

DCMH
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DELAWARE COUNTY
MEMORIAL HOSPITAL



2012 Annual Mandatory Education Program



CROZER
KEYSTONE
HEALTH SYSTEM



Delaware County Memorial Hospital

2012 Annual Hospital Mandatory Education Manual

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Delaware County Memorial Hospital

2012 Annual Hospital Mandatory Education Manual

Dear Employees,

DCMH's Annual Mandatory In-Service is an important part of our system-wide effort to educate our employees on the latest information necessary to provide excellent care and service to our patients, visitors, and each other. In addition, the content of the Mandatory Program serves as a useful annual reminder for many of the policies and procedures we must follow to ensure a safe, courteous, and efficient workplace that is focused on patient safety, patient satisfaction, employee engagement, and efficient and effective processes throughout the organization.

Our Annual Mandatory In-Service Program is much more than mere compliance with new rules and regulations; although, much of the content is driven by the guidelines we receive from The Joint Commission and other oversight organizations. The much larger goal is our ethical obligation to our patients and co-workers to remain informed and up-to-date on the latest and most important information and initiatives we undertake at DCMH. We expect everyone at DCMH to honor that obligation, and it starts with you.

I thank the many people throughout CKHS who assisted in the effort to create this manual. If you have any thoughts or comments, please feel free to call me at 12-8590 or email denise.kweeder@crozer.org.

Sincerely,

Denise Kweeder

Denise Kweeder
Director, Human Resources

Introduction: Annual Mandatory Education

Every employee must be familiar with Crozer-Keystone Health System's (CKHS) policies and procedures in order to maintain a safe environment, be fully prepared to respond to any emergency, and to provide exceptional customer satisfaction. This information is considered to be of a "*need to know*" nature, and hence is mandatory for all employees.

In addition, it is an expectation that every employee will practice emergency procedures regularly within the CKHS patient care facilities and will review safety policies annually.

It is the CKHS's policy that the Human Resources Department will not process employee evaluations without documentation of annual employee training in all mandatory topics.

NEW HIRE ORIENTATION FULFILLS THE REQUIREMENT FOR COMPLETING ANNUAL MANDATORY EDUCATION FOR THE CURRENT EVALUATION PERIOD.

September 1, 2012 is the deadline for completion of the DCMH Annual Mandatory In-Service Quiz.

Not meeting the deadline will lead to disciplinary action.



The Annual Mandatory In-Service Quiz should be completed prior to the scheduling of your annual performance review. Check with your manager to find out the schedule for your department.

Complete all 30 questions from "The 2012 Quiz" found on the next five pages. The quiz is an "open book" test, meaning that you may refer to the information in the booklet to help you. You may complete this packet and the quiz a little at a time, during your workdays.

When complete, return the quiz answer sheet to your manger, who will score your quiz and inform you if you have passed. You are expected to score a minimum of 86% correct (26 questions). If you do not pass, you must re-take the quiz until you score at least 86%.

Quiz "Dos"

- Review the questions before taking the quiz. Each question begins with the section it refers to, so you can use the Table of Contents to easily find the section.
- Take the test on your own, or with a small group of your co-workers. If you are working in a group, you may discuss the questions and work together to complete the quiz. Your manager may also choose to incorporate the quiz into staff meetings, where you can work together with your co-workers on the quiz.

Quiz "Don'ts"

- Do not copy another employee's work, use, or distribute an answer sheet. Alert your manager if you witness another employee doing so immediately. Because the Mandatory Program is so important, any cheating will be treated as a violation of Administrative Policy ADM 4-O, Mandatory Training/Continuing Education.

Delaware County Memorial Hospital

Annual Hospital Manual Education

2012 Quiz

- 1. Mission Statement.** Crozer-Keystone Health System is committed to the improved health status of those we serve. Which statements are also true?
 - A. CKHS will deploy its resources in a cost-effective and community responsive manner.
 - B. Working in partnership with our physicians and other health professionals, we will seek to forge new alliances with other community health and social service organizations.
 - C. Working with our community our goal is to build a healthy place to live and work, and a sound environment in which to build and maintain our families.
 - D. All of the above.
- 2. CKHS's Corporate Integrity Policy.** CKHS expects all of its employees to report suspected instances of fraud, submission of false claims or other non-compliance with federal, state, local laws, regulations or CKHS policies to their immediate supervisor, department head or CKHS Corporate Compliance and Integrity Department. Employees may report via the compliance Help Line.
 - A. True
 - B. False
- 3. CKHS's Corporate Integrity Policy** values honesty and integrity in avoiding conflicts of interest.
 - A. Comply with all relevant government requirements regarding record and document retention.
 - B. Feel free to accept gifts from patients, visitors and vendors.
 - C. Unknown by others, you used your contacts with a family business to gain business with CKHS.
 - D. No need to let anyone know that your new report is actually your cousin.
- 4. Patient Privacy and HIPAA.** If you have been advised that you sent an e-mail, fax or voicemail of Protected Health Information to the wrong recipient, confirm that the information has been deleted and/or destroyed. Then, destroy the notification and hope for the best.
 - A. True
 - B. False
- 5. Patient Privacy and HIPAA.** When using a mobile computing device such as a laptop, PDA, cell phone, Bluetooth device, memory stick/thumb drive, external hard drives, or digital camera, which are true? 1) you may never download or store PHI or other confidential information; 2) you may text or redirect CKHS email to your PDA; 3) Always password protect your mobile device; 4) make sure the mobile devices are up to date with current operation systems security patches.
 - A. 1 & 3 only
 - B. 1, 2, & 4 only
 - C. 1, 3, & 4 only
 - D. All of the above
- 6. Patient Privacy and HIPAA.** When you participate in social media platforms such as Facebook you can:
 - A. Post comments of any kind.
 - B. Never post any information that can lead to identifying a patient or a patient's condition in any way.
 - C. Speak freely to any news media who may contact you about posts you made regarding CKHS or DCMH.
 - D. A & C only
- 7. Patient Satisfaction: Service and Operational Excellence.** In the last few years, hospitals have been required by federal and state agencies to report measures of clinical quality and hospital-acquired infections via our Evidence-Based Medicine (EBM) efforts. These data have been available for public view on the Internet at <http://www.hospitalcompare.hhs.gov>. The two main goals of this effort have been:
 - A. To increase hospital accountability via public access to safety data

- B. To implement a pay-for-performance system, in which hospital reimbursement is tied to agreed-upon benchmarks of patient safety.
- C. A & B
- D. Neither A or B

8. Patient Satisfaction: Service and Operational Excellence. It is the goal of DCMH to provide all patients with an excellent patient experience. This goal can be accomplished by all employees committing themselves to placing the patient at the center of all we do. We can meet the goal by:

- A. Becoming familiar with H-CAPS and know the target we that we are aiming at to improve the patient experience.
- B. Paying a complement forward in a “Great Hand Off”
- C. Treating all patients in a manner that you would want for yourself or a loved one during a stay at DCMH
- D. All of the above

9. Standards of Performance. CKHS has established specific behaviors that demonstrate commitment to our patients and our employees. Which of the following are examples of these expected behaviors?

