistent vegetative state
2. Treatment is determined to be futile or experimental
3. He/she has a terminal condition (6 months or less to live) with or without provision of life sustaining treatment
4. The patient has a serious irreversible illness or condition and the risks/burdens of treatment to be withheld or withdrawn outweigh the benefits or the imposing of the treatment on an unwilling patient in this condition would be inhumane

Upon every admission, inquiry will be made as to the presence of an Advance Directive. If the patient has a directive, a copy is to be obtained and placed in the medical record. If the patient has a directive but does not have it at the time of admission, that fact must be noted in the medical record. An attempt to obtain the directive must be initiated following admission by the staff.



**CORPORATE COMPLIANCE**

The AMG Corporate Compliance Plan is a comprehensive plan that ensures compliance with all Federal and State laws and regulations. This plan addresses ways to reduce vulnerability to fraud, abuse and waste, and what to do when there are violations.

**Goals of the Compliance Program:**

To do the right thing

To comply with all Federal and State laws and regulations

To have first knowledge if violations of laws and regulations occur

**Code of Conduct:** AMGseeks to maintain the highest level of professional and ethical standards in the conduct of its business. Each employee and person or entity associated with AMG is expected to act with integrity, focus on quality (especially the quality of patient care) and diligently adhere to all Federal and State laws.

**Compliance Officer:** The Compliance Officer is responsible to provide education and training programs for employees, respond to inquiries from any employee regarding appropriate billing, documentation, coding and business practices, and investigate any allegations of possible wrongdoing with the cooperation of the Corporate Compliance Committee.

Some Areas where Infractions May Occur:

* Billing and Coding – false or fraudulent claims
* Patient Dumping or EMTALA violations – patients are not refused care and must receive the appropriate medical examination prior to discharge or transfer
* Medicare, Medicaid and HMO contracts
* HIPAA – violating patient’s privacy and confidentiality
* Referrals and Kick-backs
* Compliancy Issues, Hotline and Reporting

State and Federal Laws:

* Require maintaining and retaining numerous different types of records.
* Failure to comply with thee laws and regulations may result in monetary penalties or suspension
* Any investigative demand involving the hospital should be reported to the CEO
* The Corporate Compliance Officer and Committee will handle all investigations

Anti-Kickback Laws:

* Laws written to prohibit personnel and representatives from knowingly and willfully offering, paying or receiving any money or benefit from third parties in connection with items or services billed to federal programs
* These laws are designed to prevent fraud in healthcare programs and abuse of public funds.

Stark Law:

* A federal law known as the “Stark Law” applies to any physician who has a financial relationship with an entity. If a financial relationship exists, referrals are prohibited.
* Employees are expected to monitor financial relationships and report any irregularities to their CEO or the Compliance Officer.



Gifts from patients and others:

* Patients, their family members and friends appreciate the care and assistance you and your co-workers give them.  Often they will thank you for it.  Occasionally, however they may want to repay you with a personal gift or even money.  When this happens, you must thank them for their kind thought and politely, but firmly refuse to accept their gift. If they insist, ask your supervisor for assistance. The CEO or Chief Clinical Officer, however, may accept a gift to the entire staff.

The Compliance Officer is available to receive reports of violations, or suspected violations, of the law or of the Compliance Plan and to answer employee questions concerning adherence to the law and to the Compliance Plan.

To report violations or suspected violations, call: Stephen Devall at 337-269-9566 or call the hotline number at 855-887-0696.



**INFECTION PREVENTION AND CONTROL**

**Standard Precautions Fact Sheet**

**STANDARD PRECAUTIONS APPLY TO ALL PATIENTS IN ALL CIRCUMSTANCES**

**I. Barriers –** Often called personal protective equipment, or PPE, these include the following:   
**A. Gloves:**bulletMust be worn for all potential hand contact with blood, contaminated equipment, waste or linen.

bulletPut on immediately before the task, changed between areas of contamination, and removed immediately after the task.

bulletNever wear the same gloves for more than one patient.

bulletPPE should not be worn outside patient rooms. You need to be clean when in the public areas.  
bulletRemove soiled gloves by rolling the soiled side inward.

bulletAfter removal, hands must be cleaned.  
  
**B. Gowns:**  
bulletThe type of gown to be chosen is one that will prevent contamination of your clothes or skin under “normal” conditions.  
bulletRemove as soon as soiled and before leaving the area.

bulletGowns may not be worn in non-patient care areas (i.e. during transport, in hallways, or other common areas).  
bulletRemove gowns using an inside-out motion, rolling the gown away from your body and discarding appropriately.  
  
**C. Masks/Eye Protection:**  
bulletMasks and eye protection (goggles or shields) should be worn together whenever spray or splatter is possible.  
bulletGlasses must have solid side panels to be considered protective.  
  
**D. Resuscitation Devices:**  
bulletFace masks with filters eliminate the need for mouth-to-mouth resuscitation and are located near areas for potential use.



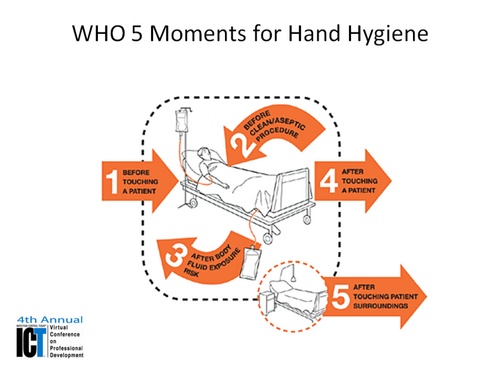
**Something to think about:**

42% of healthcare workers who had NO DIRECT CONTACT with patients, but touched surfaces near MRSA patients, had contaminated gloves!!! They had only touched side rails, linens, and IV pumps.

Reported by John M. Boyce, MD, Professor of Medicine at Yale. Boyce JM et al. Infect. Control Hosp. Epidemiol 1997;18:622

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**II. Work Practices**

**A. Hand Hygiene**

Hand washing is the single most important way to prevent infection and is part of the *Standard Precautions* used inhealthcare settings. It can reduce the transmission of healthcare-associated infections and stop outbreaks of infectious diseases. Many infections are transmitted on the hands of healthcare personnel. Washing with soap and water or using an alcohol-based hand sanitizer before and after patient care is essential for proper infection control.

