MEDICAL STUDENT ORIENTATION STUDY GUIDE

Mission

Rooted in God's Love, we treat illness and promote wellness for all people.

Vision

To set the standards of excellence in the delivery of healthcare throughout the regions we serve.

Values

Compassion
Quality
Integrity
Courtesy
Accountability
Teamwork

The six Health System values are represented by the six brush strokes of the logo preceding the St. Joseph's/Candler name. This serves as a constant reminder, not only to employees, but to the community at large that our values precede – literally and figuratively – everything we do as a Health System and as a healthcare provider.

PATIENT RIGHTS AND RESPONSIBILITIES

Consistent with this institution's mission and values, corporate obligations, policies, and moral and religious beliefs, patients enjoy the following rights and responsibilities.

Patients have the right to:

1. Be treated with comfort, dignity and respect, including when in the final stages of life.

2. Health professionals' appropriate assessments and management of pain (pain information, prevention of pain and relief of pain) upon a report of pain by the patient.

3. Obtain information regarding benefits, risks and alternatives of proposed treatments or procedures and to make informed decisions regarding care, including participation in research studies.

4. Be informed about the outcomes of care, including unanticipated outcomes which differ significantly from the anticipated outcome.

5. Refuse to participate in research studies, which will not compromise the patients' right to care.

6. Include or exclude any/all family members from participating in their care.

7. Be involved in resolving dilemmas about their care by requesting the hospital address any ethical issues in providing patient care through the Bio-ethics Committee.

8. Initiate an advance directive.

9. Refuse treatment, including refusal of resuscitative services or protected health information.

10. Privacy, security and confidentiality of their health information.

11. Bring to the attention of appropriate hospital representative concerns regarding their right to care and to have those complaints reviewed and, when possible, resolved.

12. Be free from all forms of abuse, harassment and discrimination, the right to file a complaint with the state survey or certification agency for abuse, neglect or misappropriation of the patient's property in the facility.

13. Recognition of spiritual, cultural and social beliefs.

14. Obtain appropriate protective service information.

15. Have a family member or representative of choice notified promptly of their admission to the hospital.

16. Access information contained in their clinical records within a reasonable time frame.

17. Be free from restraints and seclusion which are not medically necessary.

18. Be informed of participation for the procuring and donation of organs and other tissues.

19. An explanation of charges.

20. Know the names of individuals providing care.

21. Effective communication from the health system, including appropriate accommodation for disabled patients and unrestricted access to communication with others outside the health system, except in circumstances related to care.

Patients are responsible for:

1. Cooperating with the healthcare team.

2. Informing the physician or healthcare provider of pain and cooperating with the healthcare team to develop a plan for the management of pain.

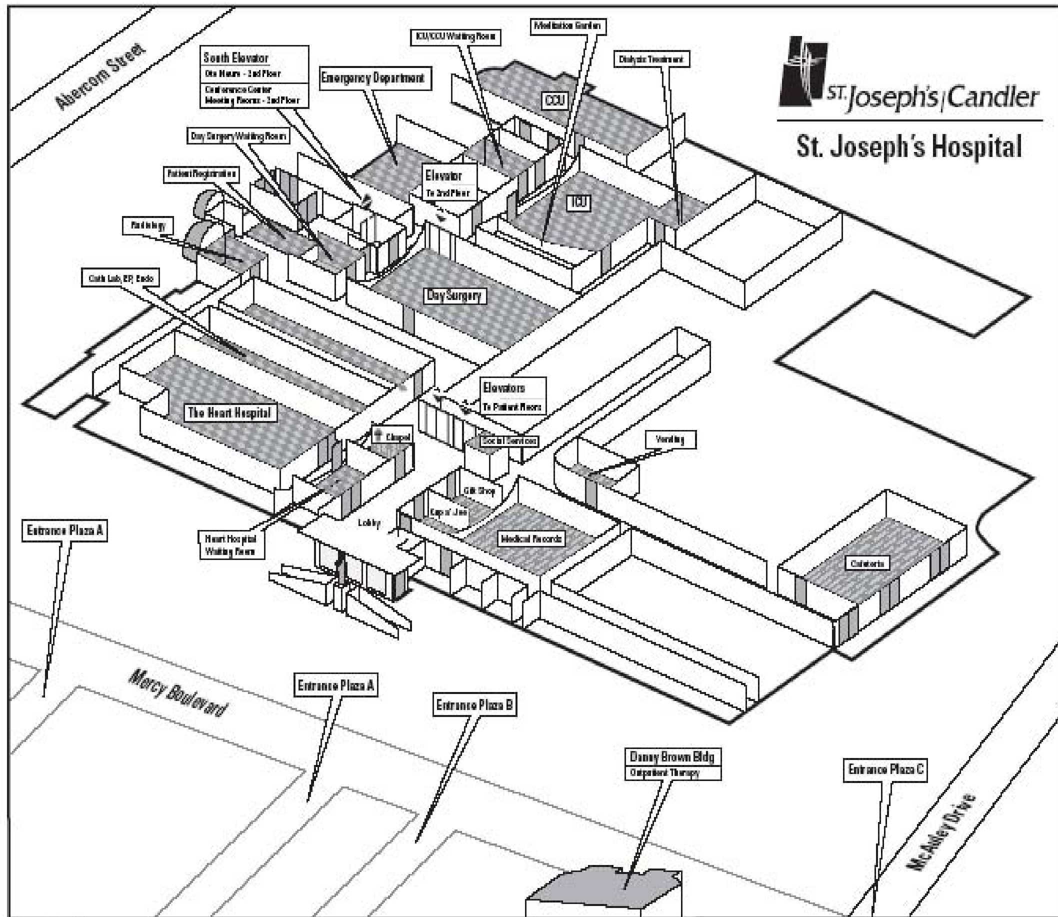
3. Following generally accepted rules of courtesy and etiquette.

4. Being considerate of the rights and privacy of other patients.

5. Making adequate financial arrangements for payment.

6. Letting us know when your rights are not being respected.

Maps of the facilities can also be viewed and printed from our website, www.sjchs.org



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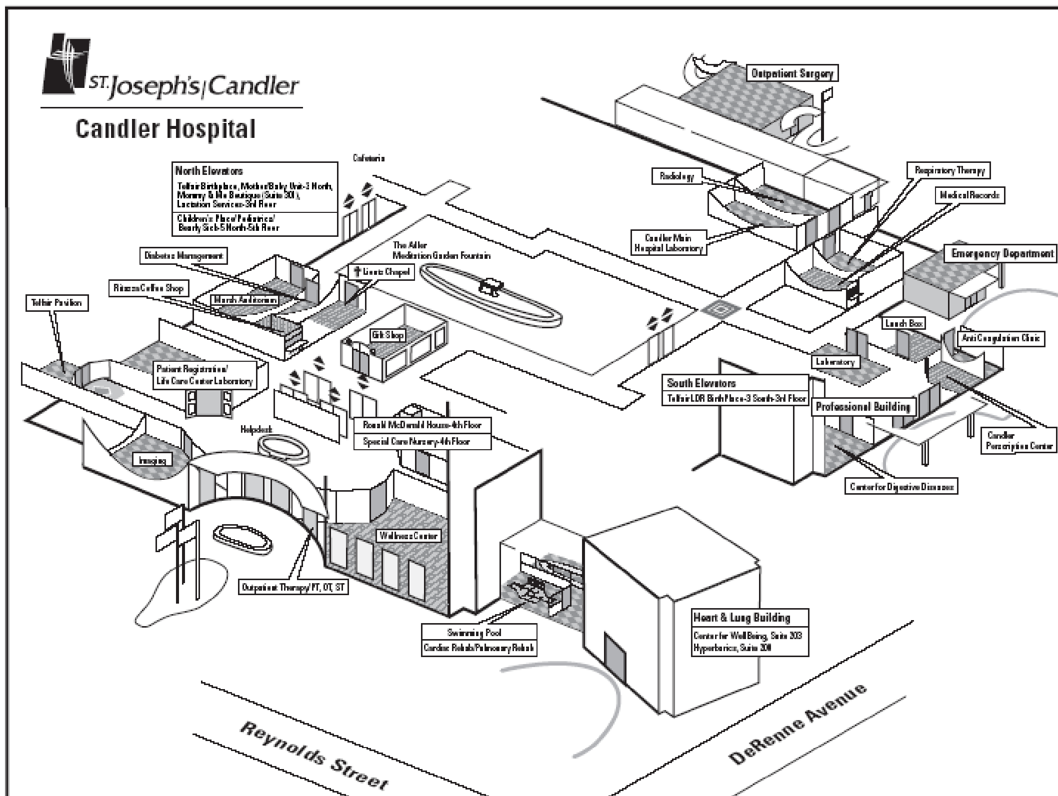

AD20124 (9/08)

Policy Statement

It shall be the policy of the St. Joseph's/Candler Health System, Inc. ("SJ/C") to provide clinical learning experiences for medical students that facilitate quality patient outcomes and quality educational outcomes.

Purpose

A. To provide clinical learning experiences for medical students while enhancing the resources available to St. Joseph's/Candler Health System, Inc.

B. To enhance clinical, administrative, technical expertise at affiliated schools.

C. To fulfill, in part, community responsibility to educate and guide future providers of health care services.

D. To provide guidelines for medical students and faculty in educational programs affiliated with St. Joseph's/Candler Health System, Inc.

Entities to whom this Policy Applies

St. Joseph's/Candler Health System, Inc. ("SJ/C"), applicable physicians and their staff providing services at SJ/C or other affiliates; students and faculty participating in training at SJ/C; consultants, contractors and vendors of SJ/C and their personnel.

Definitions

Medical Student – A student in basic medical school education; 1st through 4th year; not to include interns or residents.

Documentation – Notes recorded in the patient's medical records. Documentation may be dictated and typed, hand-written, or computer-generated. Documentation must be dated, timed and include a legible signature or identity.

Physically present - The physician preceptor is located in the same room (or partitioned or curtained area if the room is subdivided to accommodate multiple patients) as the patient and the student while the face-to-face service is performed.

Supervision – The assignment, direction, regulation and management of the work of the medical student by a specifically designated physician preceptor, consistent with applicable standards and quality of medical care.

Procedure

A. Medical students desiring clinical learning experiences within St. Joseph's/Candler Health System, Inc. must be enrolled in a medical school accredited by the Liaison Committee on Medical Education (LCME), an agency co-sponsored by the American Medical Association (AMA) and the Association of American Medical Colleges or a college of osteopathic medicine accredited by Bureau of Professional Education of The American Osteopathic Association (AOA).

B. First or second year medical students can be cleared for observation only learning experiences with physicians on staff at St. Joseph's/Candler by contacting SJ/C's Educational Services Dept. (For requirements and procedures for establishing these learning experiences, please refer to **Administrative Policy #1005-A, "Observation Only" Professional Visitors & Student Experiences**.)

C. Third and fourth year medical students enrolled in an approved program may be provided clinical learning experiences at SJ/C that meet course objectives. These clinical experiences must be supervised by a physician (MD or DO) currently licensed in the state of Georgia. The University/College of Medicine offering the program must have a current affiliation agreement, in the form of a written Memorandum of Understanding (MOU) with St. Joseph's/Candler that covers medical students. (For requirements and procedure for establishing these clinical learning experiences, please refer to **Administrative Policy #1003-A, School Affiliations/Student Training**.)