- A. Attitude – rudeness is NEVER acceptable
- B. Greet patients and visitors with Care
- C. Elevator Etiquette – our patients come first
- D. All of the above

10. Environmental Noise. A noisy environment contributes to a patient’s distress while a calm and quiet environment contributes to healing.

- A. True
- B. False

11. Improving Patient Safety: The Joint Commission 2011 Patient National Safety Goals include:

- A. Improve the accuracy of patient identification.
- B. Improve the effectiveness of communication among caregivers.
- C. Reduce the health risk of health care associated infections.
- D. All of the above

12. Pain Management. Every patient has the right to have his/her pain assessed and appropriately treated with the goal of achieving optimal pain relief. Pain assessment is an ongoing process whenever interacting with the patient.

- A. True
- B. False

13. Infection Control. One important way we all can stop the spread of infection is by washing our hands. Hand hygiene is required:

- A. Before contact with patient and after contact with patient.
- B. Before putting on gloves and after removing gloves.
- C. Using soap and running water, rubbing vigorously for 15 seconds, or using alcohol-based sanitizer (if hands are not visibly soiled).
- D. All of the above

14. MRI Safety. The magnet on the MRI is always on, so which of the following is correct?

- A. It is safe to enter the MRI room with metallic objects
- B. You must check with the MRI staff before entering the magnet area
- C. It is ok to run a code in the MRI suite
- D. All of the above

15. MCARE. The hospital is required to report to the Patient Safety Authority when:

- A. Wrong medication was administered but did not harm the patient
- B. Surgery was performed on the wrong site
- C. A patient falls without injury
- D. All of the above

- 16. Event Reporting.** An Event Report:
- Must be completed within 24 hours
 - Is a record of your impressions of the event
 - Show documentation that an investigation of the event took place
 - A & C only
- 17. Event Reporting.** If an employee is injured while on duty, which of the following must be completed:
- Event Report
 - Missed time report
 - Accident Reporting and Treatment (ART)
 - All of the above
- 18. Patient Safety.** The Patient Safety Officer for DCMH is:
- Joan Meighan
 - Mary Moser Grimes
 - Armand Alessi
 - Steve Boff
- 19. Security.** Security is every employee's responsibility. As an employee, your responsibility in the Security program is:
- Reporting all suspicious persons and circumstances to Security.
 - Be alert and observe all that takes place within your sight or hearing.
 - Reporting any workplace violence or threatened violence.
 - All of the above
- 20. Sexual Harassment.** Which of the following behaviors are considered inappropriate and will NOT be tolerated?
- Displays of pictures, posters, or cartoons which may be considered offensive.
 - Inappropriate and/or unwelcome physical contact.
 - Stereotypical, derogatory, demeaning, or otherwise offensive jokes or remarks.
 - All of the above
- 21. Sexual Harassment.** When faced with an uncomfortable situation, it is your RIGHT to question it and YOUR responsibility to report it. Which of the following is NOT an appropriate way of reporting an ethical dilemma?
- Talk to your best friend
 - Talk to Human Resources
 - Talk to your immediate supervisor
 - Talk to your vice president
- 22. Emergency Preparedness and Codes – Code 55. External Disaster:** When a code 55 is announced the hospital goes to full external disaster alert.
- No need to show your badge to enter the campus during the emergency as Security officers and local police will know who you are.
 - Only designated employees will report to the Emergency Department.
 - Don't wait until your next scheduled shift, rush to the hospital to help
 - All of the above
- 23. Fire Safety.** The acronym RACE is used in fire safety to remind you what to do if you discover a fire. The letters of RACE stand for:
- Retreat; Alarm; Control; Evaluate
 - Rumors; Asides; Complaints; Excuses
 - Rescue; Alarm; Contain; Extinguish
 - React; Avoid; Conceal; Exit
- 24. Fire Safety.** When using a fire extinguisher, you aim at the _____.
- Top of the fire
 - Base of the fire

- 25. Electrical Safety.** In the event the hospital loses its electrical power, back up generators will automatically take over. Backup power is provided to:
- A. Tan emergency outlets
 - B. Red emergency outlets
 - C. White emergency outlets
 - D. All of the above
- 26. The Family Medical Leave Act.** FMLA is a federal job protection act. To be eligible for a Family/Medical Leave you must meet what criteria?
- A. Be employed by DCMH for at least 12 months
 - B. Worked at least 1,250 productive hours within the preceding 12-month period
 - C. Have a serious health condition as defined by FMLA, have a parent, spouse, or child with a qualifying health condition, or for the birth or adoption, or placement of a foster child.
 - D. All of the above
- 27. The Family Medical Leave Act.** It is the employee's responsibility to follow departmental call out practices and to submit all paperwork (including medical certification) for an *unforeseeable* leave to Human Resources within:
- A. 2 days from the first day of absence.
 - B. 5 days from the first day of absence.
 - C. 15 days from the first day of absence.
 - D. No time limit imposed.
- 28. Diversity.** While aging is a life-long process, we do not all age at the same rate. Older patients may exhibit these normal losses associated with age:
- A. Loss of Bone density
 - B. Senility
 - C. Changes in skin
 - D. A & C
- 29. Diversity.** We recognize the diverse cultural needs of our community and provide:
- A. All of listed below
 - B. Language services, deaf/hearing communication translators and cultural interpreters
 - C. Talking to All People (TAP) books which contain language identification cards
 - D. Phones with dual receivers for telephone conference calls
- 30. Diversity.** Culture and language can be a barrier to:
- A. How patients take prescribed medication
 - B. How medical staff assess and treat the patient
 - C. How patients seek care
 - D. All of the above

Section I. Our Mission, Integrity and Privacy Programs



Our Mission

Crozer-Keystone Health System is committed to the improved health status of those we serve. Through a seamless, user friendly continuum of quality health services including primary and health promotion, acute and long-term care, through rehabilitation, and restorative care, Crozer-Keystone will deploy its resources in a cost-effective and community-responsive manner.