So when should you clean your hands:

\* Before and after contact with a patient or the patients environment

\* After removing gloves-**Gloves are not substitutes for hand-washing, and hand-washing is not a substitute for gloves.**

\* Before handling medication

\* After going to the restroom

\* Before eating

\* Before and after any procedure is performed

\* Whenever your hands are visibly dirty or contaminated

\* Before manipulating an invasive device

\* After having contact with bodily fluids or excretions, non-intact skin, wound dressings or contaminated items.

If hands are visibly soiled hand-washing with soap and water is essential. Also, if you have a patient that has diarrhea or is positive for C diff (Clostridium Difficile) you must wash your hands with soap and water instead of hand sanitizer. Hand sanitizer containing at least 60% alcohol is recommended otherwise. Hand sanitizer is fast acting, causes less skin irritation and is as effective as hand washing except with visible soiling and diarrhea/C diff patients.

Hand-washing, whether with soap and water or alcohol sanitizer, is a process of debridement as much as it is an attempt to disinfect the skin surface. For this reason, the hand and wrists should be vigorously scrubbed for a minimum of 15 seconds to ensure adequate debridement of the skin surface. It is best to remove rings and jewelry that may harbor would-be pathogens before hand-washing. In fact, not wearing jewelry (rings, etc.) while providing health care to patients, would be advisable. Likewise, fingernails should be kept short; ¼ inch from tip of finger. No artificial nails can be worn if you work in a patient care area or handle food!

**B. Needle Use and Sharps Injury Prevention:**   
  
bulletNever recap needles with 2-handed technique. If absolutely necessary to recap, use a one-handed process.

bulletSafety needles should always be used if available.  
bulletDon’t bend or break needles.  
bulletPlace used needles in sharps container after use.

bulletNever administer medications from the same syringe to more than one patient, even if the needle is changed or you are injecting through an intervening length of IV tubing.

bullet Do not enter a medication vial, bag, or bottle with a used syringe or needle.

bullet Never use medications packaged as single-dose or single-use for more than one patient. This includes ampoules, bags, and bottles of intravenous solutions.

bulletAlways use aseptic technique when preparing and administering injections.

One Needle-One Syringe-Only One Time

**C. General:**   
  
bulletNo eating, drinking, smoking applying of cosmetics or lip balm, or touching contact lenses is allowed in areas where there is risk of exposure to blood/body fluids.  
bulletFood and drink must be stored and consumed away from infectious material.

**D. Waste and Linen:**

* Do not handle used linens more than necessary.
* Used linens must be bagged appropriately and carried to the appropriate place for storage/removal immediately.
* Spills of blood or body fluids should be soaked up while wearing gloves and the clean area sprayed or wiped with the approved hospital disinfectant.
* Follow the procedures outlined in your work area procedure manual.

**E. Patient Transport**

* Generally speaking, healthcare workers should not wear isolation attire to transport a patient.
* Using appropriate barriers on the patient is sufficient to protect the healthcare worker.
* For those instances when direct patient contact is needed during the transport (example: bagging patient on ventilator, emergency transport performing CPR, etc.) or when using barriers on the patient is not appropriate, then two or more healthcare workers are required to perform the transport.
* One healthcare worker remains “clean” and walks ahead to push elevator buttons and open doors etc. While the other healthcare worker(s) are garbed appropriately (gloves only) and helps push the bed and perform the necessary patient contact activities.

**TRANSMISSION BASED PRECAUTIONS FACT SHEET**

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**I. Contact Precautions**

Gown if appropriate/Gloves and hand hygiene

**Used for MRSA, VRE, scabies, rotavirus, RSV and other Multi-drug resistant organisms**bulletPatient Placement – Private room, if possible. Cohort if private room is unavailable.  
bulletGloves – Wear gloves when entering patient room. Change gloves after having contact with infective material that may contain high concentrations of micro-organisms (fecal material and would drainage). Remove gloves before leaving patient room.  
bulletHand Hygiene – After glove removal, cleanse your hands; ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient’s room to avoid transfer of microorganisms to other patients or environments.  
bulletGown – Wear gown when entering patient room if you anticipate that your clothing will have substantial contact with the patient, environmental surfaces, or items in the patient’s room or if the patient has incontinence, diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. Remove gown before leaving the patient’s environment and ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environments.  
bulletPatient Transport – Limit transport to essential purposes only. During transport, ensure that precautions are maintained to minimize the risk of transmission of micro-organisms to other patients and contamination of environmental surfaces and equipment. There should always be one clean person transporting the patient who can touch surfaces such as the elevator buttons.  
  
bulletPatient-Care Equipment – Dedicate the use of non-critical patient-care equipment to a single patient. If common equipment is used, clean and disinfect the equipment between patients.  
  
   
**II. Airborne Precautions N-95 Mask**

**Used for pulmonary TB (confirmed or suspected), Varicella-Zoster (chickenpox or shingles), smallpox, measles and other organisms that can be transmitted via airborne route.**  
   
bulletPatient Placement – Use a private room that has monitored negative air pressure, 6-12 air changes per hour, discharge of air outdoors or HEPA filtration if re-circulated. Keep room door closed and patient in room.  
  
bulletRespiratory Protection – Employees need to wear either a N95 respirator mask or a PAPR unit when entering the patient’s room.  
  
bulletPatient Transport – Limit transport of patient from room to essential purposes only. Use surgical mask on patient during transport. Surgical mask are designed to prevent the respiratory secretions of the person wearing the mask from entering the air.

**Tuberculosis**

* Tuberculosis (TB) is an infectious disease caused by various strains of Mycobacteria.
* Typically attacks the lungs
* Diagnosis consists of the following:
  + Positive TB skin test
  + Positive chest x-ray with upper lobe cavitations
  + Positive AFB culture
* Treatment is difficult and requires administration of multiple antibiotics over a long period of time. Airborne Isolation is required if the patient is hospitalized. Social contacts are also screened and treated if necessary. Antibiotic resistance is a growing problem in multi-drug resistant tuberculosis (MDR-TB) infections.
* Patients are screened for signs and symptoms (productive cough <3 weeks, weight loss, night sweats, fever) of TB, prior to admit.