D. A third or fourth year medical student may perform and validate clinical competencies identified by the University/College of Medicine as appropriate for the specific rotation at SJ/C and its affiliates under the supervision of a physician (MD or DO) who is an active member of SJ/C's medical staff, is in good standing and who is assigned as a teaching physician (also referred to as physician preceptor) by the university.

1. **Supervision** (see definition): The medical student's activities must be confined to those which are either directly supervised or delegated by the physician preceptor as outlined below:
    - Students may perform basic procedures/skills as appropriate to

their educational and clinical level as determined by the medical school program and as delegated by the physician preceptor.

- All other clinical procedures/skills the students perform must be provided in the physical presence of the physician preceptor.
- The physician preceptor retains responsibility for the care of the patient(s).

2. The physician preceptor assigned to the medical student must have received an appointment as a member of the Clinical Faculty of the University/College of Medicine prior to accepting rotation assignments for students. The physician preceptor will provide clinical training in accordance with course objectives, and will have primary responsibility for planning, implementing and evaluating clinical learning activities to ensure quality patient outcomes and educational outcomes. The University/College of Medicine is responsible for the orientation of the physician preceptor to the role of Clinical Faculty member.
3. Students should be paired primarily with one physician preceptor whenever possible.
4. Students may document services in the medical record. Documentation must identify, at a minimum the service furnished, the participation of the physician preceptor in providing the service, and whether the teaching physician was physically present.

   a. History and Physical:

   - Review of Systems
   - Past Medical and Surgical History
   - Family and Social History
   - However, the physician preceptor may not refer to a student's documentation of physical exam findings or medical decision making in his or her personal note. The physician preceptor must verify and re-document the history of present illness as well as perform and re-document the physical exam and medical decision making activities of the service.

   b. Orders:

   - If a student writes orders in the medical record, these orders must be written under the direct supervision/observation of the physician preceptor and signed immediately by the physician preceptor.
   - Orders written by a medical student will not be taken off or initiated until the orders are reviewed and cosigned immediately by the physician preceptor.
   - The medical student may not give verbal or telephone orders.

   c. Pre-Op, Post-Op Notes, Procedure Notes, Progress Notes, Discharge Summary:

- All such documentation must be clearly identified as medical student notes
- May not be entered in lieu of hospital or attending practitioner documentation.
- Must be countersigned by the physician preceptor within 24 hours.

d. **Consultation Notes:** Medical students may not document Consultation Notes. The physician preceptor must do this documentation.

e. **Dictation:**

- ♦ The third or fourth year medical student can dictate **<u>only</u>** an H & P and Discharge Summary.
- ♦ Students must begin all dictation with the phrase, "This is ________, 3rd (or 4th) year medical student, dictating for Dr. ______."
- ♦ Dictation by medical students must be countersigned by the physician preceptor within 24 hours of placement of the dictation on the chart.
- ♦ The dictation will not be in lieu of the physician's dictated report.

E. BYLAWS: The medical student when practicing at St. Joseph's/Candler, practices in accordance with the Medical Staff Bylaws, policies and procedures of SJ/C and its affiliates, applicable practice acts of the state of Georgia and University/College of Medicine policies.

F. PATIENT CONSENT: Patients or their authorized representative shall be fully informed and concur to the participation of medical students in their care. Informing the patient or their authorized representative is the responsibility of the physician preceptor. The patient has the right to request that students do not participate in their care and that request will be honored. The physician preceptor will communicate consent and/or limitations to the student. The student will be advised if the patient declines. All students will be introduced as such and will wear appropriate identification.

G. MOU: A written Memorandum of Understanding (MOU) detailing the responsibilities of the school, student(s), and hospital system, is appropriately completed prior to the beginning of the clinical learning experience or clinical rotation.

H. ORIENTATION: Medical students will complete an approved orientation to SJ/C and/or its affiliates prior to or upon beginning the clinical learning experience or clinical rotation. (see Orientation section for additional

information)

I. BADGES: Medical students will wear an identification name badge provided by Medical Staff Services at all times when at St. Joseph's/Candler Health System, Inc. or its affiliates.

J. EVALUATIONS: Upon completion of the rotation, the physician preceptor is responsible for evaluating the performance of the medical student.

Procedure for Clinical Rotations

A. NOTIFICATION:
MCG: No less than two weeks prior to the commencement of a clinical rotation, the Medical College of Georgia will notify the Assistant Dean's office, Southeast Regional Campus of the number and level of the medical students to be assigned and their preceptors.
ALL OTHERS: All other medical schools will notify SJ/C's Educational Services of the number and level of students to be assigned and their preceptors.

B. REGISTRATION:
MCG: Medical students from the Medical College of Georgia will register with the Assistant Dean's office.
ALL OTHERS: All other medical students must register with Educational Services prior to the commencement of the clinical rotation.

Information to be provided by the medical school at the time of registration includes:

1. Official letter of good standing documenting enrollment and the year of training with the appropriate University/College of Medicine.
2. Picture.
3. Name of physician preceptor and specialty.
4. Dates of clinical rotation.
5. Objectives for the rotation.
6. Proof of Professional Liability insurance.

C. **ORIENTATION**:
Medical students must complete any required medical student orientation for this clinical experience required by the University/College of Medicine prior to the first scheduled clinical day.

Medical students must read a medical student self-study student orientation to St. Joseph's/Candler which can be accessed through the Magnolia Coastlands Area Health Education Center (MCAHEC) website and complete the required documentation which is subsequently sent to

the hospital for filing. Medical students that return to St. Joseph's/Candler within 12 months are not required to repeat the orientation process.

MCG: Orientation documents for students from Medical College of Georgia are kept on file in the Assistant Dean's office.
ALL OTHERS: Students from other medical school programs will have their documentation on file in Educational Services.

D. **COMPUTER ACCESS:** Medical students will be provided computer access and a self-study guidance sheet from SJ/C's Information Services Department when the required orientation process is complete.

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E. **PHYSICIAN PRACTICE ROTATIONS:** Medical students in clinical rotations in St. Joseph's/Candler Medical Group offices must receive an orientation to the office practice as well.

F. NOTIFICATION TO DEPARTMENTS:
After completion of all requirements, notification regarding the clinical rotation must be sent to SJ/C's Health Information Management Dept. as well as the designated clinical departments.

MCG: The Assistant Dean's office will be responsible to notify these departments.
ALL OTHERS: SJ/C's Educational Services will be responsible to notify these departments.

Approved:

____
Signature

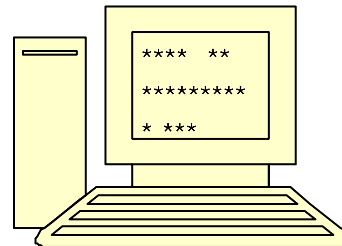
Original Implementation Date: 07/19/2007
Effective System Date: 06/17/2010
Next Review Date: 06/2013
Originating Department/Committee: Educational Services
Reviewed: 06/2010
Rescinded:
Former Policy Number(s):
Legal Reference:
Cross Reference: Administrative Policy #1005-A, "Observation-Only" Professional Visitors & Student Experiences
Administrative Policy #1003-A, School Affiliations/Student Training

Suggested “script for introductions”:

- You are expected to introduce yourself to the patient and families should your precepting physician fails to do so.
- Identify yourself as a ______ year medical student from _____________ Medical School.
  Example: “Good morning, Mrs. Jones. I am Mike Smith, fourth year medical student from Medical College of Georgia. I will be participating in your care along with Dr. Brown.”

- When you write your notes then you should include a statement that: you were introduced to the patient, was identified as a medical student participating in their care, and that the patient/family verbalized consent for your participation in the care.

FOR TECHNICAL ASSISTANCE:



- PASSWORD RESETS
- ERROR MESSAGES
- IN-DEPTH TRAINING
- OTHER TECHNICAL ISSUES

  - CONTACT INFORMATION SERVICES DEDICATED PHYSICIAN HELP DESK.
    - MONDAY THROUGH SUNDAY 7 AM – 7PM.
    - 663-8779
    - AFTER-HOURS 819-8580

FOR ASSISTANCE WITH:

- GENERAL SYSTEM NAVIGATION
- COACHING
- RE-ASSIGNING AN E-SIGNATURE DEFICIENCY.

  - CONTACT THE MEDICAL STAFF ASSISTANT OR AN HIM STAFF MEMBER.

    - CANDLER: GEORGE CUSACK 819-8097 CUSACKG@SJCHS.ORG
    - ST. JOSEPH'S: GLORIA MACDONALD 819-3468 MACDONALDG@SJCHS.ORG
    - MARY PARKS, HIM MANAGER/CANDLER 819-6766, 398-5842(CELL) PARKSM@SJCHS.ORG
    - PAT HOLLAND, HIM DIRECTOR 660-0825 (CELL) HOLLANDPA@SJCHS.ORG

St. Joseph's / Candler Health System, Inc.	**Administrative Policy** **Title: Physician/Provider Web Site Links**	**Policy Number: 1140-A** **Key Function: IM, LD, RI** **Effective Date: 03/12/2009** **Page 14 of 2**

Policy Statement

It shall be the policy of St. Joseph's/Candler Health System, Inc. ("SJ/C") to allow physicians on staff or other providers affiliated with St. Joseph's Hospital or Candler Hospital who meet specific criteria to link from our health care website to their practice website.

Purpose

The purpose of this policy is to provide criteria for the approval of links from St. Joseph's/Candler Health System's web site to physician's or other provider's web sites.

Entities to Whom this Policy Applies

St. Joseph's/Candler Health System, Inc. ("SJ/C"), applicable physicians and their staff providing services at SJ/C or other affiliates;

Definition of Terms

Web site – the health information and general services Internet site located on the World Wide Web at or www.sjchs.org or www.cancerpavilion.com.

Link – an Internet connection between web sites, which moves a viewer from one site to another site.

Procedure

1. Physicians/providers desiring to link from SJ/C web site must have admitting privileges to St. Joseph's Hospital or Candler Hospital; the Care Network, or must be a part of our Medical Group Management company or otherwise affiliated with SJ/C.

2. SJ/C reserves the right at its sole discretion to deny access by link or to disconnect a current link from our web site at any time, permanently or temporarily.

What is UptoDate?

UpToDate is a clinical information resource available to physicians and staff on the SJ/CH Intranet. UpToDate can be accessed on the SJ/CH Intranet by:

- **Clicking on Physician's Access**
- **Then click on "UptoDate w/o CME"**
- **The UptoDate screen will then come up and you enter your search term**
- **Click on "go".**

Topic reviews are written exclusively for UpToDate by physicians - nearly 3,000 physicians serve as authors. The content is comprehensive yet concise and it's fully referenced. It goes through an extensive peer review process to ensure that the information and recommendations you access from our service are accurate and reliable.