Working in partnership with our physicians and other health professionals, we will seek to forge new alliances with other community health and social service organizations.

Working with our community, our goal is to build a healthy place to live and work, and a sound environment in which to build and maintain our families.

Our Core Values

Superior Service
Integrity and Honesty
Effective Communication
Individual and Group Commitment and Fairness
Community-based Planning and Effectiveness
Community Partnership

Corporate Integrity Program

Statement Of Values

WE VALUE SUPERIOR SERVICE AND TAKE PRIDE IN ALL WE DO.

We strive to assure that our patients and their families receive high quality care from knowledgeable professionals in a comfortable, safe, compassionate, respectful and congenial environment. We expect professional competence and the commitment of all members of our organization to the programs and services we make available to the community.

WE VALUE INTEGRITY AND HONESTY.

We expect that all members of our organization will undertake their duties by applying principles of decency and honesty and will remain accountable in all we do. We require that all members of our organization properly satisfy legal and regulatory requirements.

WE VALUE EFFECTIVE COMMUNICATION.

We strive to communicate within our organization and with our patients and their families accurately, with clarity and in a timely manner, to strive to assure understanding of the information we provide, to respect and maintain confidentiality, to respect our patients' role as ultimate decision-maker, and, in all that we do, to understand the value of information in decision making.

WE VALUE INDIVIDUAL AND GROUP COMMITMENT AND FAIRNESS.

We encourage and support the personal and professional development of all members of our organization. We recognize their individual and group abilities and competencies and respect their individuality, opinions and beliefs. We will deal with individuals and groups within and outside of the organization in a fair manner, assuring that decisions are made based upon the organization's mission rather than personal priorities.

WE VALUE COMMUNITY-BASED PLANNING AND EFFECTIVENESS.

We are committed to constantly monitoring the needs of the communities we serve and improving the manner and spectrum of services we provide, making available to our communities the latest innovations in prevention, diagnosis, and treatment. We will consistently earn the community's confidence in and reliance upon the high quality of care we deliver and use our best efforts to deliver that care in a cost-effective and efficient manner.

WE VALUE COMMUNITY PARTNERSHIP.

We endeavor to access the talent and expertise of local community service organizations and to offer our talent and expertise to them with the ultimate goal of improving the overall health and quality of life of the communities we serve.

Code of Conduct

The following pages contain our Code of Conduct. That Code, which is based on our organizational Values, has been divided into eight (8) sections as follows:

- We value superior service and take pride in all we do;**
- We value integrity and honesty in billing and coding;**
- We value integrity and honesty in assuring compliance with laws and regulations;**
- We value integrity and honesty in avoiding conflicts of interest;**
- We value integrity and honesty in the custody, care and use of corporate assets;**
- We value individual and group commitment and fairness;**
- We value effective communication; and,**
- We value community-based planning and effectiveness and community partnership.**

Some of the principles listed on the pages which follow are general statements to which a previously adopted corporate policy applies. The more detailed corporate policy will continue to provide necessary guidance. If you have any questions regarding the Code of Conduct, feel free to discuss those questions with your supervisor or call the Employee Helpline which is discussed later in this booklet.



We Value Superior Service and Take Pride in All We Do

- We will provide high quality medical services that are appropriate, safe and in compliance with all applicable laws, regulations and professional standards.
- We will treat patients with consideration and respect, with recognition of their dignity and right to privacy. Except as required by law, we will protect and keep confidential, all patient medical records and information. Information about a patient's condition, care, treatment, personal affairs or records, other than the patient's general condition, is to be discussed only with authorized family members, the attending physician, facility management and other employees whose job assignments make access to such information necessary for the care and treatment of the patient or reimbursement for the patient's care.
- We will treat patients in the least restrictive environment appropriate to their specific needs.
- We will ensure that the treatment of patients is based solely on clinical needs, regardless of how the hospital is compensated or shares financial risk.
- We will demonstrate openness, honesty and integrity through lawful and positive relationships with patients, customers, employees and regulatory agencies.
- We will meet the health care needs of our patients regardless of their gender, age, disability, race, color, creed, religion, national origin, insurance coverage or ability to pay.
- We will employ only personnel with proper credentials, experience and expertise in meeting the needs of our patients and the communities we serve.
- We will assure that members of our medical and dental staffs are appropriately credentialed and re-credentialed.
- We will allow only properly licensed and, where applicable, credentialed personnel to perform clinical assessments and procedures.
- We will take all reasonable precautions to ensure our safety, as well as, the safety of our patients, visitors and co-workers. We will maintain the safety and well-being of our patients and employees. We will immediately report to a supervisor all incidents involving injury to a patient, employee or visitor, and the existence of any condition potentially hazardous to human health.
- We will maintain a workplace that is free of violence. Unauthorized weapons of any kind are prohibited on any Crozer-Keystone campus.
- We will not tolerate the manufacture, use, dispensation, possession, distribution or being under the influence of illegal drugs or alcohol on Crozer-Keystone or its affiliates' property.
- We will become familiar with emergency plans. Information on fire, disaster, emergency and safety regulations is available in each work area.
- We will perform our work in a manner which will avoid causing harm to self, patients, co-workers or visitors.
- Admission and transfer policies will be based solely on patient needs without reference to patient or hospital economics. Only patients whose specific condition or disease cannot be safely treated at the hospital will be diverted, refused admission, or transferred to another hospital.



We Value Integrity and Honesty

in billing and coding

- We will only submit for payment or reimbursement claims for services actually rendered that are fully documented in patients' medical records, using billing codes that accurately describe the services provided.
- We will not submit any claim for payment or reimbursement that is false, fraudulent, inaccurate, or fictitious.
- We will take immediate steps to alert appropriate hospital personnel if inaccuracies are discovered in claims that have been submitted for reimbursement.

- We will assure that all claims for payment are properly coded, accurately and legibly documented and billed in accordance with all applicable laws, regulations and carrier and payor instructions.
- We will assure that diagnosis and procedure codes submitted to Medicare for claims purposes are supported by physician documentation in the patient's medical record.
- We will assure that the description of services contained in patient charts accurately reflects the care rendered to that patient.
- We will obtain appropriate documentation of each patient's assignment of benefits to the institutional provider of care.
- We will recognize our responsibility to assure that all claims submitted for payment should be for services that we believe are medically necessary.
- We will not waive insurance co-payments or deductibles, or otherwise provide any benefits to patients, in return for admission or continued treatment.
- We will provide assistance to patients seeking to understand the costs of their care.
- We will address patient questions and/or complaints relative to billing issues and will work to resolve all conflicts.