 **Surgical Mask**   
**III. Droplet Precautions If within 3 feet of patient**

**Used for Influenza, N. meningitides, Pertussis, Parvovirus, Group A streptococcus, and RSV. Used for organisms that can be spread by close contact with the patient when they are coughing, sneezing, or talking.**

bulletPatient Placement – Private room, if possible. Cohort or maintain spatial separation of three feet from other patients or visitors if private room is not available.  
bulletMask – Wear surgical mask when working within three feet of patient (or upon entering room).

bulletGloves - Must be worn if handling respiratory secretions or objects recently contaminated with respiratory secretions.

bulletGowns – Wear gown when entering patient room if you anticipate that your clothing will have substantial contact with the patient or is known or expected to be infected with pathogens transmitted by respiratory droplets (i.e., large-particle droplets that are generated by a patient who is coughing, sneezing, or talking.

bulletPatient Transport – Limit transport of patient from room to essential purposes only. Use surgical mask on patient during transport.

**MC900371340[1]IV. C Diff/Special Enteric Precautions Gown Gloves Wash with SOAP & WATER**

bulletPatient Placement – Private room.

bullet Gloves – Wear gloves when entering patient room. Change gloves after having contact with infective material that may contain high concentrations of micro-organisms (fecal material and would drainage). Remove gloves before leaving patient room.  
bullet Gown – Wear gown when entering patient room if you anticipate that your clothing will have substantial contact with the patient, environmental surfaces, or items in the patient’s room or if the patient has incontinence, diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. Remove gown before leaving the patient’s environment and ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environments.

bullet Hand Hygiene – After glove removal, cleanse your hands with **SOAP AND WATER**. Ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient’s room to avoid transfer of microorganisms to other patients or environments. **DO NOT USE ALCOHOL HAND SANITIZER IN A PATIENTS ROOM WHO HAS C. DIFF OR DIARRHEA!! You must clean hands with soap and water to remove potential spores.**

**Blood Borne Pathogens and Personal Protective Equipment**

1. Exposure to blood borne pathogens can occur through: contact with broken, chapped, or cut skin; needle stick injuries; and contact with mucous membranes.

2. AMG maintains a Universal Precautions policy. All staff will utilize Standard Precautions.

3. Personal protective equipment helps you practice universal precautions and is one of your best defenses against exposure to infectious materials. When you use the appropriate personal protective equipment, and use it correctly, you can significantly reduce your risk of infection.

4. When using personal protective equipment, be sure it:

a. Fits properly each time you use it.

b. Provides you with the protection you need. It should not allow blood or other potentially infectious materials to pass through our reach your clothes, skin, eyes, mouth, or other mucous membranes.

5. AMG provides the following personal protective equipment for your safety. For the location of this equipment or if you have any questions, please see your supervisor/manager.

a. Gloves - powered/powder-free/latex-free

b. Face masks

c. Particular respirator face masks (to be used with respiratory isolation)

d. Face shields

e. Goggles

f. Impervious gowns

g. Shoe covers

h. Surgical caps

i. ABG needle re-sheathers

j. Protective IV angiocaths

k. Safety BGM lancets

l. Sheathed syringes

m. Protected butterfly needles

n. Protected vacutainer barrels

o. Plastic blood collection tubes

p. Sharps containers in various sizes

q. Needleless IV system

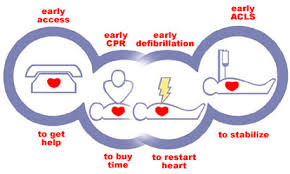
In case of a BBP exposure, perform the following steps:

* If exposed, wash site with soap and water (puncture) or water (mucous membrane).
* Complete an Event Report for Employee Injury in ActionCue.
* Call physician and obtain an order for HIV, HepB, HepC testing
* Follow procedure for lab draw
* Follow up with supervisor for instructions on obtaining employee baseline testing and urine drug screen.
* Follow any precautionary instructions given by MD until any results received or follow-up is indicated.



**Basic First Aid**

**Chain of Survival**

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Bleeding Control:

* Control methods for External bleeding:
  + Direct pressure stops most bleeding
    - Wear medical exam gloves
    - Place a sterile gauze pad or a clean cloth over the wound
* Elevate injured part to help reduce blood flow
  + Combine with direct pressure over the wound
* If bleeding continued, apply pressure at a pressure point to slow blood flow
  + Pressure point locations:
    - Brachial (top of elbow)
    - Femoral (inside upper thigh)

Shock:

* What to do:
  + After first treating life-threatening injuries such as breathing or bleeding, the following procedures shall be performed:
    - Lay the victim on his/her back
    - Raise the victim’s legs 8”-12” to allow the blood to drain from the legs back to the heart
    - Prevent body heat loss by putting blankets under and over the victim

Burns:

* Burns have been described as:
  + First degree burns (Superficial)-only the skin’s outer layer (epidermis) is damaged. Symptoms include: redness, mild swelling, tenderness and pain. These burns usually heal without scarring.
  + What to do:
    - Immerse in cold water 10-45 minutes. Cold stops burn progression.
    - Aloe

Choking:

* What to do:
  + Unconscious Victim:
    - Ask someone to call 911
    - Lower victim to floor on back or left side and perform Heimlich Maneuver
    - Open airway with tongue-jaw lift
    - Look inside mouth-if you cannot see anything, do not do a finger sweep
    - Try to give two full rescue breaths
    - If these do not go in, reposition the head and give a recue breath
    - Perform abdominal thrusts
    - Continue until successful or help arrives

**HIPAA**

SECURITY:

AMG strives to maintain a secure workplace for its employees. In addition, we desire to maintain security concerning its property including its premises, data, information, or other company property.

In order to help us maintain a secure workplace and security concerning our property, the following rules and guidelines must be followed:

* Access devices and access codes must only be used by authorized workforce members and should not be given to any unauthorized person or non-employee.
* Access to AMG premises and to company property should only be given to authorized persons. Unauthorized persons should not be given access to company premises and property during non-working hours.
* Passwords for computers and other electronic devices must be kept confidential and should not be given to any unauthorized person or non-employee.
* Observation of any unauthorized individuals on AMG premises or utilizing company property must be immediately reported. In addition, any suspicious activity or "out of the ordinary" activity must be immediately reported to AMG.
* Company property must not be given to any unauthorized person or non-employee without the express written permission of AMG.
* [](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&uact=8&docid=PC9dJAiKP91XXM&tbnid=Hp93wvmQnRwM0M:&ved=0CAUQjRw&url=http://www.bayareacouncil.org/cybersecurity/balancing-act-big-data-privacy-and-security/&ei=uYTSU9vVJYqN8gGnlIDoDA&bvm=bv.71667212,d.b2U&psig=AFQjCNGIrln1iWl44Ydm8Zl2IZbwqAbAwg&ust=1406391797214540)All doors and entrances should be locked, as applicable.
* Emergency numbers are posted in each location for the following:

Emergency - 911

Police

Fire

Poison Control

Employees should use common sense and good judgment in any emergency situation or in any situation involving security issues.