UpToDate enables you to:

- **Access the most current information.**
- **Recognize the clinical manifestations of a wide variety of disorders and describe current options for diagnosis, management and therapy, including the efficacy, doses, and interactions of individual drugs**
- **Identify optimal screening and prevention strategies**

St. Joseph's/Candler Health System

Dictation Guide

<table>
<tr><td colspan="2">H&P must be Dictated W/I 24 hrs of admission
HISTORY & PHYSICAL</td><td>OP NOTE MUST BE DICTATED IMMEDIATELY AFTER SURGERY
REPORT OF OPERATION</td></tr>
<tr><td rowspan="3">MEDICAL HISTORY

Date of Admission
Chief Complaint
Present Illness
a. Onset
b. Duration
c. Course
Past Medical History
Past Surgical History
Review of Systems
Allergies
Family History
Social History
Inventory of Body Systems
Psychosocial Needs
Assessment of:
-Emotional
-Behavioral
-Social</td><td rowspan="3">GENERAL PHYSICAL EXAM

Vital Signs
General Description
Skin & Mucous Membranes
HEENT
Neck
Chest & Lungs
(to include breasts)
Heart
Abdomen
Pelvis and/or Genitourinary
Rectal
Extremities, Joints & Spine
Neurological
Laboratory Data
Conclusions/Impression
Planned Course of Action</td><td>Date of Operation
Preoperative Diagnosis
Postoperative Diagnosis
Name of Operation
Surgeon
Assistants
Anesthesia
Indication for Procedure
Findings & Procedure in Detail
Specimens Removed
Estimated Blood Loss
Complications
Drains
Condition at Termination of Surgery</td></tr>
<tr><td>PROCEDURE NOTE MUST BE DICTATED IMMEDIATELY AFTER PROCEDURE
OUTPATIENT PROCEDURE NOTE</td></tr>
<tr><td>Date of Procedure
Name of Procedure
Indication(s) for Procedure
Premedication
Examination/Findings
Procedure Description
Specimens Removed
Estimated Blood Loss
Complications
Post-Procedure Diagnosis
Plan</td></tr>
<tr><td>CN MUST BE DICTATED IMMEDIATELY AFTER CONSULT
CONSULTATION NOTE</td><td>D/S MUST BE DICTATED W/I 21 DAYS OF DISCHARGE
DISCHARGE SUMMARY</td><td>REQUIRED IMMEDIATELY
HANDWRITTEN POST PROCEDURE REPORT</td></tr>
</table>

H&P must be Dictated W/I 24 hrs of admission **HISTORY & PHYSICAL**		*OP NOTE MUST BE DICTATED IMMEDIATELY AFTER SURGERY* **REPORT OF OPERATION**
		Date of Operation **Preoperative Diagnosis** **Postoperative Diagnosis** **Name of Operation** **Surgeon** **Assistants** **Anesthesia** **Indication for Procedure** **Findings & Procedure in Detail** **Specimens Removed** **Estimated Blood Loss** **Complications** **Drains** **Condition at Termination of Surgery**
Date of Admission **Date of Consult** **Attending Physician** **Reason for Consult** **History of Present Illness** **Past Medical History** **Past Surgical History** **Allergies** **Current Medications** **Family History** **Physical Examination** **Laboratory Data** **Impression** **Recommendations**	**Date of Admission** **Date of Discharge** **Reason for Admission** **Significant Findings** **Procedures** **Treatment** **Condition at Discharge** **(in relation to that on admission** **Discharge Instructions:** **-Activity** **-Medications** **-Diet** **-Follow up Care** **Principal Diagnosis** **Secondary Diagnoses**	**Date of Procedure** **Name of Physician/Assistant** **Procedure** **Post-Op Diagnosis** **Findings** **Specimen Removed** **Estimated Blood Loss** **Complications** **Condition of patient**

DO NOT USE ABBREVIATIONS

Do Not Use	Intended Meaning	Misinterpretation	Correction
QD	Daily	Mistaken for QOD or QID	Write “daily”
QOD	Every other day	Mistaken for QD or QID	Write “every other day”
MS, MSO_4, $MgSO_4$	Morphine sulfate or magnesium sulfate	Mistaken for each other	Write “morphine sulfate” or “magnesium sulfate”
AS, AD, AU	Right, left, or both ears	Mistaken for each other and for abbreviation for eyes	Write “left ear”, “right ear”, or “both ears”
OS, OD, OU	Right, left, or both eyes	Mistaken for each other and for abbreviation for ears	Write “left eye”, “right eye”, or “both eyes”
μg	Microgram	Mistaken for “mg” when handwritten	Use “mcg”
U or u	Unit	Read as zero (0) or a four (4), causing a 10-fold overdose or greater (4U seen as “40” or 4u seen as “44”	“Unit” has no acceptable abbreviation. Use “unit”.
Zero after the decimal point (1.0)	1 mg	Misread as 10 mg if the decimal point is not seen.	Do not use terminal zeros for doses expressed in whole numbers.
No zero before decimal dose (.5 mg)	0.5 mg	Misread as 5 mg.	Always use zero before a decimal when the dose is less than a whole unit.
IU	International Units	Mistaken as IV (intravenous) or 10 (ten)	Write “international units”

St. Joseph's / Candler Health System, Inc.	**Medical Staff Policy** **Title: Professional Behavior** **Section: Medical Staff Services**	**Policy Number: MS 004** **Key Function: MS, LD** **Effective Date: 06/15/2004** **Page 1 of 6**

Policy Statement:

It shall be the policy of St. Joseph's/Candler Health System, Inc. that all individuals within its facilities be treated with courtesy, respect, and dignity. To that end, the Board requires that all physicians, and other independent practitioners conduct themselves in a professional cooperative manner in the hospital.

This policy shall clarify the expectations of all physicians who have been granted the privilege of practicing as a Medical Staff Member at the Hospital. The expectation is that during any and all interactions with persons at the Hospital that neither the quality of patient care is adversely affected nor the smooth functioning of the patient care team interrupted. The policy is intended to address conduct that does not meet the professional standards expected of a Physician or healthcare provider who has been granted privileges at Hospital.

Entities to whom this Policy Applies:

St. Joseph's/Candler Health System, Inc. and its affiliates.

Objectives:

1. The objective of this policy is to ensure optimum patient care by promoting a safe, cooperative, and professional health care environment, and to prevent or eliminate, to the extent possible, conduct that
   - Disrupts the operation of the hospital;
   - Affects the ability of others to do their jobs;
   - Creates a hostile work environment for hospital employees or other medical staff members;
   - Interferes with an individual's ability to practice competently; or
   - Adversely affects or impacts the community's confidence in the hospital's ability to provide quality patient care.

Effective Date: 06/15/2004

2. In dealing with incidents of inappropriate conduct, the protection of patients, employees, Physicians and other persons at the Hospital and the orderly operation of the Hospital are primary concerns.
3. The objective of this policy is to clarify the expectations of all Physicians or healthcare providers having Medical Staff membership and/or Privileges at St. Joseph's or Candler Hospitals during any and all interactions with persons at Hospital.

4. If a physician or other independent practitioner fails to conduct him or herself appropriately, the matter shall be addressed in accordance with this policy. It is the intention of the Health System that this policy be enforced in a firm, fair, and equitable manner.

Definition of Terms:

Unacceptable unprofessional conduct may include, but is not limited to, behavior such as:

1. Attacks – verbal or physical—leveled at other appointees to the medical staff, hospital personnel or patients, that are personal, irrelevant, or beyond the bounds of fair professional conduct. This includes threatening or abusive language directed at nurses, Medical Staff members, hospital personnel, or patients.

2. Employees and healthcare providers should not use medical record entries, rather than incident report forms or other established channels of communication for the purpose of criticizing Hospital employees, policies, equipment, other Practitioners or others. This is not intended to restrict Medical Staff Members or healthcare providers from recording in the medical record all objective factual, medically significant data that has an impact on the care of the patient, however the medical record is not a place to document grievances. (added 11-05)

3. Non-constructive criticism that is addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence.

4. Refusal to accept – or unprofessional acceptance of – medical staff assignments or participation in committee or departmental affairs regarding anything but his or her own terms.

Procedure:

I. HOW A COMPLAINT SHALL BE INITIATED:

1. Any physician, employee, patient, or visitor may report potentially unprofessional conduct. The report shall be submitted to the Vice President of Medical Affairs (VPMA) and then forwarded to the CEO of the hospital, President of the Medical Staff and Department Chairman. Unprofessional behavior by physicians and other independent practitioners shall be addressed by the Board of Trustees when referred by the Medical Executive Committee, Medical Staff Advisory Committee or upon initiation of the VPMA and President & CEO, President of Medical Staff, or President and CEO.

2. Once a report is received, it will be investigated by the VPMA with the President of the Medical Staff and/or Department Chairman. Upon receipt of a single egregious incident or repeated incidents, the VPMA or his designee shall initiate investigatory action.

II. REVIEW OF COMPLAINT PROCESS:

1. The VPMA or his designee shall prepare the appropriate documentation of the unprofessional conduct, including the following:

   a. The date and time of the questionable behavior;

   b. A statement of whether the behavior affected or involved a patient in any way, and, if so, the name of the patient;

   c. The circumstances that precipitated the situation;

   d. A description of the questionable behavior that is limited to factual, objective language;

   e. The consequences, if any, of the unprofessional behavior as it relates to patient care or hospital operations; and

   f. A record of any action taken to remedy the situation, including the date, time, place, action, and name(s) of those intervening.

2. The VPMA, his designee, or the President of the Medical Staff or Department Chairman shall document the investigation which may include the following:

   a. The Physician or other independent practitioner shall be notified of the complaint.

   b. All meetings shall be documented.

   c. A follow-up letter to the physician shall state the nature of the problem and inform the physician that he or she is required to behave professionally and cooperatively within the hospital.

   d. The involved physician or other independent practitioner may submit a rebuttal to the charge. Such rebuttal will be maintained as a permanent part of the record.

II. APPLICATION OF DISCIPLINARY ACTIONS:

1. Once a report is investigated by the VPMA with the President of the Medical Staff, the President of the Medical Staff may dismiss unfounded reports. The individual initiating such report will be appraised of the dismissal. Those reports considered accurate will be addressed as follows:

   a. A single confirmed incident warrants a discussion with the offending physician; the VPMA, President of the Medical Staff and/or Department Chairman shall initiate such a discussion and emphasize that such conduct is inappropriate and must cease. The initial approach should be collegial and helpful to the physician and the hospital. This discussion is documented, a copy is given to the physician and a copy placed in the physician's QA file.

   b. If it appears to the VPMA and/or President of the Medical Staff that a pattern of unprofessional behavior is developing, the MEC shall refer the matter to the Medical Staff Advisory Committee, which shall meet with the physician and discuss the matter as outlined below.

   c. The Chairman of the Department and the Joint Credentials Committee shall also be notified of any pattern of unprofessional behavior or behavior which violates the policies and procedures of the Medical Staff and/or of the Hospital.

2. Following the investigation, when appropriate, disciplinary action is applied in progressive fashion in the sequence shown as follows: After each step, the physician's subsequent performance will be observed for a specific time. If insufficient improvement occurs, the next step of disciplinary action to the situation will be used. Special circumstances of major misconduct or violation of rules may require immediate precautionary suspension, rather than the progressive discipline described in this policy. Precautionary (or temporary) suspension will not entitle the physician to due process as defined in the Medical Staff Bylaws. In the event the physician's privileges are revoked or terminated based solely upon unprofessional conduct, the practitioner will be afforded a "fair hearing" as defined in Medical Staff Bylaws and Joint Credentialing Manual.

   a. The complaint shall be addressed with the involved physician or other independent practitioner. A copy of the "Professional Behavior Policy" shall be provided to the individual. This shall be conducted in a collegial manner with a written notation of the meeting provided to the individual with a copy to the QA file.

   b. The behavior will be monitored for a specified time and, if no other incidents are reported, no further action is indicated.

   c. If the behavior continues, a second meeting will be held with the individual and a written warning issued noting that continued unprofessional behavior may lead to further disciplinary action up to and including reduction of privileges or revocation of privileges.

   d. Should the unprofessional behavior continue after the written warning, the matter shall be referred to the MEC for action (referral to the Medical Advisory Committee, or recommendation to the Board that privileges be reduced or revoked.) If the recommendation of the MEC is to limit privileges, the "Due Process" outlined in the Medical Staff Bylaws and Joint Credentialing Manual shall be followed.