We Value Integrity and Honesty

in assuring compliance with laws and regulations

- We will operate our facilities in compliance with applicable legal requirements.
- We will not solicit or receive, or offer to give or give, anything of value to physicians or any health provider for the referral of patients or services.
- We will compensate contracted health care professionals only for actual services provided and at their fair market value. Compensation will not be based upon the volume or value of any business referred to the facility.
- We will assure that all management agreements and service agreements and leases for space and equipment to persons or entities which may refer to our institution are properly documented and approved by the Legal Department to assure compliance with applicable laws and regulations.
- We will not pursue any business opportunity or relationship which would compromise our ethical standards, violate a law or regulation, or create a conflict of interest.
- We will avoid all actions which are anti-competitive or otherwise contrary to the laws which govern competitive practices in the marketplace. Employees should never discuss price or markets, or disclose price or market information, with anyone from another company unless he or she first consults with the Legal Department.
- We will be truthful and straightforward in our advertising and marketing activities regarding all of the services we provide. All claims about the System's services will be supported by documented evidence.
- We will not make any false or misleading statements to a government agency or a payor.
- We will ensure that all company business data, reports, and records are completely, accurately and truthfully filed with appropriate agencies and lenders.

We Value Integrity and Honesty

in avoiding Conflicts of Interest

- We expect our employees, in every situation, to pursue the best interests of Crozer-Keystone and its affiliates, and the patients and communities we serve. We will not engage in, or Pursue, any personal interest which might conflict, or appear to conflict, with the interests of Crozer-Keystone.
- We will not enter into any business arrangement on behalf of our employer with any member of our family or with friends or with any organization in which a family member or friend is associated without first apprising our supervisor of the relationship in writing and obtaining that supervisor's approval.

- We will comply with the Crozer-Keystone Conflict of Interest Policy.
- We will not use for personal gain, or reveal, outside of our official duties, any information obtained as an employee of Crozer-Keystone or an affiliate of Crozer-Keystone, including confidential or proprietary information.
- We will not enter into any business relationships or have any association or connection with another provider or organization which might result in any conflict with the purposes, aims or goals of Crozer-Keystone.
- We will not solicit, provide or accept gifts, favors or hospitality from patients, visitors, vendors or other organizations with which we do or might do business if the gift, favor or hospitality might influence our decision to enter into or continue a business relationship. If any employee has doubt as to the appropriateness of a gift, favor or hospitality, he or she should seek guidance from his or her supervisor, Human Resources or the Helpline.
- We will not hire, nor have a reporting relationship to, relatives or significant others without disclosing that information to our supervisor and securing written permission.
- We will not offer inducements to any governmental or political official anywhere in the world in return for political favors. No Crozer-Keystone funds, equipment, facilities, or assets will be used to support a political party, candidate or holder of any government position. We will restrict lobbying activities and attempts to influence legislation to those activities which are, in the opinion of our Legal Department, appropriate.
- We will ensure that any research conducted on any of Crozer-Keystone's campuses has been appropriately approved and is monitored by appropriately constituted institutional review boards.
- We will comply with all relevant government requirements regarding record and document retention, including the confidentiality of medical records.
- We will maintain all company business data, records and reports completely, accurately and truthfully. All accounting books and records will be maintained according to generally accepted accounting principles, established accounting policies and practices and internal control procedures.
- We will properly and responsibly handle and dispose of hazardous substances and infectious waste in accordance with applicable laws and regulations.
- We will ensure that all controlled substances and pharmaceuticals are properly stored, secured and inventoried.
- Missing supplies or drugs will be promptly reported to management.

We Value Integrity and Honesty

in the custody, care and use of assets

- We will be accountable for the proper expenditure of Crozer-Keystone funds and for the proper use of its property.
- We will use all equipment in a safe manner and in conformance with operating instructions.
- We will protect the physical and intellectual property of Crozer-Keystone, and any assets entrusted to our care by others, against loss, theft, destruction, misappropriation and misuse.
- We will safeguard the property of patients, employees and their visitors. Employees' valuable personal articles will be kept in a designated secure area during working hours and taken home at night.
- We will dispose of surplus, obsolete or unusable property only in accordance with Crozer-Keystone's established policies and procedures. Unauthorized removal or disposal of Crozer-Keystone property is prohibited.
- We will not permit any unauthorized use of Crozer-Keystone's computer systems or software.
- We will respect the intellectual property rights of the individuals and companies with which we do business.

We Value Individual and Group Commitment and Fairness

- We respect the rights and dignity of our employees and will not tolerate any form of abuse, harassment or intimidation in the workplace. Unfair treatment or harassment of any type will not be tolerated.
- We will conform to the standards of our professions and exercise reasonable judgment and objectivity in the performance of our duties.
- We will provide all personnel with professional development and advancement opportunities regardless of race, color, religion, sex, age, marital status, national origin, veteran status or disability.
- We will treat all employees fairly and with dignity and respect regardless of position or status.
- We will devote our entire working time to the performance of our duties and the service of our constituencies.
- We will respect the privacy of our fellow employees. We will not engage in gossip, nor will we discuss information contained in another employee's personnel file unless we are authorized to do so.
- We will base advancement, compensation and disciplinary decisions solely upon competence and performance and will not base such decisions, in whole or in part, upon the relationship of the supervisor or anyone in a position to influence the supervisor to the employee involved or upon the sex, sexual orientation, age, race, religion or creed of the employee involved.
- We will encourage communication of ideas and opinions with supervisors and participation in ongoing training and educational opportunities available to employees, provided that job responsibilities are not compromised.
- We will raise legitimate questions or concerns in an appropriate and efficient manner.



We Value Effective Communication

- We will respect our patients' role as the ultimate decision-maker in their care and treatment and right to make their own health care decisions, including the choice to refuse treatment, after being informed of the medical alternatives, and the benefits and consequences of their decision.
- We will assure that patients and their families have access to the identity and qualifications of all Crozer-Keystone personnel who participate in their care.
- We will honor each competent patient's right to participate in and make their own health care decisions after being informed of all relevant information, such as their diagnosis, prognosis, and the benefits and risks of treatment alternatives.
- We will provide patients with accurate, clear and timely information concerning clinical procedures and treatments so they may make informed decisions.
- We will promptly and courteously answer questions or concerns raised by employees, patients or their families, or refer the question or concern to the proper source for response.
- We will communicate effectively between members of patients' interdisciplinary treatment teams.
- We will use our best efforts to keep employees apprised of developments which impact their duties or work environment.