CONFIDENTIALITY:

AMG is protective of its confidential, proprietary and business information. During the course of employment, workforce members may access, obtain or generate confidential information. Confidential information includes, but is not limited to the following: financial information, computer software, technical information, research and development, product information, processes, patient information, medical information, protocols, customer lists, provider information, customer data, pricing information, sales information, marketing information, purchasing information, inventory information, data processing, processes, formulas and matters that are sensitive, business, proprietary and confidential in nature.

[](http://www.google.com/imgres?imgurl=http://cdn2.bigcommerce.com/server5800/f7435/product_images/uploaded_images/privacy.jpg&imgrefurl=http://www.ecomoso.com/privacy-and-security/&h=282&w=425&tbnid=34iH6kUjMWktKM:&zoom=1&docid=AVDUAE5anHkGcM&hl=en&ei=dYTSU9fsBKOR8gGmiIC4CQ&tbm=isch&ved=0CGMQMygqMCo&iact=rc&uact=3&dur=1405&page=2&start=27&ndsp=44)

Workforce members are prohibited from disclosing or disseminating confidential information to any unauthorized person and/or to any person outside of AMG. This confidentiality obligation exists during the term of any employee's employment or contract staff members term and continues after any separation from employment or contract. Workforce members are also prohibited from using confidential information of AMG for their own interest or for the interest of others.

COMMITMENT TO PRIVACY AND SECURITY:

AMG is committed to safeguarding the confidentiality of protected health information to ensure that any patient information created, received, or maintained by AMG is only used or disclosed in accordance with AMG policies and federal and state regulations.

AMG is protective of medical information that it generates and/or maintains concerning Company patients, employees and third parties. This information includes, but is not necessarily limited to the following: medical records, physician notes, provider information, progress notes, prescriptions, medical data, diagnoses, treatment records, test results, laboratory records, and any and all other information and/or documentation which is medical in nature and/or which in any way relates to an individual’s physical, mental and/or health condition.

Employees and other workforce members must comply with all health information privacy and security policies and procedures approved by AMG. All employees and designated workforce members must also take the HIPAA new hire/annual training to obtain detailed training on HIPAA regulations and how it relates to day to day activities. All HIPAA related policies and procedures may be found on [www.amgihm.com](http://www.amgihm.com) and may be accessed through a company computer.

Any workforce member who violates a HIPAA policy is subject to disciplinary action up to and including immediate termination of employment or contract.

PROTECTED HEALTH INFORMATION (PHI):

Protected Health Information (PHI) is information that is created or received by AMG that identifies a person or can reasonably be used to identify the person, and relates to that persons health, healthcare treatment or healthcare payment in any form, including paper, electronic or spoken. Examples include, but are not limited to:

* Medical charts
* Patient billing statements
* Lab & x-ray reports
* Images such as x-rays, EKGs
* Phone calls
* Personal conversations
* Census reports

Limit discussion regarding patient information to appropriate settings. Use and disclose patient information on a need-to-know basis for legitimate purpose of treatment, payment, and operations (TPO). Protect patient information and disposal of this information used or stored in any format.

**TIPS FOR SAFEGUARDING HEALTH INFORMATION**

Our company has processes to protect, monitor, and control information access to PHI in all forms whether written, spoken, or electronic.

**Protecting Health Information in Paper Form**

• Do NOT leave papers unattended on printers, copiers, or fax machines

• Use a cover sheet when faxing PHI

• When transporting information, secure in a container and transport in the trunk of your vehicle. If no trunk, store in container in the back seat on the floorboard

• Shred information no longer needed that contains identifying information

• Remove labels from IV bags, pill containers, etc. prior to disposal

• Do not over stuff shred bins

• Secure/lock medical records

• Keep health information away from public view

• Don’t write PHI on a white board if it is accessible to the public

• Don’t leave PHI unattended in your home for family members to access

**Protecting Spoken Health Information**

• Do NOT talk about patient’s care in public areas

• Ask patients permission before speaking about patient’s condition in front of visitors in patient’s rooms

• Use professional judgment when making decisions about sharing PHI with friends and family when patient is incapacitated or otherwise unable to give authorization for sharing information with friends and family

**Protecting Electronic Health Information**

• Log off or lock computer screens when leaving your computer

• Create strong passwords – combination of upper case and lower case letters and numbers

• NEVER share User IDs or passwords

• Keep computer screens pointed away from public view

• Report viruses and computer errors immediately to your supervisor and the IT Help Desk

• Do NOT write down User IDs or passwords, if you must, they must be stored and locked where only you have access

• Password protect all mobile devices - contact the IT department for assistance with password protection of the files on these devices (laptops, flash drives, CDs, blackberrys, etc)

• PHI must not be transmitted via e-mail without prior approval of the IT department to ensure appropriate password-protected encryption security

• Keep portable data devices in a safe and secure place

• Properly dispose of mobile devices that are no longer needed (Contact IT for assistance)

• Don’t text patient information

• Don’t allow family members or others access to your work computer/device that contains PHI

• Do not post comments about patients or your job on Facebook or other social networking sites

If you use it or have access to it, then protect it! If you are unsure, err on the side of caution and do not disclose the information.

**HOW TO REPORT A PRIVACY OR SECURITY INCIDENT/BREACH**

If you become aware of a Privacy or Security violation, you should notify any of the following:

• Your Manager/supervisor who in turn reports it to the Facility Privacy Officer/HIM Director

• Directly to the Corporate Privacy Officer via phone (337-269-9566) or email sdevall@amgihm.com

• If it involves a security incident, also immediately contact IT via phone at 337-269- 9566.

* An Event Report should be entered immediately into ActionCue.