3. Questions or concerns regarding a Physician's health or well-being may be referred to the Medical Staff Advisory Committee for further investigation and action as necessary.

4. This policy shall be the sole process for dealing with egregious incidents and unprofessional behavior, and shall be interpreted and enforced by the Board.

St. Joseph's / Candler Health System *The Care Network*	**Medical Staff Policy** **Title: Code of Conduct** **Section: Medical Staff Services**	**Policy Number: MS 002** **Key Function: MS, LD** **Effective Date: 7/9/01** **Page 25 of 4**

Policy Statement

It shall be the policy of St. Joseph's/Candler Health System, Inc. (SJ/C) and the St. Joseph's/Candler Medical Staff to maintain the highest level of professional and ethical standards in the conduct of business.

All individuals working in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner. **Related Policies:**
Administrative Policy # 1129-A – Code of Conduct
Administrative Policy # 1158-A – Corporate Compliance Program Policy

Purpose:

To promote optimum patient care by preventing, to the extent possible, conduct that disrupts operations, interferes with the ability of others to carry out their responsibilities, creates a hostile work environment for staff and practitioners and fosters a negative public image for the Hospital and/or the Medical Staffs.

To define collegial steps to be taken in an attempt to resolve complaints of inappropriate conduct exhibited by practitioners (physicians, medical associates and medical assistants).
To state that issues of employee conduct will be dealt with in accordance with the Hospital's Human Resources Policies and issues of conduct by members of the Medical Staff or their employees approved to work in the Hospitals will be dealt with in accordance with this policy and related Medical Staff Bylaws, Rules and Regulations.

Entities to whom this Policy Applies

St. Joseph's/Candler Health System, Inc. ("SJ/C"), physicians, medical associates and medical assistants approved to work in the Hospitals.

Definition of Terms

For purposes of this policy, examples of "Inappropriate Conduct" include, but are not limited to:

- Threatening or abusive language directed at hospital co-workers, other physicians, medical associates, medical assistants, patients or patient's family members (collectively referred to as "Individuals") (e.g., belittling, berating, and/or threatening another individual);
- Degrading or demeaning comments regarding Individuals or the hospital;
- Profanity or similarly offensive language while in the hospital and or while speaking with Individuals;
- Inappropriate physical contact with another individual that is threatening or intimidating;
- Public derogatory comments about the quality of care being provided by other physicians, medical associates, medical assistants, hospital co-workers, or the hospital;
- Inappropriate medical record entries concerning the quality of care being provided by the hospital or any other individual;
- Refusal to accept medical staff assignments, or to participate in committee or department affairs on anything but his/her own terms or to do so in a disruptive manner; and/or
- Imposing idiosyncratic requirements on the hospital staff which have little impact on improved patient care but serve only to burden employees with "special" techniques and procedures.

Practitioner – Physician, medical associate or medical assistant

Procedure

1. When a Practitioner's conduct disrupts the operation of the Hospital, it affects the ability of others to get their job done, creates a "hostile work environment" for hospital co-workers or other Practitioners, or begins to interfere with the Practitioner's own ability to practice competently, the Hospital and or the Medical Staff has a duty to intervene.

2. Nurses and other hospital co-workers who observe, or are subjected to, Inappropriate Conduct by a Practitioner shall notify their supervisor about the incident or, if their supervisor's behavior is at issue, they shall notify the Vice President of Medical Affairs (VPMA). Any Practitioner who observes such behavior shall notify the VPMA directly. The VPMA, the Supervisor or the individual who reported the incident shall document the incident in writing.

3. The documentation shall include:

- The date and time of the incident;
- A factual description of the questionable behavior;
- The name of any patient or patient's family member who was involved in the incident, including any who witnessed the incident;

- The circumstances which precipitated the incident;
- The names of other witnesses to the incident;
- Consequences, if any, of the behavior as it relates to patient care, personnel, or hospital operations; and
- Any action taken to intervene in, or remedy, the incident.

4. The VPMA shall immediately notify the President of the Medical Staff. The VPMA and the President of the Medical Staff shall review the report and may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident.

After a determination that an incident of inappropriate conduct has occurred, the President of the Medical Staff (or designee) shall meet with the Practitioner. This initial meeting shall be collegial, with the goal of being helpful to the Practitioner in understanding that certain conduct is inappropriate and unacceptable. During the meeting, the Practitioner shall be advised of the nature of the incident that was reported and shall be requested to provide his/her response concerning the incident. The Practitioner shall also be advised that, if the incident occurred as reported, his or her conduct was inconsistent with the standards of the Hospital. The identity of the individual preparing the report of Inappropriate Conduct will not be disclosed at this time, unless the VPMA and the President of the Medical Staff agree in advance that it is appropriate to do so. In this case, the Practitioner shall be advised that any retaliation against the person reporting the incident will be grounds for immediate precautionary suspension of privileges.

5. The initial meeting can also be used to educate the Practitioner about administrative channels that are available for registering complaints or concerns about quality of services, if the individual's explanation suggests that such concerns led to the behavior. Other sources of support or counseling can also be identified for the Practitioner, as appropriate.

6. The Practitioner shall be advised that a summary of the meeting will be prepared and a copy provided to him or her. The Practitioner may prepare a written response to the summary, both of which shall be kept in the Practitioner's credentials file.

7. If another report of inappropriate conduct involving the Practitioner is received, a second meeting shall be held. It is advisable that at least three people (e.g., the VPMA, the President of the Medical Staff, the Chair of the Joint Credentials Committee) be present to meet with the Practitioner. At this meeting, the Practitioner shall be informed of the nature of the incident and be advised that such conduct is unacceptable. The Practitioner shall be advised that if there is a future complaint about Inappropriate Conduct, the matter will be referred to the Medical Staff Advisory Committee via the Medical Executive Committee. A letter shall be sent to the Practitioner confirming the substance of the meeting, a copy of which shall be kept in the Practitioner's credentials file.

8. In the event that there is a third reported incident of Inappropriate Conduct, the Practitioner shall be given a final written warning that the Inappropriate Conduct will not be tolerated. A meeting may, but is not required to, be held with the Practitioner and appropriate Medical Staff leaders. The letter shall describe the Inappropriate Conduct, outline the steps that have been taken in the past to correct that conduct, and detail the kind of behavior that is acceptable and unacceptable. The letter should also confirm the consequences of an additional incident of Inappropriate Conduct, including, but not limited to, a precautionary suspension, as defined in the Joint Credentialing Manual and a request that a formal investigation be commenced pursuant to the Medical Staff Bylaws. The letter will define the conditions of continued practice at the Hospital. The Practitioner shall be required to sign it. If the Practitioner refuses to sign the letter, the VPMA or the President of the Medical Staff shall request that a formal investigation be commenced pursuant to the Medical Staff Bylaws.

9. A single additional incident shall then result in initiation of formal action pursuant to the Medical Staff Bylaws (or other consequence as may be indicated in the letter to the Practitioner). A precautionary suspension may be appropriate pending this process.

10. If the Practitioner continues to engage in Inappropriate Conduct, the Practitioner may be placed on a precautionary suspension, as defined in the Joint Credentialing Manual, pending the formal investigation process pursuant to the Medical Staff Bylaws and any related hearing and appeal that may result. Any action taken is to protect Individuals, and others on the Hospital's premises from Inappropriate Conduct and to emphasize to the Practitioner the most serious nature of the problem created by such Inappropriate Conduct. Before any such precautionary suspension, the Practitioner shall be notified of the event or events precipitating the precautionary suspension and shall be given an opportunity to respond in writing and to demonstrate that acceptable standards of conduct have not been violated. However, to ensure that there is no inappropriate delay in addressing the concerns, the Practitioner must submit any response within three calendar days of being notified.

11. While this policy outlines several warnings and meetings with a Practitioner, the conduct at issue may be so egregious as to make these multiple opportunities inappropriate. Based on the misconduct at issue, corrective action under the Medical Staff Bylaws may be pursued immediately at the discretion of the VPMA and President of the Medical Staff.

12. In order to effectuate the objectives of this policy, and except as otherwise may be determined by the VPMA and the President of the Medical Staff, the Practitioner has no right to have counsel attend any of the meetings described above.

GENERAL STUDENT GUIDELINES

Practice is in accordance with the mission and philosophy of St. Joseph's/Candler Health System.

Students should perform safe practice in accordance with the policies, procedures, and standards of the facility and within the school's established scope of clinical objectives.

Students are required to seek instruction and/or supervision as necessary, indicated or mandated.

Performance of care, procedures, or skills is done at the discretion of the hospital personnel in coordination with school faculty. Students may require direct supervision and some experiences may be designated as "observation only". Students are responsible for accurate patient identification procedures. The patient is identified by using the name and Medical Record number and comparing it to one other document, such as the patient identification band, MAR (Medication Administration Record), face sheet or specimen label. Refer to Patient Care Policies for additional information regarding patient identification procedures.

Orientation is required prior to all student clinical experiences and any student "observation only" experience exceeding 5 days in duration.

DRESS CODE

Students must wear approved uniform or clothing required by their respective educational program as well as a school ID badge. Students should always identify themselves to the staff when they arrive in a clinical area or department for clinical education/applied learning experiences. On non-clinical visits, students must:

a. Wear name pin and approved school uniforms

   OR

b. Appropriate business attire (no denim) with ID and/or name pin. Please refer to the administrative policy on dress code for further definition of appropriate street attire. Students must also identify themselves and the purposes of their visit to the specific unit.

Students should not bring valuables or purses to the clinical experience.

If specific attire is required for a specialty area students are required to adhere to the unit dress code and receive unit specific orientation prior to the clinical experience.

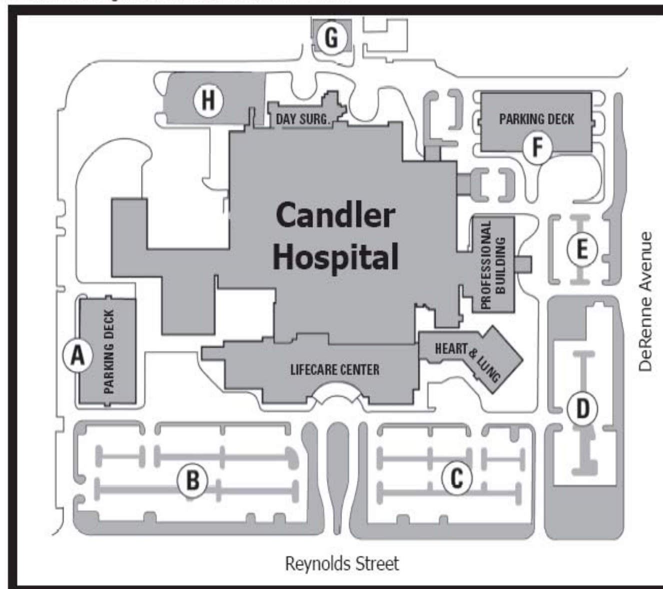
Specific dress code for students going to the OR: Freshly laundered scrubs without logos made of tightly woven material (not cotton or fleece) must be worn to decrease the risk of infection. No fleece cover jackets. If cloth caps are worn, these must be freshly laundered as well. All hair must be contained in the cap. Masks must be changed between

patients and should never dangle around the neck when traveling in the halls. Personal bags, purses or backpacks are not allowed because they can't be cleaned appropriately.