We Value Community-Based Planning and Effectiveness and Community Partnership

- We will strive to listen to the needs of our communities through effective communication with community-based health, human service and religious organizations and the ongoing formal assessment of community need.
- We will continually monitor the spectrum of and access to services we provide to assure that community needs are being met.

- We will use our best efforts to preserve our assets so that we maintain an ongoing ability to provide services to the community.
- We will solicit the opinions of our patients and their families of the services we provide so that we can routinely evaluate the quality of care we deliver and improve that care wherever possible.
- We will continue to search for community partnerships in an effort to improve the quality of life in the communities we serve.

Your Responsibilities

Maintaining high standards is in everyone's best interest. As an employee of Crozer-Keystone or its affiliate, or as a member of the Medical Staff of Crozer-Chester Medical Center or Delaware County Memorial Hospital, you have an obligation to:

- be honest in your dealings with patients, vendors, third-party payers and fellow employees;
- familiarize yourself and act in accordance with Crozer-Keystone's Code of Conduct, policies and procedures and the laws and regulations that impact the performance of your job;
- report your knowledge of a violation of the Code or of any policy, procedure, law or regulation;
- listen and respond to questions, complaints and concerns expressed by patients and the people you supervise; and,
- assist your subordinates in the understanding their rights and obligations with respect to the Principles and relevant laws and regulations.

Questions or Comments

If you have any questions about the Code or any Crozer-Keystone policy or practice, you are encouraged to talk to your supervisor or another member of management at your facility. Most situations can be resolved at this level. If, however, your question or concern cannot be resolved through these established channels, you should report the matter to Crozer-Keystone's Compliance Officer through the Employee Helpline.

Employee Helpline • 1-800-387-7921

Formal policies and procedures cannot always address new challenges or adequately deal with complex situations. Never hesitate to ask a question or report a concern. Your questions may help us pinpoint areas of conduct that need further review and clarification.

There may be times when you do not wish to discuss your concern with a supervisor or your concern cannot be adequately resolved by Human Resources. We have made the Employee Helpline available to you as an additional resource when you have questions or concerns.

When you call the Employee Helpline, here is what you can expect:

- Your question or concern will be taken seriously.
- Your request for information or action will be handled promptly and professionally.
- Although you are encouraged to identify yourself, if you wish, you may remain anonymous. Please understand that if you tell others outside the Employee Helpline of your call (i.e. coworkers, friends), your anonymity cannot be protected.
- All reports of suspected non-compliance with the law or the Principles will be thoroughly investigated. If you wish, arrangements can be made for you to make a follow-up call to be informed of the action taken on your compliant.

Non-Retribution Policy

Crozer-Keystone will not take any disciplinary action or other types of retaliation against any employee who, in good faith, reports a concern to management, the Compliance Officer or the Employee Helpline. "Good faith" does not mean that you have to be right but it does mean that you should be telling the truth as you know it.

Any employee who believes that he or she has suffered retaliation from making a report should contact the Crozer-Keystone's Compliance Officer or Employee Helpline.



In contrast to a good faith report, intentionally making a false accusation is a serious violation of policy and may lead to disciplinary action up to and including termination of employment.

Making the Right Decision

When confronted with an ethical issue or situation, always ask yourself the following questions before taking any action.

- Is it legal?
- It is in accordance with Crozer-Keystone's Code of Conduct?
- Does it align with Crozer-Keystone's Mission and Values?
- Do you feel good about your decision?
- Would you want others to know of your decision/action?

If your answer to all of the above questions is yes, then it is likely that you have made the right decision. However, if you have any doubts, don't hesitate to discuss the situation with your supervisor or call the Employee Helpline.

Violations of Law, Regulation or the Code

Crozer-Keystone attaches the utmost importance to obeying the law and behaving correctly. Any employee, regardless of their position or length of service, who engages in, causes, or by their inaction or inattention fails to detect, tolerates or condones any form of illegal or unethical conduct has violated the Code of Conduct and is subject to immediate disciplinary action, up to and including, termination of employment.

Our employees are expected to conform to the normal rules of conduct appropriate to a workplace, as well as those rules outlined in the Employee Handbook.

If an employee has acted or failed to act in a manner which would otherwise require termination, he or she may nevertheless be subject to a lesser punishment. Whether the employee is terminated will be influenced by (a) whether he or she promptly reported his/ her own violation; (b) whether the report constitutes the employer's first awareness of the violation and the employee's involvement; and (c) whether the employee cooperates fully in investigating and/or correcting the violation.

If an employee is subject to Progressive Discipline under the foregoing guidelines, such discipline may start at any step in the Progressive Discipline process, including suspension or termination. Factors to be considered in making a decision to more seriously punish an employee for a noted infraction include: (a) the seriousness and/or duration of the offense; (b) the employee's exposure to educational programming or training pertaining to the area of infraction; and, (c) the employee's failure to report the activity or inaction upon obtaining knowledge of it. Whether the employer eventually imposes a punishment which is less stringent than termination will be left to the sole discretion of the employer.

Information About The False Claims Act

There are numerous Federal and state laws, regulations, rules and administrative requirements that govern the health care industry. One of the most important of these laws is the federal False Claims Act ("FCA"). Under the FCA, the federal government may prosecute individuals or entities who submit or cause to be submitted, claims for payment by the government, when the claims are false. This includes individuals who submit incorrect bills to the Medicare, Medicaid and other federal health care programs.

Examples that may create a false health care claim include but are not limited to: billing twice for the same service; billing for services not rendered, billing for medically unnecessary services or falsifying certificates of medical necessity; unbundling or billing separately for services that should be billed as one; creating false medical records or treatment plans to increase payments; failing to report and refund overpayments or credit balances; physician billing for services rendered by medical students, interns, residents or fellows in teaching hospitals; and giving and/or receiving unlawful inducements to health care providers for referrals for services.

Individuals or entities who are guilty of filing false claims face severe penalties which can include repayment of three times the amount of the false claim, a fine of up to \$11,000 for each false claim, possible exclusion from participation in federal health care programs and even imprisonment.

The FCA also includes a whistleblower provision, referred to as the Qui Tam provision. This provision

encourages individuals with actual knowledge of false claim activity to report such activity to the federal government. Under the FCA the person filing such a report potentially could receive a share of the government's ultimate recovery. Generally, only the person who is the first to file a report can be rewarded for reporting the fraud.

The FCA also prohibits an employer from harassing or retaliating against an employee for attempting to uncover or report fraud on the federal government. If an employer is found to have retaliated against an employee, the False Claims Act provides appropriate remedies and relief for the employee.