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| Rev.9/2013 | **HIPAA Breach management tool** |

All Company Managers will use this tool to assist in taking the appropriate steps during a potential Privacy/Security breach. Employees are responsible for reporting any suspected breach of PHI immediately to their direct supervisor.

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| --- | --- | --- | --- | --- | --- |
| **IF YOU HAVE IDENTIFIED A POTENTIAL BREACH, IMMEDIATELY FOLLOW THE STEPS BELOW:** | | | | | |
| **Electronic PHI (e-PHI) Breach** | | **Paper or Verbal Breach** | | | |
|  | 1. Contact IT to disable User IDs and passwords |  | 1. If the breach involves a theft, contact the police and file a police report | | |
|  | 1. If the breach involves a theft, contact the police and file a police report |  | 1. Contact the Privacy Officer – 337-269-9566 or swallis@amgihm.com | | |
|  | 1. Contact the Privacy Officer – 337-269-9566 or swallis@amgihm.com |  | 1. Determine the exact date the breach was first discovered | | |
|  | 1. Determine the exact date the breach was first discovered |  | 1. Complete an event report in ActionCue | | |
|  | 1. Complete an event report in ActionCue |  | 1. Determine the number of patients affected | | |
|  | 1. With the assistance of IT, determine the number of patients affected |  | 1. Compile information regarding individual patients and specific types of PHI involved:  * Psychiatric/Mental Health * HIV * Other sensitive data | | |
|  | 7. Compile information regarding the individual patients and specific types of PHI involved:   * Psychiatric/Mental Health * HIV * Other sensitive data |
| **Privacy Officer will:**   * + Perform breach investigation   + Complete the Risk Assessment   + Determine if notification to the patient is required   A breach affecting 500 or more individuals also requires notification to the media and the secretary of the Department of Health and Human Services. | | **Privacy Officer will:**   * + Perform breach investigation   + Complete the Risk Assessment   + Determine if notification to the patient is required   A breach affecting 500 or more individuals also requires notification to the media and the secretary of the Department of Health and Human Services. | | | |
| **Business Associate (BA) Breach:** Upon notification by a BA of a discovery of a breach, the agency/facility shall contact the Privacy Officer. The agency/facility, at the direction of the Privacy Officer, will be responsible for notifying the affected individuals, unless otherwise agreed upon by the BA to notify the affected individuals. | | | | | |
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| |  |  | | --- | --- | | Rev.9/2013 | **HIPAA Breach management tool** | | | | | | | |
| **Patient Notification:**  If it is determined that patient notification is required, the **Privacy Officer** will assist with the following:   * Draft the notification letter (letters will be mailed by the facility on facility letterhead once approval is obtained by the Legal Department) * Notify Senior Management * If more than 500 individuals are affected, the Compliance Officer and Privacy Officer will:   + - Work with Senior Management regarding Media notification     - Notify the Secretary at DHHS | | | | | | |

**Breach Definition:** Means the acquisition, access, use, or disclosure of protected health information (PHI) in a manner not permitted under the Privacy Rule which compromises the security or privacy of the PHI and is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the PHI has been compromised.

**Notifications:** Patient notifications must be provided without unreasonable delay and in no case later than 45-60 days, depending on state law. There are additional reporting requirements, such as notification to consumer reporting agencies and the Attorney General in certain states as well.

**Electronic PHI (e-PHI):** PHI that is created, received, stored, maintained, processed, and/or transmitted in computer-based electronic media.

**Discovered:** The first day on which a breach is known to the facility, or by exercising reasonable diligence, would have been known to the facility.

**Business Associate (BA):** A person or organization who is not part of this Hospitals workforce, but in performing services on behalf of Hospital, needs PHI to complete their responsibilities. The **following** are sample functions performed by a BA: Medical Transcription, Record Storage, Consulting, Patient Satisfaction, Information Technology/Software Support, Shredding, Billing, etc.

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**RISK MANAGEMENT**

**It’s Everyone’s Responsibility**

Risk is the possibility of loss, injury, disadvantage, or destruction. Risk management is identification, measurement, control, and minimization of safety and security risks in healthcare systems to a level commensurate with the value of the assets protected.

Some of the assets that we strive to protect include the safety and security of our patients, employees, and visitors, the financial assets of our company, and our community reputation as a quality healthcare organization.

Every employee has the potential to positively or negatively impact the quality of care in our organization. Your actions at any given time can and will affect the outcomes for patients, the profitability of our facilities, or the way other employees handle a similar situation.



A few common health care risk areas include patient or visitors falls with or without injury, patients who develop pressure ulcers, patients who elope falling to monitor patients with alarms, falling to follow policies & procedures & employee injuries.

**Event Reports**

Incident reports are AMG’s way of tracking and trending situations that fall outside of the expected “norm” of patient care, or for gathering data when an employee or a visitor has an accident. They are part of our quality monitoring process and are used to gather a standardized set of information to aid AMG in analyzing the systems and processes that were in place at the time of the event.

Event reports are not used as disciplinary action against an employee. They are also not meant to be accusatory or punitive in nature. The main purpose of an event report is to improve patient care by preventing the event from occurring again.

Some important things to remember about Event reports are:

1. Always complete every area on the report (leave no blank areas) in the ActionCue system.
2. Never document in the patient’s medical record that an event report has been completed (document the facts from the event- but no reference to the actual event report form) and never place event report on patient’s chart.
3. Never make copies of the event report.
4. Never assume anything- document only the objective facts.
5. Always forward to management as soon as possible.
6. Event reports are to be initiated by the person who discovers or witness the incident.

A near miss is an event that probably would have happened if someone hadn’t caught it at the last minute or identified a problem with the system or process. Identification and documentation of these near misses can prevent similar incidents from occurring in the future.

**CUSTOMER SERVICE**

AMG is committed to continually improving customer satisfaction. We regularly survey patients and families of patients for input about our performance, and we train all employees in customer service.

Families and patients expect and deserve outstanding clinical care, and we (AMG) must and will deliver care with respect, compassion and sensitivity.

Our statement of service standards identifies the qualities and behaviors we expect employees to demonstrate in all interactions with patients, families and each other.

****AMG cares about our patients, families and employees. Therefore, we will be Courteous, Attentive, Respectful, Enthusiastic, and Safe.