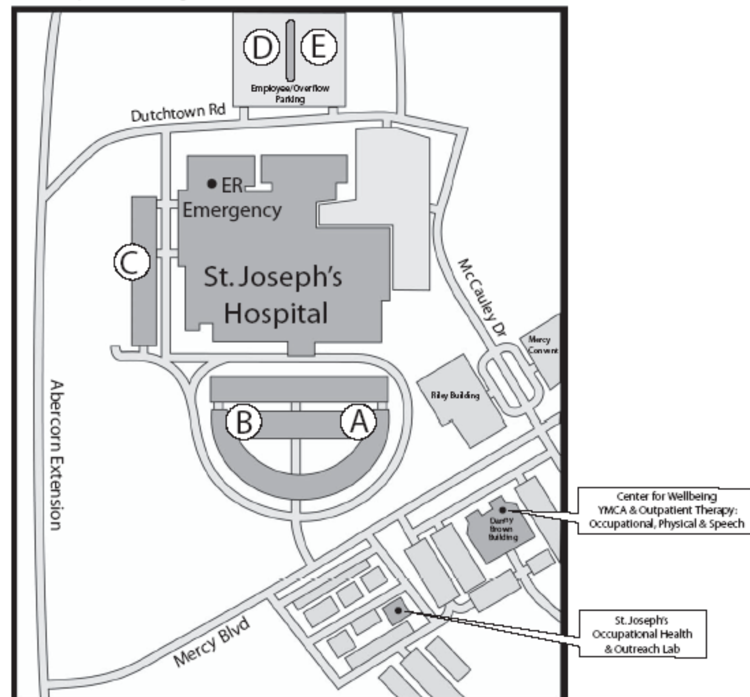
PARKING

Students are required to park in the designated employee parking areas leaving patient and visitor parking available for its intended use. Students coming to Candler Hospital must park in the large parking garage designated for employee parking near the loading dock. (Parking Deck A on the Candler map.) Students coming to St. Joseph's Hospital must park in the large parking lot south of the hospital designated for employee parking. (Parking Lots D and E on the St. Joseph's map.) Students parking in lots designated for patients or visitors may have their cars towed.

Candler: Parking Areas A thru H and Aerial View



St. Joseph's: Parking Areas A thru E and Aerial Veiw



SMOKING

St. Joseph's/Candler Health System is a smoke-free environment. Smoking is not permitted in the buildings or outside the entrances to the buildings. There are several covered gazebos on each hospital campus specifically designated as smoking areas.

DRUG-FREE WORKPLACE

The possession, use, distribution, transfer, manufacture, or sale of alcohol, illegal drugs or legal drugs without a valid prescription on St. Joseph's/Candler property or in a St. Joseph's/Candler vehicle is specifically prohibited and any student found violating this prohibition is subject to disciplinary action up to and including termination of the educational experience.

Students are subject to testing for alcohol and/or substance abuse for cause.

CORPORATE COMPLIANCE

It is the policy of St. Joseph's/Candler Health System that personnel conduct themselves ethically and according to all applicable laws and policies. The Corporate Compliance Plan includes, but is not limited to information on confidentiality of medical information, antitrust laws, discrimination, harassment, OSHA and CDC regulations, drug-free workplace and conflicts of interest. Additional information may be found in the Administrative Policy Manual. Questions or concerns should be addressed to the Legal Services Department.

CUSTOMER SERVICE

The quality of your customer's experience will influence the organization's reputation and success. The Principles of Caring are expectations that translate into quality customer service in healthcare. They are:

1. **Break the ice.** Make eye contact, smile, say "hello", introduce yourself, call people by name, and extend a few words of concern.
2. **Notice when someone looks confused.** Take time to stop and lend a hand.
3. **Take time for courtesy and consideration.** Kind words and polite gestures make people feel special.
4. **Keep people informed.** Explain what you're doing and what people can expect. People are always less anxious when they know what is happening.
5. **Anticipate needs.** You'll often know what people want before they ask. Don't wait. Act.
6. **Respond quickly.** When patients are worried or sick, every minute seems like an hour. When co-workers need information or help, they find delays frustrating.

7. **Maintain privacy and confidentiality.** Knock as you enter a patient's room. Watch what you say and where you say it. Protect personal information. (See more on confidentiality further on in these guidelines.)
8. **Handle with care.** Slow down. Imagine that you are on the receiving end.
9. **Maintain dignity.** Give choices in interactions with patients. Close curtains to provide privacy. The patient could be your child, your spouse, your parent or your friend.
10. **Take initiative.** Just because something is "not your job" doesn't mean you can't help or find someone who can help.
11. **Treat patients as adults.** Your words and tone should show respect and consideration.
12. **Listen and act.** When people complain, don't blame others or make excuses. Hear them out and do all you can to respond to the problem and make things right.
13. **Help each other.** When you help your co-workers, you help patients too.
14. **Keep it quiet.** Noise annoys and shows a lack of consideration and concern for patients.
15. **Apply telephone skills.** When you're on the telephone, your organization's reputation is on the line. Sound pleasant. Be helpful. Listen with understanding.
16. **Look the part.** Professional dress and demeanor build people's confidence in all of us.

CONFIDENTIALITY

Medical records are confidential and both Federal and Georgia laws and regulations protect the information in a medical record. You may not:

- Obtain a patient's medical information except in order to provide care to the patient during your clinical assignment.
- Discuss or reveal information relating to a patient's identity or medical condition with any other person who does not need to know the patient's medical condition for purposes of providing care or other authorized and appropriate purposes.
- Discuss a patient's identity or medical condition with an authorized person under such circumstances that an unauthorized person can hear the conversation.

(For additional information see the Risk Management Guidelines in this study guide.)

PASTORAL CARE SERVICES

Pastoral care services are available to patients and staff at both hospitals. A reverent attitude on the part of the student should be observed during distribution of Holy Communion or administration of any other sacrament if the student is unable to leave the patient's room.

INCIDENT/OCCURRENCE REPORTING

All untoward occurrences, incidents, or injuries on hospital property involving patients, employees or visitors must be reported. Early follow-up of incidents results in better outcomes and early intervention facilitates customer satisfaction when investigating incidents. Reporting incidences is not punitive but will assist in identifying ways to improve customer service.

Incidents involving patients or visitors must be reported immediately to the nurse in charge of the patient's care or the department manager who will report the incident in the on-line data base for incident/occurrence reporting. It is the student's responsibility to also notify the instructor and/or school when occurrences result. Incidents involving patients or visitors could include medication incidents (errors, adverse drug reactions), falls or other accidental injuries, etc.

If the incident involves an injury to a student (needlestick injury/exposure to blood or body fluid, fall or other accidental injury), the incident needs to be reported immediately to the student's instructor, preceptor, and department manager. (See additional information about student injuries in the Safety Guidelines and Infection Control Guidelines sections of this study guide.)

(For additional information see the Risk Management Guidelines in this study guide.)

SAFETY GUIDELINES FOR STUDENTS

The following are guidelines for students to follow to prevent injury and develop safe work habits:

ENVIRONMENTAL

1. Arrange furniture in the work place so that it is not an obstruction or safety hazard.
2. Keep supplies neatly stored inside cabinets or on shelves. Keep cabinet doors closed when not in use. Do not store any items closer than 18 inches from the ceiling. All storage areas must be kept clean and orderly.
3. Keep file drawers closed when not in use. Open only one file drawer at a time.
4. Keep floors clear of dropped objects, spills, and obstructions such as electrical cords. Wipe up all spills immediately if possible; student should take action to secure area and call Environmental Services for cleanup. NOTE: If the spill is blood or a hazardous material, special procedures should be used by only those employees trained and authorized. (See more information in the Hazard Communication section of this study guide.)
5. Report any environmental hazards such as torn carpet or loose tile to the Maintenance Department.
6. Appropriate cautionary signage should be used and obeyed by all. (Wet floor signs, caution, construction in progress, etc.)
7. All hallways and aisles must be kept free of obstructions.
8. All stairways must be kept free of trip hazards and storage items.
9. Furniture and fixtures with splinters or sharp edges must be removed from service and reported to the Maintenance Department.
10. Broken equipment must be removed from service and reported to the Maintenance Department.
11. Medical Gas cylinders must be secured in a cylinder rack with a chain or other securing device to prevent falling.

PERSONAL

1. Always keep to the right when moving through the hallways.
2. Walk, don't run, especially on stairs or corridors.
3. Utilize reflective mirrors located near ceilings at hallway intersections to observe traffic and avoid collisions.
4. Observe the principles of good body mechanics:
   a. Maintain good posture in all activities

b. Pushing and pulling are preferable over lifting; push rather than pull, if possible; when pushing, stay close to the load; don't bend forward; use both arms; tighten your abdominal muscles
c. When lifting:
- Keep the load close to your body, and bend your knees
- Tighten your abdominal muscles when you lift
- Use arms and legs, rather than your back muscles to lift
- Maintain the 3 natural curves of your spine
- Avoid twisting as you lift
- Get help if the load is too large or too heavy

d. When reaching, reach only as high as is comfortable. Don't stretch; use a stool or a ladder if you need it. Don't climb on furniture or boxes.
e. To bend safely, kneel down on one knee; bend your hips, not your back; when leaning forward, move your whole body, not just your arms
f. Sit in a chair that allows both feet to be flat on the floor; maintain good posture; if possible, use a lumbar support for your lower back
g. When standing for long periods, balance your spine by placing one foot on a low stool; keep your knees slightly bent, pelvis tilted forward; avoid slouching which can put a strain on your vertebrae

5. Keep elevator doors clear and allow persons to exit before entering.
6. Food and drinks are permitted in designated areas only.
7. Don personal protective equipment (PPE) as indicated by the situation. Discard PPE after use in designated containers for disposal or laundering.
8. Wear PPE such as safety goggles, face shields, gloves, gowns or aprons when performing hazardous work, which presents the hazard of flying objects, intense glare, caustic liquids, injurious radiation, or exposure to blood and body fluids. (See more information on PPE in the Infection Control Guidelines section of this study guide.)
9. Pregnant students should not go into the procedure room of the Cath Lab but should remain in the control room to observe the procedure in order to avoid exposure to radiation.
10. When traveling as a driver or a passenger in any hospital vehicle, use seat belts and, if available, shoulder harness.
11. To prevent injuries from needles and other sharps, remember:
    a. Needles are not recapped after use. The entire syringe and needle should be placed in a designated sharps container.
    b. Used needles are not to be disconnected from syringes unless absolutely necessary as in the admixture of medication or in the arterial blood gas laboratory.
    c. Needles are not to be bent, cut or otherwise destroyed prior to placing in sharps containers.
    d. Sharps containers should be changed as necessary so that overfilling does not occur.
    e. Extreme care should be taken when cleaning up after procedures involving the use of needles or other sharps.
    f. Reporting needle punctures and other sharps injuries is mandatory. Source

of needle use must be documented to insure proper follow-up.

g. Selected sharps safety devices (as deemed by the system's Sharps Injury Prevention Program) are to used appropriately.