Pennsylvania Law

Pennsylvania law (62 P.S. § 1407 Provider prohibited acts, criminal penalties and civil remedies) also provides penalties for health care providers who submit false claims related to the Medical Assistance program. In many ways, this law is similar to the FCA but it does not contain a whistle blower provision or protections for whistle blowers.

What CKHS Does to Prevent False Claims

CKHS' Corporate Compliance and Integrity Department is responsible for the operation and oversight of the compliance program to help ensure that CKHS remains in compliance with all laws and regulations that affect the operations of CKHS including the FCA.

CCI reviews the functions of CKHS entities and departments to ensure that laws, regulations and internal policies are being followed correctly and that billing of payers is done properly. CCI also investigates all reports of compliance violations and takes corrective action if violations are found.

The CKHS Legal Services Department reviews contracts with physicians and others who provide services and material to CKHS to ensure that there are no violations of the Stark Self-Referral Law or the Anti-Kickback Law.

CKHS also relies on its employees and medical staff to be on the lookout for and report all suspected violations of laws, regulations and policies.

Guidelines for Protecting Patient Privacy and Information Security

This section describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction

In the course of providing patient care, Crozer-Keystone Health System(CKHS) employees and medical staff use and share important and confidential information on a daily basis. CKHS is committed to ensuring the security of this information as well as maintaining patient privacy in accordance with state and federal laws and effective patient care. Everyone associated with CKHS plays a role in achieving these goals.

This guide provides an overview of the rules that CKHS staff must follow to protect patient information. It also describes steps to make sure that information remains secure and it explains how to report a breach in patient privacy or information security.

Introduction to HIPAA

What is the Health Insurance Portability and Accountability Act "HIPAA"?

HIPAA is a Federal law enacted to:

- Protect the privacy of patients' personal and health information
- Provide for the physical and electronic security of health information
- Simplify billing and other transactions related to health services
- Spell out the rights of patients regarding the use of their health information



What are the basic HIPAA requirements for CKHS staff?

- Take reasonable measures to protect the privacy and security of our patient’s Protected Health Information (“PHI”)
- Use only the amount of PHI that is “minimally necessary”
- Respect rights of patients related to the use of their PHI

What Patient Information Must We Protect?

We must protect all information (written, spoken and electronic) that identifies the patient and relates to:

- the patient’s physical or mental health or condition
- the provision of health care to the patient
- payment for the provision of health care to the patient
- and that includes one or more of 18 personal identifiers.

Protected Health Information (“PHI”) Identifiers

- Names
- Postal Address
- All elements of dates (except year)
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Interest Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code

When may we use and disclose PHI?

Generally, we must obtain the patient’s written authorization to use and disclose PHI. However, we may use and disclose PHI without the patient’s written authorization for the following purposes or situations.

Treatment, Payment, Health Care Operations.

CKHS may use and disclose PHI in the following activities:

- **Treatment** is the provision, coordination, or management of health care and related services for a patient.
- **Payment** means our efforts to obtain payment for the provision of health care services to a patient.
- **Health Care Operations** are any of the following activities:
 - quality assessment and improvement activities, including case management and care coordination
 - competency assurance activities, including evaluation, credentialing, and accreditation
 - conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs
 - specified insurance functions, such as underwriting, risk rating, and reinsuring risk
 - business planning, development, management, and administration
 - business management and general administrative activities and certain fundraising for the benefit of CKHS.

Informal Permission. Where the patient is able to give informal permission or when it is clear from the circumstances that an incapacitated patient would likely provide permission if he/she were able to do so, we may use and disclose PHI when that is in the best interests of the patient.

Facility Directories. The Facility Directory is the list of hospital inpatients that is used by front desk staff and telephone operators to answer questions from people who want to visit or call patients. CKHS may rely on a patient’s informal permission to list in its Facility Directory the patient’s name, general condition,

religious affiliation, and location in the hospital.

For Notification and Other Purposes. CKHS may disclose PHI to the patient’s family, relatives, or friends, or to other persons whom the patient identifies.

Incidental Use and Disclosure. A use or disclosure of PHI that occurs as a result of an otherwise permitted use or disclosure is permitted as long as we have taken reasonable safeguards.

Public Interest and Benefit Activities. We may use and disclose PHI in the following circumstances:

- When Required by Law
- In Connection with Public Health Activities
- To Report Abuse, Neglect or Domestic Violence
- As Part of Health Oversight Activities
- In Judicial and Administrative Proceedings
- For Law Enforcement Purposes
- To Provide Information about Deceased Patients to Coroners, Medical Examiners and Funeral Directors
- To Facilitate Donation of Cadaveric Organ, Eye, or Tissue
- Some Types of Research
- To Prevent or Lessen Serious Threat to Health or Safety
- For Certain Essential Government Functions
- To Comply with Workers’ Compensation

What does “Minimum Necessary” mean?

CKHS must make reasonable efforts to use and disclose the minimum amount of PHI needed to accomplish the intended purpose of the use or disclosure. CKHS has policies and procedures to reasonably limit uses and disclosures to the minimum necessary.

Limited Access to PHI

CKHS restricts access to PHI to those people who need access to carry out their duties in taking care of patients.

Notice of Privacy Practices and Patients’ Rights

CKHS provides information to its patients that describe the ways in which CKHS may use and disclose PHI. This Notice of Privacy Practices also describes patient rights related to PHI including the right to complain to HHS and to CKHS if they believe their privacy rights have been violated.

What patient rights does the Notice of Privacy Practices specify?

Access. Except in certain circumstances, patients have the right to review and obtain a copy of their PHI.

Amendment. HIPAA gives patients the right to ask CKHS to amend their PHI when that information is inaccurate or incomplete.

Disclosure Accounting. Patients have a right to obtain a list of the people to whom CKHS disclosed their PHI.

Restriction Request. Patients have the right to request that CKHS restrict use or disclosure of PHI. If we agree to the requested restriction, CKHS must comply with the agreed restrictions, except for purposes of treating the patient in a medical emergency.

Confidential Communications Requirements. CKHS permits patients to request an alternative means or location for receiving communications of PHI by means other than those that CKHS typically employs. For example, a patient may request that CKHS communicate with the patient through a designated address or phone number. Similarly, a patient may request that CKHS send communications in a closed envelope rather than a post card.

Behavioral Health Patients

Additional State and Federal regulations that are more restrictive than HIPAA apply to PHI related to behavioral health services and drug and alcohol treatment facilities. These laws require providers to obtain

special written authorization by the patient before PHI may be used or disclosed. Employees who work in CKHS behavioral health services receive additional training on these regulations.