1. **COURTEOUS:**

* + We will be polite whenever we communicate (in person, in writing, by phone, fax or email)
  + We will be friendly and welcoming by making eye contact
  + We will acknowledge patients by name
  + We will introduce ourselves by name, title or role
  + We will wear our ID badges so they can easily be seen and read
  + We will knock and wait a moment before entering a patient’s room
  + We will not disturb others
  + We will talk quietly when we are in patient care areas, shared offices, public spaces and hallways
  + We will limit group conversations in public areas and will be aware of where personal conversations take place

1. **ATTENTIVE:**
   * We will attend to patients and families immediately
   * We will notice when someone looks confused or lost and will stop to help. If possible, we will walk customers to their destination
   * We will explain plans and procedures in words our patients understand
   * We will invite and answer questions
   * We will anticipate, explain and apologize for any delays
2. **RESPECTFUL:**
   * We will treat patients and families as partners and members of the health care team
   * We will respect differences in values, cultures, beliefs and ages, and will incorporate our awareness of diversity into our daily practices
   * We will respect the dignity of all and will show empathy and consideration in our words and actions
   * We will protect the confidentiality of information. We will limit discussions of confidential information to appropriate, private locations
   * We will demonstrate our respect for our patients and our institution through our behavior, our words and even our dress. We will dress appropriately, adhering to our department’s dress code. We will present a positive image of AMG in all our interactions
3. **ENTHUSIASTIC TEAM MEMBERS:**
   * We will trust, respect, support, and assist our coworkers
   * We will work cooperatively, as members of a team
   * We will acknowledge our coworkers contributions by saying “please” and “ thank you”
   * We will contribute to a positive work environment
   * We will be timely and meet deadlines
   1. **SAFE**
      * We will practice good personal hygiene and grooming. When caring for patients, we will wash our hands, preferably in front of patients and families
      * We will maintain a clean and safe environment for colleagues and patients. We will pick up after ourselves, pick up trash and use trash cans



**HUMAN RESOURCES**

**BREAKS**

One fifteen (15) minute rest period will be granted during each uninterrupted four hour tour of duty at the discretion of the supervisor or department head, depending on the individual needs of the department.

**LUNCH/DINNER PERIOD**

All employees MUST take a thirty-minute meal break each workday without interference from regular duties. There is an automatic deduction of 30 minutes for meal breaks and it is expected that any employee working a six hour shift or greater take a 30 minute meal break. Your Supervisor will assign an appropriate time for your meal period.

****

**PERSONAL APPEARANCE**

* Each worker should take personal interest in being neat and clean at all times. Special attention should be given to neat uniforms, clean (non-skid) shoes, and personal hygiene.
* Nametags or I.D. badges must be worn at all times while on duty.
* Hair should be neat, clean, and combed. Beards and moustaches should be neatly trimmed and groomed.
* To maintain compliance with infection control, artificial nails cannot be worn.

Recognize that patients, employees and visitors to our Facility may have sensitivity and/or allergic reactions to fragrant products. Personal fragrant products suitable to the workplace are to be used in moderation. Any fragrance, which offends another, will have to be reduced or eliminated.

Cosmetics, jewelry, and accessories suitable to the workplace are to be used in moderation. No visible body piercing or body studs will be allowed (i.e., nose rings, tongue studs, lip rings, ear gauges, etc.). Tattoos should be appropriate for the workplace and non-offensive in nature.

**AUTHORIZED CLOTHING**

* All Nursing/Clinical, Therapists, Housekeeping and Dietary staff MUST wear the scrub color designated for their employed position. See your HR Administrative Assistant for color chart.
* All staff MUST wear closed toe shoes, which comply with non-skid regulations. Tennis shoes must be leather. Please see the Chief Clinical Officer for the types of skid-resistant shoes that are permissible.

**PERSONAL TELEPHONE CALLS AND CELLULAR PHONES**

Employees and all contract workers should instruct relatives and friends NOT to contact them by phone at work except when extremely necessary or for an emergency. Employees will be contacted for emergency calls only. Messages will be taken for all other calls. Messages can be picked up at the Nurse’s Station or Front Desk. Employees with patients are instructed NOT to leave service of the patient to take or make a personal call, unless it is an emergency.

Personal Communication Devices are defined as electronic media or communication devices like, but not limited to, cell phones, pagers, text pagers, wireless devices, tablets, computers, etc.

AMG does not permit the use of cell phones or personal communications devices in any patient care areas in order to ensure and protect patient privacy as well as to avoid any possible interference with medical equipment or the healthcare team. Employees should leave their cell phone/personal communications device in their locker or other secure location during work hours. Employees may retrieve messages only in non-clinical areas on personal breaks and lunch time. However, employees must respect the privacy of co-workers and are not allowed to use cell phones in the employee lounge when other employees are present.

**Texting of patient information is not permitted.** Texting of any patient information/protected health information is a violation of federal law and forbidden

Digital Cell phone photography in the hospital is forbidden.

**SOCIAL MEDIA**

*Social Media* includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else’s web or log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with the Company, as well as any other form of electronic communication.

The same principles and guidelines found in the Company’s policies and beliefs apply to your activities online. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of fellow employees or otherwise adversely affects members, patients, customers, suppliers, people who work on behalf of the Company or the Company’s legitimate business interests may result in disciplinary action up to and including termination.

***Know and Follow the Rules***



Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

Employees must refrain from using social media while on work. Do not use the Company’s email addresses or your work email addresses to register on social networks, blogs or other online tools utilized for personal use. The use of any social media at work is strictly prohibited.

**PERSONAL ITEMS**

AMG assumes NO responsibility for the repair or replacement of any personal items such as clothing, eyeglasses, jewelry, etc., worn by the employee. Please park your vehicle in a legal parking space and always lock it when it is not in use. We will not be responsible for damage to your car. We will not be responsible if it is stolen. AMG also assumes NO responsibility for any personal items you bring with you to work, such as photo frames, flowers, tools, dishes, electronic devices, etc. You are responsible for these items and anything broken or stolen will not be repaired or replaced.

**SEXUAL HARASSMENT**

It is the policy of the Company to provide a work environment free of discrimination and sexual harassment for all employees.

Sexual harassment is a form of misconduct, which undermines the integrity of the employment relationship. No employee, either male or female, should be subject to unsolicited or unwelcome sexual overtures or conduct, either verbal or physical. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior which is not welcome, is personally offensive, and which undermines morale, and therefore, interferes with an individual’s work effectiveness.