STUDENT INJURIES

1. Incidents involving an injury to a student (needlestick injury/exposure to blood or body fluid, fall, or other accidental injury) during a clinical education or applied learning experience, must be reported immediately to the student's instructor, preceptor, and the department manager and an REO (Report of Occurrence) must be completed. The student should document his or her student status on the REO.
2. Students do not go to Occupational Health or Educational Services for treatment or to report the injury.
3. Students who have suffered a needlestick injury/exposure to blood or body fluid should report to the hospital Emergency Department immediately with the completed REO. (See additional information about needlestick injury and exposure to blood or body fluids in the Infection Control Guidelines section of this study guide.) Occupational Health will need a copy of the REO and may facilitate source patient testing if the source is an inpatient at the time of exposure. After facilitating source patient testing, Occupational Health will forward a copy of the REO to Educational Services for filing purposes only. The school will be responsible for any follow-up required with the student post-exposure.
4. For injuries **other** than a needlestick injury/exposure to blood or body fluids during their clinical education/applied learning experience, students can elect to be seen in the hospital's Emergency Department or seek treatment outside the health system. The REO is forwarded to Educational Services for filing purposes only.
5. Students must maintain health insurance throughout the clinical education/applied learning experience. All medical or health care services (emergency or otherwise) that the student receives at St. Joseph's/Candler Health System are the student's responsibility and at the student's expense.

FIRE SAFETY

1. Observe and enforce hospital smoking regulations.
2. Ensure that all flammable liquids are stored in the proper place with all caps or lids on tight. Keep all combustibles away from a potential source of heat.
3. Do not allow paper, rags or other combustible trash to accumulate.
4. Know the location of fire alarms in your area.
5. Know the location and type of extinguisher in your department. ABC extinguishers are located throughout the hospital. Be familiar with the steps in

using a fire extinguisher**: P.A. S. S**.; P – pull the pin; A – aim at the base of the fire; S – squeeze the handle; S- discharge the extinguisher in a sweeping motion.

6. Know the evacuation routes.
7. Know how to report a fire and the steps to take in the event of a fire**: R. A. C. E**.; R – Rescue; A – alarm; C – confine; E – extinguish. (For more information on how to report a fire, refer to code guidelines for specific hospitals listed later in this study guide.)
8. Keep all doors to the stairways, fire exits, and any room used for storage closed.
9. Fire doors are designed to close automatically; do not prop open or place any items where they would block the closing or opening of the doors.

ELECTRICAL SAFETY

1. Use only electrical appliances that have a grounded three-prong plug.
2. If equipment has cracked or frayed wires or plugs, or if the equipment shocks, sparks, smokes, causes 60 cycle interference on a cardiac monitor, or if it is dropped:
   a. Turn the equipment off, disconnect the cord from the wall outlet.
   b. Tag the equipment “defective”.
   c. Notify/send the equipment to the appropriate department for repair.
3. Report broken receptacles, receptacles that do not work, or loose metal receptacle Plates.
4. When disconnecting an electrical cord from a wall outlet, make sure the equipment is turned to the “off” position and grasp the plug (not the cord) to unplug it.
5. Do not store liquids or place drinks on the top of electrical equipment.
6. Do not plug equipment into a wet outlet or stand in water when working with electrical equipment.
7. Extension cords are not used in patient care areas except in emergency situations.

PATIENT SAFETY

1. All patient diagnostic, therapeutic equipment is inspected by Biomedical Services before use.
2. Patient personal equipment brought in must follow the guidelines set by Administrative Policy # 1177-A.
3. Siderails should be used when transporting patients.
4. Beds should be in low position, Siderails in the up position and the bed exit alarm should be set as appropriate by an assessment of the individual patient’s needs.
5. Wheels should be locked on beds at all times.
6. Wheelchairs and stretchers are to be maintained in proper working condition. Any defects are to be referred to Maintenance for repair and the wheelchair or stretcher removed from use.
7. Protect patients as appropriate with supports. (Refer to Restraints Policy.)

8. Patients and families should be oriented to the environment on admission and as appropriate.
9. Patients should wear slippers when ambulating.
10. All patients must wear an I.D. bracelet.

DISASTER

A disaster may be defined as an occurrence or event which causes an influx of patients so great as to disrupt the normal operation of the hospital. Disasters may result from fire and explosion, transportation accidents, floods, tornadoes, hurricanes, earthquakes, riots, airplane crashes, epidemics or enemy attacks.

When the code indicating a disaster is paged, all students should report to their assigned unit and receive directions from their instructor or preceptor.

Only the President, or his designee is authorized to release information concerning the disaster or emergency to anyone other than the St. Joseph's/Candler health care team. Any request from the media or family members for information concerning emergency conditions, patients, or personnel must be referred to Public Relations.

For more information, refer to the code guidelines listed later in this study guide. Refer to the hospital's Safety Manual for specific policies and procedures on general safety, life safety (fire), emergency preparedness (disaster, hurricane, tornado, bioterrorism plans) and hazardous materials.

Emergency Codes
Dial 7,7,7,7 on either campus, for any emergency situation

Code Red-Fire Situation **R.A.C.E. – R**escue **A**lert **C**onfine **E**xtinguish

Code Orange-**Level One**
External Mass Casualty Incident has been reported or occurred. Number of casualties probable or received from 1-10. Emergency Department Physician, Manager, and/or Charge Nurse can initiate Code Orange, Level One for an external mass casualty. CEO, Administrator on Call, or designee will be notified of implementation.

Code Orange-Level Two
External Mass Casualty Incident has been reported or occurred. Number of casualty probable or received greater than 10. CEO, Administrator on Call or designee, initiates this implementation of the code.

Code Orange-All Clear
Initiation stage terminated. Departments to evaluate support needed or to be given.

Code Yellow- Severe Weather threatening area. Departments to check E-Mail for information.

Code Yellow-All Clear- Severe weather has passed

Code White (Location)
Reported internal/external visitor injury/occurrence

Code Black- Water/Electricity/Telephones/Medical Gas>Utilities Failure

STAT- Emergency situation exists and assistance is needed immediately.

Code CAT- Critical Assessment Team (rapid response team)

Code 99- Cardiac/Respiratory Arrest

Code 99 AED– Cardiac/Respiratory Arrest w/Automatic External Defibrillator

Code 99 PALS- Pediatric Cardiac/Respiratory Arrest

Code Telfair- Infant Abduction from Telfair Unit

Code Adam- Pediatric/Adolescent Abduction

Code B.E.R.T – Behavioral Emergent Response Team assistance is needed.

In disaster circumstances, the E-Mail, Meditech and telephone system will be used for communicating additional information on the status of the situation.

INFECTION CONTROL GUIDELINES FOR STUDENTS

The following are guidelines for students to follow to prevent the spread of infection and to avoid exposure to bloodborne pathogens.

GENERAL

1. It is the policy of St. Joseph's/Candler Health System to follow the guidelines and recommendations made by the Center for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) regarding Standard Precautions, transmission-based precautions and guidelines to prevent occupational exposure to bloodborne pathogens.
2. Before beginning a clinical education experience at St. Joseph's/Candler, students must receive training from their respective educational institutions regarding OSHA Standard Precautions for Bloodborne Pathogens.
3. The OSHA Bloodborne Pathogen Standards includes no eating and drinking in patient care areas. This Standard is followed at SJ/C Health System. Patient care areas include not just the patient rooms and treatment/procedures rooms, but also pods and nurses stations.

STANDARD PRECAUTIONS

1. Standard Precautions is an approach to infection control. According to the concept of Standard Precautions, all human blood and body fluids are treated as known to be infectious for HIV (human immunodeficiency virus) and HBV (hepatitis B virus) and other bloodborne pathogens.
2. Standard barrier precautions must be used while delivering direct patient care when contact with any body substance/fluid is anticipated and when handling or cleaning any contaminated item or surface. Standard Precautions must be maintained for all patient care regardless of the diagnosis.
3. Standard Precautions include:
    a. wash or sanitize hands according to policy (see below)
    b. wear gloves when likely to touch body substances, mucous membranes or non-intact skin
    c. wear plastic apron or gown when clothing is likely to be soiled
    d. wear mask/face shield/or eye protection when likely to be splashed
    e. place intact needle/syringe unit and sharps in designated disposal container Do not recap needle (See more information on preventing needlesticks in the Safety Guidelines section of this study guide.)
    f. sharps safety devices selected by the Sharps Injury Prevention Program team are to be utilized

PERSONAL PROTECTIVE EQUIPMENT

1. Personal Protective Equipment (PPE) such as masks, face shields, eye protection, aprons, and gowns are located on each nursing unit or clinical department. Students should be sure to locate this equipment during orientation to their unit or department.
2. PPE should be worn and disposed of properly.
3. Students should also familiarize themselves with the location of disposable resuscitation bags or mouth shields in the patient care areas. These shields or resuscitation bags must be utilized whenever mouth-to-mouth resuscitation is performed.

HANDWASHING

1. Handwashing is the single most effective means of preventing the spread of infection. Gloves do not take the place of handwashing. Hands should be vigorously lathered for at least 15 seconds using soap and water.
2. Hands must be washed or sanitized:
   a. before and after contact with patients
   b. before donning gloves and immediately after gloves are removed (disposable gloves should never be washed and reused)
   c. after use of facial tissue
   d. before performing invasive procedures
   e. after touching inanimate items that are likely to be contaminated
   f. before coming on duty and when duty is over
3. Hand washing is needed when caring for a patient with a spore producing illness, such as Clostridium difficile, before and after eating, before and after using the bathroom and when hands are visibly soiled.

ISOLATION PRECAUTIONS

1. To prevent the spread of communicable disease within the hospital, special procedures should be followed when caring for patients with these diseases. The decisions regarding which diseases to isolate and which isolation procedures to utilize require an understanding of the epidemiology of infectious disease in the hospital setting.
2. The control measures utilized are directed toward isolating the disease, not the patient. Diagnostic and/or therapeutic procedures will not be denied to any patient because he/she has an infection.
3. The attending physician is primarily responsible for assessing the need for isolation and for ordering the appropriate type of isolation to be followed.
4. When isolation is determined to be necessary, every health care provider is responsible for adhering to established protocol. Team members must educate and monitor the patient and any individual coming into contact with him/her who

is not familiar with isolation procedures. Patients and visitors are monitored for compliance with instructions given.