HIPAA Security Requirements

Introduction

Prior to HIPAA, no generally accepted set of security standards or general requirements for protecting health information existed in the health care industry. At the same time, new technologies were evolving, and the health care industry began to move away from paper processes and rely more heavily on the use of electronic information systems to pay claims, answer eligibility questions, provide health information and conduct a host of other administrative and clinically based functions.

A major goal of the HIPAA Security Rule is to protect the privacy of individuals' electronic health information while allowing covered entities to adopt new technologies to improve the quality and efficiency of patient care.

General Security Rules

HIPAA requires CKHS to maintain reasonable and appropriate administrative, technical, and physical safeguards for protecting PHI stored electronically ("e-PHI").

Specifically, CKHS must:

- Ensure the confidentiality, integrity, and availability of all e-PHI we create, receive, maintain or transmit;
- Identify and protect against threats to the security or integrity of the information;
- Protect against impermissible uses or disclosures; and
- Ensure compliance by CKHS staff

HIPAA also promotes the goals of maintaining the integrity and availability of e-PHI. "Integrity" means that e-PHI is not altered or destroyed in an unauthorized manner. "Availability" means that e-PHI is accessible and usable on demand by an authorized person.

Complying with the HIPAA Security Requirements

What Steps Must CKHS Staff Take to Safeguard Computer Resources and PHI?

There are several steps that staff must take to help protect the privacy and electronic security of PHI, several of which are listed below:

Password Security

- Protect your user ID and password. Do not share or post passwords under any circumstances!
- Commit your password to memory.
- When choosing passwords, at a minimum, incorporate a combination of letters and numbers into the password.
- Immediately change your password if it is accidentally exposed or compromised.
- Report all password exposures to your department supervisor or manager, or the CKHS Information Services (IS)
- Customer Support Line at 610-447-2610.
- Adhere to established password management guidelines by changing your password periodically and by following instructions when you think your password has been compromised.
- Always keep computers password-protected and under lock and key when not in use.

Workstation Security

- Log-off or lock access to computers when you leave.
- Keep confidential or sensitive information locked away when not in use. File documents in locked cabinets or drawers when you have finished with them.
- Ensure that displays of computer stations with access to e-PHI are not visible to unauthorized



individuals.

- Be alert to recognize and report all privacy and security incidents to your department supervisor or manager, the CKHS compliance helpline and for information security issues call the IS Customer Support Line.

Disposal/destruction methods

- Never leave sensitive or confidential information in a trash bin. Securely dispose of all papers that contain PHI. ALWAYS follow the proper paper disposal procedure (e.g., use secure bags, shredders, locked ‘shred-it’ bins, etc.). Locked, shredder disposal bins are located throughout CKHS.
- Back up data files and securely store backup media; and follow approved CKHS media destruction before permitting devices and media to be transferred, sold or donated. Maintain records to track the movement (transfer or relocation) of devices and media.

Facility/Physical Access and Identification

- Always follow established visitor security procedures.
- Always wear your security badge/identity badge when at work.

PHI and E-mail, Telephones and Other Technologies

E-mail

Avoid using e-mail to send, receive or store confidential information.

- DO NOT send e-mail messages with patient information to users who do not have a “crozer.org” e-mail address unless such messages are encrypted and secure. Be aware that using a password is NOT data encryption.
- E-mail with patient information sent outside the “crozer.org” system must be protected with an approved CKHS e-mail data encryption solution. If you are not familiar with what method to use, contact IS.
- Use the same care in sending e-mails that you would with a letter. Do not write anything in an e-mail that you might regret later. Assume e-mails are never erased.
- Add a confidentiality message footer to your messages, such as: CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain confidential and privileged information for the use of the designated recipients named above. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is prohibited.

If you receive e-mail with unencrypted confidential information, contact the sender immediately and make them aware of your concern. Do not extend the breach of information by forwarding the e-mail to others. If you are notified that you sent an e-mail with PHI to the wrong recipient, request that the recipient destroy all copies and refrain from forwarding the information. Immediately contact the Privacy Officer for next steps.

Fax

- Never fax PHI to an unsecured fax machine. (A secure fax is one located in a restricted environment.) Call ahead to ensure that the intended recipient will pick up the fax.
- Always check the destination fax number before faxing.
- Use cover sheets containing a confidentiality statement, such as: CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain confidential and privileged information for the use of the designated recipients named above. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is prohibited.
- Return items which you have received in error (faxed to the wrong location or improperly faxed) and advise the sender of the error.
- If you are advised that you sent a fax of PHI to the wrong number, confirm that the recipient destroyed all copies and did not share the information. Immediately contact the Privacy Officer for next steps.

Voice Mail/Answering Machines/Telephone Communication

- Consider who has access to your voice mail or answering machine so others do not access that PHI.

- Be careful about what messages you leave on answering machines and voice mail.
- If you use a speaker phone, be aware of your surroundings and sensitive to the messages being replayed.
- If you are advised that you left PHI on the wrong voice mail, confirm that the recipient deleted the message and did not forward the information. Contact the Privacy Officer for next steps.

Mobile Computing Devices and PDA's

A mobile computing device includes all devices/media capable of storing and/or transmitting data in an electronic format. These devices include, but are not limited to, laptops, PDAs, cell phones, Bluetooth devices, memory sticks/thumb drives, external hard drives and digital cameras.

- Do not download or store PHI or other confidential information on mobile devices.
- Never leave devices in an exposed or unsecured area.
- Always password-protect mobile devices.
- Utilize physical locks for laptops and other mobile devices.
- Keep mobile devices up-to-date with current operating system security patches.
- Ensure that mobile devices are compliant with CKHS minimum security standards.
- Off-site work requires greater vigilance to maintain the required level of privacy and security. Offsite workers may access CKHS systems via approved, secure remote access methods only.
- Be alert to recognize and report all privacy and security incidents to your department supervisor or manager, the Compliance Helpline (1-800-387-7921) or the CKHS Privacy Officer.
- Immediately report lost or stolen devices to the CKHS Security Department.
- Never text PHI or redirect CKHS email to your PDA.



Guidelines for Professional Participation in Social Media

When you participate in social media platforms, such as Facebook:

- Never post any information that can be used to identify a patient or a patient's condition in any way.
- Respect copyrights and trademarks, and protect and do not disclose proprietary financial, intellectual property, patient care or similar sensitive or private content.
- Make it clear when you are not speaking as an official representative of CKHS, and that you are expressing your personal views and opinions, which are not necessarily the views and opinions of CKHS.
- Individuals who identify themselves as associated with CKHS in communications on social media platforms must communicate in ways that reflect favorably upon their CKHS colleagues, leaders and even CKHS patients and donors.
- Post meaningful, respectful comments and refrain from remarks that are off-topic and offensive. Remember that all content contributed on social media platforms becomes immediately searchable and leaves the participating individual's control forever.
- If someone from the news media contacts you about posts made on social media platforms that relate to CKHS, you must alert the Vice President of Marketing before responding.
- Failure to follow these guidelines may result in disciplinary action up to and including termination of employment.