Such conduct is specifically prohibited, whether committed by supervisor or co-workers. This includes:

1. Repeated overt, offensive sexual flirtations

2. Advances or propositions

3. Verbal abuse of a sexual nature

4. Graphic or degrading comments about an individual or his/her appearance

5. Display of sexually suggestive objects or pictures

6. Any offensive or abusive physical contact

All incidents of sexual harassment must be reported immediately to your Immediate Supervisor, HR Administrative Assistant, facility CEO, or AMG Corporate Compliance Officer. The company will investigate any charges of this nature, and any person found guilty of sexual harassment will be subject to strict disciplinary actions up to and including dismissal.

**DRUG, ALCOHOL AND TOBACCO FREE WORKPLACE**

AMG is committed to maintaining a work environment that is safe for our employees, patients and their families, and others doing business on the Hospital’s premises; and, is conducive to attaining high work standards and quality health care. This commitment is jeopardized when any AMG employee and/or any other person on Hospital grounds uses illegal or unauthorized drugs or reporting with any detectable trace amounts of drugs or alcohol in their system, regardless of when or where the prohibited substance entered the person’s system. It is a violation of Hospital policy for any employee, visitor or contractor to possess, sells, trade or offer for sale illegal drugs or alcohol. Employees and outside contractors are subject to drug/alcohol testing, including: random, reasonable cause, and post-accident or injury testing, as a condition of employment or continued employment, and doing business with the Hospital. Any employee who is found in possession of or who, after a Hospital investigation, is determined to have used or being in possession of the items or substances prohibited by the Smoking and Tobacco-Free policy, will be removed from the Hospital premises and will be subject to appropriate disciplinary action, including termination of employment.

NO SMOKING, TOBACCO USE, OR USE OF ELETRONIC SMOKE DEVICES INSIDE ANY BUILDING OR STORAGE AREA!! NO EXCEPTIONS!!

**PATIENT COMPLAINT/GRIEVANCE**

**Patient/Family Complaint** – is defined as a patient/family member or representative’s expression of displeasure or dissatisfaction with service received (Examples include: Cold food, room too hot, call light not answered fast enough). A resolution is achieved at the time of the complaint by staff present or who can quickly be at the patient’s location to resolve complaint.

**Patient/Family Grievance** – is defined as something that affords just cause for complaint or protest; and/or an issue unresolved following the normal complaint procedure that cannot be resolved promptly by staff present (Examples include: theft of property, allegations of abuse, inappropriate staff behavior). It can be submitted in written or oral form by a patient and/or family member or representative, regarding patient care, abuse or neglect, or issues related to the hospital’s compliance to CMS requirements.



Complaint policies for healthcare facilities assure the right of all patients to express, either through written or verbal means, complaints about their care or service provided, and to have the healthcare facility investigate such complaints.

Complaints from a patient or his/her designee initially are referred to the CCO and Leadership team or charge nurse. Resolution with the patient or family member is sought, and documentation of the process and outcome is completed, in a timely manner. The nature of the complaint, investigation and findings are reviewed with the appropriate personnel and submitted to Administration for tracking. The healthcare facility shall provide the patient or designee with a written response, if requested by the patient. The findings of the investigation are summarized, along with any actions taken to rectify the problem, if needed.

The healthcare facility is responsible to notify the patient, that if the patient or designee is not satisfied with the facility’s response, the patient may take the complaint through a facility grievance process/committee or they may complain directly to the State Department of Health. The facility is required to provide the telephone number of the SDOH office to the patient or designee.

**PATIENT RIGHTS**



Upon admission, each patient is provided with a written statement of patient rights. This statement included the rights of the patient to make decisions regarding medical care and conforms to all applicable State and Federal Laws.

Patient’s Rights are as follows:

1. The right to be informed of your rights before receiving care and/or upon discontinuation of care, whenever possible.

2. The right to have a designated representative or physician promptly notified upon your admission.

3. The right to receive medically appropriate respectful care given by competent personnel without discrimination based upon age, race, creed, color religion, sex, sexual preferences/orientation, marital status, disability, national origin, handicap, diagnosis, ability to pay or source of payment.

4. The right to be treated with consideration, respect and recognition of your individuality, including the need for privacy in treatment.

5. The right to be informed of the names and functions of all healthcare professionals providing you direct care and to know who has overall responsibility for your care.

6. The right to receive the services of a translator or interpreter.

7. The right to participate in the development and implementation of your plan of care.

8. The right to make informed healthcare decisions or have your family, with your permission, or legal representative (as allowed by state law) make informed healthcare decisions regarding your care. You have the right to the information necessary to make treatment decisions and to request a change in your physician or transfer to another health facility due to religious or other reasons.

9. The right to be fully informed about your healthcare including the rights to: accept or reject care; be informed of your health status; be involved in care planning and treatment; prognosis for recovery; request or refuse treatment to the extent permitted by state law; and be informed of the medical consequences of refusing treatment.

10. The right to be included in, or to refuse to participate in, experimental research through your informed and written consent.

11. The right to know the identity and function of other healthcare or educational institutions authorized to participate in your treatment. You also have the right to refuse treatment from these other healthcare or educational institutions.

12. The right to formulate advance directives and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law and have hospital staff and practitioners who provide care in the hospital comply with these directives.

13. The right to be informed by the attending physician and other providers of health care services about any continuing health care requirements after your discharge from the hospital. You also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge.

14. The right to have your medical records, including all computerized medical information, kept confidential in accordance with applicable federal and state law.

15. The right to access information contained in your medical records within a reasonable time frame by you or your legal representative within the limits of state or federal law Psychiatric records may be limited in accordance with hospital policy, state, or federal law.

16. The right to be free from restraints and seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.

17. The right to be free from all forms of abuse and harassment.

18. The right to receive care in a safe setting.

19. The right to examine and receive an explanation of your bill, regardless of the source of payment, and the right to receive upon request, information relating to financial assistance available through the hospital.

20. The right to be informed of your responsibility to comply with hospital rules, cooperate in your own treatment, provide a complete and accurate medical history, be respectful of other patients, staff and property, and provide required information regarding payment of charges.

21. The right to receive a full explanation of the reason for transfer, provisions for continuing care and acceptance by the receiving institution (except in emergencies).