5. The types of category specific isolation/precautions used at St. Joseph's/Candler include:
   a. Airborne (negative pressure room, wear N95 mask, visitors wear N95 mask, when transporting patient the patient wears a surgical mask, appropriate sign on door to identify airborne precautions, limit visitors, PPE available on entrance to the room, instruct visitors on correct usage of PPE and hand hygiene.)
   b. Contact (private room, all personnel wear gloves, gown, [and mask if aerosolization is expected], PPE available on entrance to the room, appropriate sign on door, instruct visitors on correct usage of PPE and hand hygiene, patient only out of the room for necessary procedures, limit contact with environment when out of room and clean contact surfaces with hospital approved disinfectant)
   c. Droplet (private room, staff and visitors wear surgical mask, patient wears surgical mask when transported outside of room, instruct visitors on correct usage of PPE and hand hygiene, PPE available at entrance to the room)
6. Door cards/chart stickers are used to communicate the type of isolation utilized. No matter what their reason for entering a room, students need to stop, read the door card and wear the proper attire. Any questions about protocol should be referred to the student's instructor or the nurse assigned to the patient.
7. All healthcare workers (including students) must wear N95 masks when entering a patient's room under Airborne Precautions. All healthcare workers caring for patients on Airborne Precautions shall undergo fit testing before using an N95 particulate respirator mask for the first time. In an effort to comply with OSHA regulations, St. Joseph's/Candler utilizes the 3M-N95 (1860) respiratory mask. OSHA regulation provides in part that "the employer shall be responsible for the establishment and maintenance of a respiratory protective program". Requirements for a minimally acceptable respiratory protective program include, among others, the ability to quantitatively or qualitatively fit test employees in a reliable way to obtain a face-seal leakage of less than or equal to 10%. **It shall be the responsibility of all affiliated entities to ensure proper fit testing of the 3M-N95 (1860) respiratory mask and appropriate documentation of such fit testing for students participating in clinical education at St. Joseph's/Candler if the students will be expected to care for patients on Airborne Precautions.** Documentation of completed fit testing for students will be submitted to St. Joseph's/Candler from affiliated entities. Fit testing for each individual should be done annually, or more frequently if significant weight or facial changes occur. If you have any questions regarding St. Joseph's/Candler's respiratory protective program, please contact the office of Occupational Health at (912) 819-8990..
8. Caring for a patient on isolation is beyond the scope of this study guide. It is the school's responsibility to instruct the student on the basics of caring for such a patient including the use and disposal of protective equipment, and specific considerations regarding handling of linen, trash, and equipment used in the

patient’s room. For more information relative to isolation precautions, refer to the health system’s infection control policies on the Intranet.

EXPOSURE TO BLOODBORNE PATHOGENS

1. Strict adherence to Standard Precautions and other infection control measures should prevent a student’s exposure to bloodborne pathogens.
2. Should a student sustain a possible exposure to bloodborne pathogens during a clinical training experience, the student is responsible for notifying the instructor, preceptor, and the department manager and following the steps outlined in the Safety Guidelines section of this study guide under “Student Injuries”.
3. Exposure is defined as a demonstrated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials. Prophylaxis against HIV, the virus that causes AIDS, should begin in less than 2 hours after exposure so prompt reporting of the incident is vital.
4. After the student has reported to the Emergency Department for evaluation/treatment, the educational institution will be responsible for any follow-up with the student required by the CDC and OSHA standards and regulations for post-exposure care.

SPECIAL PRECAUTIONS FOR STUDENTS GOING TO SURGERY

Air exchanges and positive-pressures assist with minimizing infection risks. These are achieved in a couple of ways.

1. Enter the surgical suite through the Sub-Sterile area every time except when escorting the patient via stretcher.
2. Keep all suite doors closed at all time. Minimize trips in and out of the suites.
3. Take care navigating around sterile set-ups. If a set-up is accidentally contaminated, please notify the team immediately.

For more information, refer to the health system’s infection control policies available under Documents on the Intranet.

INFORMATION MANAGEMENT

Purpose:

To develop a consistent flow of information that will be used to coordinate and integrate work within departments and throughout the health care system to enhance patient care, manage resources, and improve overall performance. Information must be accurate, timely, and useful.

Types of Data:

- Patient specific data - documentation on medical record regarding care
- Aggregate data - patient demographic info., Performance improvement results
- Knowledge-based data - library services, poison control information
- Comparative data - Peer review info, Center for Disease Control (CDC) statistics

Security and Confidentiality

- Dual user identification with assigned level of security/access to information by job title and function determined by the Manager.
- Confidentiality Statement signed by all personnel.
- All information in the medical record is confidential, and the release of information is strictly controlled.
- The medical record is specifically protected from destruction and/or tampering, access control, and fire protection and back-up.
- St. Joseph's/Candler provides a plan for the exchange of information in the event that an automated system becomes inoperable (downtime).

Education

- St. Joseph's/Candler Information Services provides ongoing education of hospital computer systems for newly employed personnel and as appropriate.
- Department policies and procedures include educational requirements and plans for employees required utilizing the hospital computers and personal systems.

All individuals engaged in the collection, handling, or dissemination of patient information shall be informed of their responsibility to protect patient data.

You participate in Information Management everyday. It is your responsibility to assist in the protection and accuracy of information. This information is used for important patient care and organizational management decisions.

Risk Management Guidelines

What is Risk Management?

Simply put, Risk Management is doing the right thing, for the right person, at the right time, for the right reason and doing it right the first time. As such, Risk Management is the responsibility of each and every co-worker and healthcare provider in the System.

What are the goals of Risk Management?

There are three essential goals of Risk Management. These are:

- To eliminate or reduce the frequency of error and control the costs of risks as they happen;
- To understand the causes of loss to the System, and
- To proactively put programs into place that will address risk before loss occurs.

How do these goals affect me?

1) The elimination or reduction and control of risk can only be done if the co-worker is aware of their job duties and the standards, which govern their practice. By working in the present and being situationally aware of the task at hand, the co-worker is working to reduce or eliminate error caused by rushing and/or distraction. It is also important that the co-worker is aware of all policies and procedures governing their work practice. These policies and procedures become the standard by which a co-worker's actions are viewed, especially in a court of law.
2) The Risk Management Department has four staff members. Risk Management therefore depends on ALL co-workers to assist in gathering and reporting information which will allow the System to study the effectiveness of the processes in place to promote patient safety. As the practice of medicine changes, these processes must change as well. One of the things students can do to promote understanding of the potential causes of risk is by reporting all events to their preceptor/instructor so the event can be entered into the System's electronic event reporting system. These also include near misses, a potential error caught before it reaches the patient.

Who reports events and Why?

St. Joseph's/Candler has an electronic event reporting system which can be accessed by all areas throughout the health system. Events and near misses are automatically directed to the Risk Management Department as well as the designated manager and/or director of the unit involved for follow-up. Risk Management analyzes the data for trends, which will be used to examine system processes and direct system improvement efforts. Event reporting is the foundation of Risk Management's early warning system used to mitigate

the cost of risk and allowing for evaluation and response to events as they occur. Analytical reports are presented to Leadership, Performance Improvement, Safety and other committees as necessary.

What is an event?

An event is any occurrence not consistent with the routine operation of the health care organization or the routine care of a patient. Events are also unexpected or unusual occurrences or near misses. Reporting a near miss, an event caught before it reached the patient or went undetected, provides Risk Management with vital information to fulfill its mandate to reduce the frequency and severity of events and improve patient and co-worker safety.

What types of events are routinely reported?

- **Falls**
- **Medication Errors**
- **Near Misses also known as Great Catches**
- **Adverse Drug Reactions**
- **Procedural Events**
- **Physician Issues**
- **Treatment Issues**
- **IV Infiltrations**
- **Equipment Related Events**
- **Non-Patient Care Events (Visitors, vendors, students, etc.)**
- **Patient Complaints**

A detailed listing of specific event indicators can be found on the System Intranet under the Quantros SRM section. This listing will help familiarize you with the many different events that warrant reporting.

<u>Other Risk Management Issues</u>

Communication – Communication is often the issue leading to adverse events. There are many types of communication from oral to written and from e-mail to voice mail. Here are a few tips to sharpen up your communication skills.

- Use the "**read-back and verified" technique -** The nurse or other qualified co-worker writes the order, reads it back to the physician for verification and documents "r/v" in the chart to be sure the message was heard correctly (remember students can not take orders).
- Do not assume that important information you have regarding the clinical condition of a patient will be passed along correctly or at all. Always try **to communicate with the person** who needs to know the information.
- If you have placed a call to a physician for a certain number, please **let others in the area know you are waiting** for a return call.

- When you need to leave a note for a physician or other healthcare provider, **affix** the note somewhere where the provider will see it. Do not write on a scrap of paper and slip it into the chart.

Documentation – Documentation is **extremely important** within healthcare today. It is used to communicate a number of things from one provider to another, as well as serve as the "living record" of the care provided to a patient. Not all students are permitted to document in the patient record, but if you do, here are a few tips to sharpen up your documentation:

- The best documentation is done **concurrently** with the events being documented.
- Be sure to document **clearly** and in **legible** handwriting.
- You are responsible for **knowing** what is documented in the chart. Read it.
- Use extreme caution when using **F5**. Be sure you specifically agree with what you are documenting.
- If an **adverse event** occurs during your shift, complete your documentation before you go home and have your supervisor **check it** to assure completeness and clarity.
- Plaintiffs' attorneys look for gaps and inappropriate language to discredit or cast doubt on the credibility of the author.
- Words such as "unintentionally," "inadvertently," and "unexpectedly," could reflect a judgment that something untoward happened.
- Words such as "appeared," "apparently," and "seems to be" are not specific and can be used to cast doubt.
- Terms such as "ate well" and "feels better" can have different meanings for different people. Use of non-specific language leaves the author open to criticism.

Chain of Command – The chain of command is an important tool for a co-worker or any healthcare worker. If you find yourself in a situation you do not feel you can handle your responsibility is to immediately notify the nurse caring for your patient and your instructor or your assigned preceptor.. If other co-workers or physicians fail to respond appropriately to your situation, let your supervisor (instructor/preceptor) know and they will be able to intervene for you. Here are a few tips:

- If you are trying to contact a physician and he/she does not respond within a reasonable time, no more than 30 minutes, let your supervisor know.
- Do not wait hours for a physician if you need him/her more emergently.
- If a physician or other healthcare providers are not responding to the needs of the patient let your supervisor know. Be sure the patient gets the assistance they need.

Confidentiality – Confidentiality is a federally mandated duty of all healthcare providers. It can be best avoided when one is aware of all the ways in which it can be breached. Confidentiality can be breached verbally, in written form, with improper access to patient information on line, by tossing patient identifiable information in the trash or by dozens of other ways. Here are some tips regarding protecting confidentiality:

- When faxing, be careful to make sure you know the correct number and be aware of where the receiving fax machine is and that it is protected.
- Always use a confidential fax information disclaimer when faxing information.

- Never fax sensitive personal information.
- When using a cell phone, always assume that others can hear the call. This will help keep you from divulging information inappropriately.
- When in public spaces like the parking lot, elevator, hallways or cafeteria refrain from talking about a patient or a patient's condition. You never know who is within earshot.
- Keep printed materials containing patient identifiable information out of public view. This also includes information from computer/video monitors as well.

Attorneys – Attorneys must go through Legal Services or Risk Management before they are allowed to speak to any of our co-workers. Many times an attorney is trying to gain information regarding a clinical event. Some will assure the co-worker that there is no interest in including the co-worker, physician or System in a lawsuit. While this may be true at the time, discovery of information may lead to the System or a co-worker being included in the lawsuit.

- Whenever an attorney contacts you, instruct them to call Risk Management or Legal Services and we will take care of their needs.
- If you receive any legal papers, please send them immediately to Risk Management or Legal Services. Keep a copy for yourself. Hand delivery is the preferred method of getting these papers to Risk Management or Legal Services. There is a limited amount of time to answer lawsuits.

Feel free to contact your supervisor or the Risk Management staff at any time when you need assistance with any of these issues.

HIPAA
Health Insurance Portability and Accountability Act of 1996

Background

Congress passed the "Administrative Simplification" section of HIPAA to provide for laws that govern electronic exchange of information. The law provides for privacy protections for patient's protected health information.

HIPAA Privacy Rule

The Privacy Rule creates national standards to protect medical records and personal health information.