22. The right to be informed in writing about the hospital’s policies and procedures for initiation, review, and resolution of a complaint, including the address where complaints may be filed with the department of health and hospitals.

23. The right to choose who may visit you during your inpatient stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including a same-sex domestic partner), or another type of visitor, as well as their right to withdraw such consent to visitation at any time.

24. The right to assistance in obtaining consultation with another physician or practitioner at your request and own expense.

25. The right, upon request, regardless of reimbursement mechanisms, to be informed of customary charges, in advance, for the type of hospital stay anticipated.

 *A Patient has the responsibility to...*

* Provide information about present and past illnesses, hospitalizations, medications and other matters relating to your health history.
* Have members of your family authorized to review your treatment, if you are unable to communicate with doctors or nurses.
* Formulate an advanced directive and appoint a surrogate to make healthcare decisions on your behalf, to the extent permitted by the law.
* Ask questions if you do not understand directions or procedures.
* Help your doctor, nurse, and healthcare support staff in their efforts to care for you by following their instructions and medical orders.
* Report safety concerns immediately to your doctor, nurse, or any healthcare support staff.
* Ask for pain relief when pain first begins and tell your doctor or nurse if your pain is not relieved.
* Avoid drugs, alcoholic beverages or toxic substances, which have not been administered by your doctor.
* Accept medical consequences if you do not follow the care, service, or treatment plan provided to you.
* Help control noise and the number of visitors in your room
* Respect the property of other people and of the Hospital
* Use the call light provided for your safety.
* Be considerate of other patients.
* Provide accurate information needed for processing your insurance coverage.
* Be responsible for payment of all services, either through your third party payers (insurance company) or by personally making payment for any service that are not covered by your insurance policy(s)



**ORGAN DONATION**

Organ recovery and allocation is regulated by CMS, a division of the U.S. Department of Health and Human Services. Once a death is reported to the local recovery agency, protocols require that the family be contacted by the organ recovery agency within a few hours regarding the opportunity to donate. Medical specialists evaluate the potential donor’s medical history to determine suitability of donation or procurement.

Organ donation may occur after all life saving efforts have been exhausted and it is determined that the patient’s death is imminent (remaining on vent). Organs that can be donated:

* Heart
* Liver
* Kidneys
* Lungs
* Pancreas
* Small Intestines

Tissue or eye donation may be recovered from virtually all deceased persons, regardless of the cause of death. Examples include:

* Corneas
* Eyes
* Skin
* Bone
* Tendons
* Ligaments
* Vessels
* Heart Valves

**Quality Management and Performance Improvement**

Achieving Quality Outcomes requires a team effort. Regardless of what position you work, you are responsible for contributing to overall Quality of Care which increases the likelihood of achieving our desired outcome of Optimal Service and Patient Outcomes

**What is Performance Improvement?** It is an ongoing effort to find new and better ways of doing things. It provides an opportunity to improve processes and thus outcomes

**FOCUS**

**PDCA**

E**VENT REPORTING**

The purpose of an Event Report is to document, track and trend those happenings which are not consistent with the routine operation of the facility or the routine care of a patient. They are important tools in process improvement and are intended for use in improving the quality of patient care.

**What is considered an event?**

* Any event, which is not consistent with the routine care of a patient or any circumstances that threaten the physical safety and well-being of patients or persons who have an association with the facility regardless of whether an actual injury is involved.

**What is an Event Report?**

* A confidential communication prepared to protect the hospital and its employees. It is Confidential and non-punitive.

**Why Make an Event Report?**

* An event report is used to obtain the facts surrounding the incident in a timely manner and to preserve the evidence.

**When do you complete an Event Report?**

* Immediately, while the facts are fresh in the minds of the persons involved. Complete the report by the end of the shift in which the event occurred.

**Who Should Prepare the Event Report?**

* Any hospital employee may prepare the Event report. However, the person that first discovers an incident should prepare the report. The Event report should be completed as soon as possible after the event is discovered and submitted to the supervisor by the end of their assigned shift.

**Categories of Event Reports:**

* Glycemic Reactions
* HIPAA Breach
* Medication Variance
* Patient refusing care
* Property Damage
* Readmission
* Respiratory
* Security issues (personal property damage, etc.)
* Sentinel Event
* Skin Integrity Change
* Surgical Event
* Treatment/Procedure Error
* Unanticipated Change of Condition
* Other
* Abuse (physical, mental, etc.)
* Adverse Drug Reaction
* AMA
* Behavior
* Blood Administration including adverse blood reaction
* Complaint/Grievance
* Confirmed Infections (i.e. CAUTI, CLABSI, HAI, VAP)
* Emergency Responses
* Emergent/Unplanned Transfer
* Employee Injury
* Equipment/Supplies
* Falls

**Steps for Completing an Event Report**

* The employee discovering the event must complete the Event Report prior to leaving their assigned shift.
* The employee may sign into the ActionCue system as user name: anonymous/password: anonymous or use their assigned user name and password.
* Go to Entries, Event Report, and click Add Event Report.
* All sections should then be completed under the Event tab and Facts tab making sure to include witnesses when appropriate.
* Remember to choose the category carefully
* Briefly describe the event objectively using facts ONLY
* Once all sections are complete, the report will be submitted to the supervisor chosen from the drop down list. \*\*\*\*Note-this is the LAST opportunity to discard the event.
* The report will then go through the investigation process

**Fall Prevention**

Tips to prevent falls:

* ****Make sure call light, phone and personal items are within reach whenever you leave the patient’s room
* Remind the patient to call for help to use the bathroom
* If patient unsafe, stay with them in the bathroom
* Consider the use of a bedside commode or urinal for frequent flyers
* Remind patients to sit for a minute when getting up so they do not get dizzy
* Remind patients to wear non-skid footwear when they are up
* Make sure patients are wearing their glasses and hearing aids when awake
* Remind patients to use their assistive devices (canes, walkers) and not furniture to assist them
* Remind visiting family and friends to let the nursing staff know when they are leaving, especially if patient is weak or confused
* Consider hourly rounding on patients at high risk for falls
* Make sure wheels are locked on chairs and bed
* Place top rails in up position when patient in bed

Fall Assessment:

* All patients are assessed for fall risk upon admit and daily
* Reassessment also occurs if orientation or alertness deteriorates and/or a fall occurs
* Any patient experiencing a fall will remain at high risk for the remainder of the admission