- It gives patients more control over their health information; and
- It sets boundaries on the use and release of health records; and
- It establishes appropriate security protections that Hospitals, nurses and physicians must put in place to protect the information.

This Law Applies to Information

HIPAA Protects the Privacy and Security of Protected Health Information which is:

- Health information relating to -
  - past, present or future physical or mental health or condition;
  - provision of healthcare ; or
  - past present or future payment for healthcare.
- Identifies the individual, or presents reasonable basis to believe that the information can be used to identify the individual
- It can be in any form. For example: paper, verbal, or electronic.

Protected Health Information

- In the Health System, the Protected Health Information is
  - in the medical record contained in paper format
  - information in Meditech
  - billing records and
  - verbal conversations about patients' medical information.
- Each employee, contractor, vendor, physician and student must protect the privacy of the patients' protected health information.

Examples of Protected Health Information:

▪ Name ▪ Address ▪ Name of relatives ▪ Name of employers ▪ Birth date ▪ Telephone Numbers ▪ Fax numbers ▪ Email addresses	▪ Medical Record Number ▪ Health Plan Information ▪ Social Security Number ▪ Account Number ▪ Certificate/License Number ▪ Any vehicle or other device serial number (e.g. pacemaker #, total joint #) ▪ URL

This Law Applies to:
(1) Healthcare provider---
- individual physicians
- physician group practices
- dentists, hospitals, nursing facilities
- healthcare practitioners

(2)Health Plan--Insurance Companies
(3)Health Care Clearinghouse-billing company

Health System Requirements
- Notify patients about their privacy rights and how their information can be used.
- Adopt policies and procedures to protect patients' privacy rights.
- Appoint a "Privacy Officer" to serve as the contact person for privacy procedures and confidentiality complaints.
- Secure patient records so they are not readily available to those who do not need them.

Policies
The privacy policies are listed on the Intranet. The main policies are
1. Confidentiality-Breach Policy
2. Confidentiality of Patient, Business, and Employee information
3. Release of Information Policy.
4. Faxing Protected Information Policy
5. Notice of Privacy Rights Policy

Releasing Protected Information
- Refer to the Release of Information Policy on the Intranet.
- Refer to Medical Records Dept when you have a question or are unsure.
- You cannot release a patient's protected health information to an outside company or individual without receiving a signed Authorization Form from the patient **…EXCEPT FOR…**
  - ✓ it is released to a treating physician for treatment purposes
  - ✓ for billing & collections purposes .
  - ✓ or for other healthcare operations (i.e., quality assurance or reporting to approved government entities).
  - ✓ to other entities if the patient has signed an "Authorization to Release Information".

HITECH HIPAA:
- ➢ In 2009, laws were passed to enhance HIPAA (known as HITECH HIPAA)
- ➢ Included a number of new privacy and security provisions for those electronic medical records by amending the existing HIPAA statute.
- ➢ Purpose is to promote the use of health IT with goal of utilization of an Electronic Health Record for each person in the U.S. by 2014.

Accounting of Disclosures:

- Patients will now have a right to know all disclosures of their protected health information, including all accesses made by co-workers for treatment, billing and operations.
- Formerly only inappropriate accesses were required to be disclosed.
- This will involve substantial changes to our Meditech audit trail reports

Security Breaches:

- For "security breaches" of protected health information, there are new requirements for disclosures to patients and the media.
- Patients will always need to be notified of the breach.
- The media is to be notified when there are a certain number of records implicated.
- Health and Human Services in Washington, DC is to be notified also.

Protect patients' health information from disclosure:

- Confirm fax numbers before faxing
- Don't leave PHI in your car – especially not in clear view.
- Don't store PHI on thumb drives, laptops, Smart phones, etc. whenever possible. If required, then contact IS to determine a way to encrypt the data and secure it to the extent possible.
- Don't leave your computer logged in and unattended.
- Don't access a patient's medical record or PHI unless it is for treatment, billing or operations!

Fines and Jail Time

If a person knowingly uses or releases patient protected health information without the patient's permission or as required by their job or contracted responsibilities:

- Civil penalties can range from $100 to $50,000 for each violation.
- With the HITECH HIPAA laws, there is increased potential for criminal prosecution.

Contact information:

If you suspect a breach or inappropriate access has occurred, please contact:

- ✓ Privacy Officer at #819-5293 - The Privacy Officer is the contact person for questions regarding privacy or confidentiality of patient information
- ✓ E-mail using "Contact Us" on SJ/C's Website: www.sjchs.com
- ✓ Corporate Compliance Officer at #819-5291
- ✓ Corporate Compliance Hotline: **819-LAWS (5297)**

Abuse/Neglect/Exploitation

ALL MEDICAL PROFESSIONALS ARE MANADATED REPORTERS OF CHILD ABUSE.

All cases of suspected abuse/neglect should be reported by any healthcare employee to the Clinical Care Coordination Department who shall then notify the social worker. In order to assess for potential abuse/neglect, the staff involved in care should:

a. Perform a thorough physical and psychological assessment of the patient.
b. Obtain a history from the patient/family.
c. Obtain old medical records.
d. Discuss suspicions and/or concerns with the attending physician.
e. Initiate treatment as ordered.

Signs and Symptoms Abuse/Neglect

Categories of Indicators	Signs and Symptoms: Not all inclusive
Physical	Bruising, abrasions, lacerations, bite marks, unexplained/inconsistent injuries and/or fractures and burns, strangulation marks, missing or loosened teeth, withdrawn, fearful
Sexual	Along with physical indicators: STDs, pregnancy < 16 years old, trauma to genitals, recurrent UTIs, Pelvic Inflammatory Disease, difficulty/pain in walking, torn, stained clothing, history of loss of consciousness or memory of event, withdrawn
Neglect	Malnourished, poor hygiene, poor skin condition, developmentally delayed, chronic health problems without appropriate care and follow-up
Domestic	In addition to physical and sexual indicators above may include: penetrating injuries, gunshot wounds, concussions, miscarriage/pregnancy complications, anxiety, depression, anger, suicidal ideation, vague responses, crying and self-blaming, history of child abuse

In all categories of abuse/neglect the family/significant other may answer for the patient, is defensive, overprotective, controlling, and may be a substance abuser.

For more information, please refer to Patient Care Policy 6043-PC, “Abuse/Neglect”

St. Joseph's/Candler Quality Initiatives

All St. Joseph's/Candler employees should understand that their main responsibility is to provide quality services. The emphasis on quality is addressed with new employees during orientation to the health system but it should also be introduced to every job applicant during the interview process and continually reinforced with employees after they start work.

Employees at St. Joseph's/Candler are the key to improving the quality of services to our patients and customers. There are many quality initiatives that are ongoing and involve staff taking the initiative to make things better. Included are the ***CMS/HQI Project***, ***The Joint Commission Required Performance Measures for Stroke, the IHI 100,000 Lives Campaign and the IHI 5 Million Lives Campaign.*** Quality initiatives like these have proven to make a difference in the lives of patients. Every patient care provider needs to understand his or her role in the success of these initiatives.

CMS/HQI Project

(Centers for Medicare and Medicaid Services/Hospital Quality Initiative)
The Centers for Medicare and Medicaid Services in partnership with Premier, Inc. developed this project also called the *CMS/Premier Hospital Quality Incentive Demonstration Project.*
Purpose:

- Improve the quality and efficiency of patient care
- Create publicly available standard measures

Scope: The CMS project has quality measures for the following conditions

- Acute Myocardial Infarction (AMI)
- Heart Failure (HF)
- Community-acquired Pneumonia
- Surgical Care Improvement Project (SCIP)
  -Coronary Artery Bypass Graft (CABG)
  -Other cardiac surgery
  -Vascular Surgery
  -Hip and Knee Replacement
  -Hysterectomy

Quality measures: Meeting the quality measures for these conditions reflects St. Joseph's/Candler's commitment to evidence-based medicine and scientifically supported interventions. Preference order sets have been developed for each of these conditions to insure that their associated quality measures are met.

Accountability: The CMS/HQI project is designed to build accountability for quality improvement and improved clinical outcomes for our patients. Data is collected on how well we meet each of these measures and is submitted to CMS/HQI. Our clinical performance data is compared to other hospitals and is made available for public access

on the web. Physicians, employers and patients can see how we compare in terms of clinical outcomes.

How well we meet these clinical measures also determines our reimbursement. If the hospital meets these measures insuring faster patient recovery, fewer complications and less readmissions, we can anticipate better reimbursement from Medicare.

The Joint Commission Required Performance Measures for Stroke

(Joint Commission on Accreditation for Health Organizations)
Purpose: St. Joseph's/Candler is a JCAHO certified Primary Stroke Center. As a requirement for certification and to insure compliance with best practice guidelines we must demonstrate that we are using a set of standardized performance measures. In order to facilitate compliance with these measures a Stroke Order Set has been developed. This is available in Meditech Mox Library.

Accountability: Data is collected on how well we meet each of these measures and is submitted to JCAHO by our Stroke Coordinator.

IHI 100,000 Lives Campaign

(Institute for Healthcare Improvement)
Purpose and Goal:

- To engage U.S. hospitals in a commitment to implement changes in care proven to improve patient care and prevent avoidable deaths.
- To save 100,000 lives by June 14, 2006 and every year thereafter

Implementation: The IHI encourages participating hospitals to implement six changes proven to reduce avoidable deaths. St. Joseph's/Candler is committed to implementing all six of the following recommendations:

- Deploy Rapid-Response Teams at the first sign of patient decline
- Deliver reliable, evidence-based care for Acute Myocardial Infarction (AMI)
- Prevent adverse drug events (ADE)
- Prevent Central Line Infections
- Prevent Surgical Site Infections
- Prevent Ventilator-Associated Pneumonia

Accountability: St. Joseph's/Candler is taking action on these recommendations by implementing the CAT (Critical Assessment Team), meeting the CMS/HQI measures for AMI, initiating the Medication Reconciliation process, and implementing evidenced-based interventions to prevent central line infections, surgical infections and ventilator-associated pneumonia. St. Joseph's/Candler will track results of these changes and report back to the IHI.

<u>IHI 5 Million Lives Campaign</u>
(Institute for Healthcare Improvement)
Purpose and Goal:

- To support the improvement of medical care in the US, significantly reducing levels of morbidity and mortality.
- Prevent 5 million incidences of medical harm by 2009

Implementation: The IHI encourages participating hospitals to implement six more changes designed to reduce incidences of medical harm:

- Prevent pressure ulcers
- Reduce MRSA infection
- Prevent harm from High-Alert Medications
- Reduce Surgical Complications
- Deliver Reliable, Evidence-Based Care for Congestive Heart Failure
- Get Boards on Board

Accountability: St. Joseph's/Candler is taking action on these recommendations by using science-based guidelines for prevention of pressure ulcers, making changes in infection control processes through out the hospital, preventing harm from High-Alert Medications by starting with a focus on anticoagulants, sedatives, narcotics and insulin; reducing surgical complications by implementing the changes in care recommended by the Surgical Care Improvement Project (SCIP); delivering reliable, evidence-based care for congestive heart failure to reduce readmissions; Getting or Hospital Board on board by defining and spreading new and leveraged processes for hospitals Board of Directors, so that they can be far more effective in accelerating the improvement of care.

For more information; see the Computer Based Learning Module, "Quality Initiatives" or contact the System Performance Improvement Department.