Other Federal Laws

In addition to HIPAA, there are other federal laws which govern the release of information, mandate that information be protected, and in some cases require that individuals be granted certain rights relative to control of and access of their information.

The Federal Trade Commission charged with protecting consumers requires banking and other industries to implement "red flag" standards (12 CFR Part 681) to detect and prevent identity theft related to customer and

service accounts. These red flag rules extend to health care institutions.

The Family Education Rights and Privacy Act (FERPA) governs the protection of education records which include student health records (20 USC 1232g). HIPAA specifically exempts individually identifiable health information in education records. As FERPA records are exempt from HIPAA, all releases from education records must be in accordance with FERPA regulations.

Federal Department of Health and Human Services as well as other federal agencies require the protection of the privacy and confidentiality of participants in research clinical trials.

Frequently Asked Questions (FAQs)

There has been a breach of patient privacy in my department. What do I do?

If the personally identifiable information was on a stolen device (computer, PDA, for example), immediately contact CKHS Security Department to report the theft and if personal health information is involved, contact the Privacy Officer. The CKHS Security Department will contact IS. For disclosures not involving a stolen device, contact the Privacy Officer immediately.

In every circumstance, you will need to provide the following information:

- Date and time breach was discovered
- Name of and contact information for person who discovered breach
- The specific patient information disclosed
- The number of patients who had their information disclosed
- How it happened
- Actions taken following detection
- The department contact for follow-up

The Privacy Officer will be responsible for investigating the breach; communicating with patients; and determining and implementing corrective steps and changes in process.

How do we handle vendors who come into a CKHS Hospital?

Before allowing vendors access to a CKHS hospital, they need to check in with Materials Management. Once this is complete, they must wear a Visitor ID at all times while in the CKHS facility. Do not leave vendors alone in areas with PHI that they do not need to have access to i.e., patient care areas.

How can I leave a HIPAA compliant telephone message with someone or a voice mail?

Leave the minimum amount of information needed: your name, phone number and that you are from CKHS.

What patient information may be faxed?

You may fax only the minimum information necessary. Best practice is to confirm the correct fax number prior to sending, include a cover letter with a confidentiality statement and call to confirm receipt.

May I mail my patient's information?

If you have a patient care need to do so, yes. Best practice is to confirm the correct address with the patient prior to sending and make sure it does not have any other identifying information on the outside, other than CKHS.

For white boards or marker boards, what information may be listed?

The use of last names and first initials on the board within the department is appropriate. In the operating room, first and last names are permitted for safety reasons. The important considerations are: whether the board is visible to passers-by and whether it contains PHI. If yes to both, consider whether there are other ways that the protected data (including demographic data) could be "reasonably" limited to the minimum necessary to allow the unit to safely manage patient care.

Questions or Comments

If you have any questions about the CKHS Privacy and Information Security policies, you are encouraged to talk to your supervisor or another member of management. If, however, your question or concern cannot be resolved through these channels, you should contact the CKHS Privacy Officer directly or through the Compliance helpline (1-800-387-7921).

Non-Retribution Policy

CKHS will not take any disciplinary action or other types of retaliation against any employee who, in good faith, reports a privacy or information security concern to management, the Privacy Officer or the Employee Helpline. “Good faith” does not mean that you have to be right – but it does mean that you should be telling the truth as you know it.

Any employee who believes that he or she has suffered retaliation from making a report should contact CKHS’s Privacy Officer or Employee Helpline.

In contrast to a good faith report, intentionally making a false accusation is a serious violation of policy and may lead to disciplinary action up to and including termination of employment.

Violation of Law, Regulation or the Code

CKHS attaches the utmost importance to obeying the law and conducting business professionally and ethically. Any employee, regardless of their position or length of service, who engages in, causes, or by their inaction or inattention fails to detect, tolerates or condones any form of illegal or unethical conduct has violated the Code of Conduct and is subject to immediate disciplinary action, up to and including, termination of employment.

Section 2. The Patient Experience of Care

The Patient Experience of Care and Service Excellence

CKHS has identified Service Excellence as a leading organization-wide priority.

Our objective is to achieve excellence in patient/customer service equal to our excellence in clinical care, education, and research.



...Hospitals recognize that the key to their survival in an increasingly competitive and shrinking market lies not only in the medical treatment, but also in the SERVICE they give to people who come through their doors.

“To Compete, Hospitals Get Hoteliers Service Lesson”, New York Times, July 24, 1995; as taken from Kaset International, 1995.

Pleased and Valued Patients are Loyal Customers

Who Are YOUR Customers?

Customer Service is for everyone in the organization. If your department does not interact with patients directly, you serve departments that do. WHO ARE YOUR CUSTOMERS???

Our external patients/customers are:

- the most important people who will ever be in our facilities
- those special “VIPs” who call on the telephone
- not interruptions of our work—they are the reason for it
- individuals with names and feelings
- not people I argue with because it is a lose/lose proposition
- the reason I have my job
- not always right, but they are always...*the customer!!*

Our internal customers are:

Any person within the organization who relies on our help to perform their job for our patients. It is important to keep in mind that at various times and situations we are either customers or suppliers of internal services to each other and need to apply the same customer relations skills.

Top Tips For Improved Patient Relations

- Clarify what your patient expects. Include them in their care.
- Demonstrate your commitment and ability to meet—and exceed—your customers’ expectations.
- Communicate using a consistent approach that connects emotionally and shares information. Give the patient your full attention.
- Minimize interruptions when with patients.
- Entering a patient’s room is like entering their home; knock, wait, and ask permission to enter.
- Speak to the patient and family when you enter their room. Ask how they wish to be addressed.
- Say “goodbye” with well wishes, thanking them for choosing us for their care.
- Treat the customer as you would like to be treated by them.
- Look at your product or service through your customer’s eyes.
- Use empathy.
- Leave your personal problems at home; they are not an excuse to be in a bad mood at work.
- Always ask patients and their families how they are doing and what you can do to serve them

- better.
- Always remember that customer satisfaction is the ultimate measure of success.

Perception of Quality

How our customers (external and internal) perceive quality

<i>Accessibility/Availability</i>	... products, services, or care can be obtained when needed
<i>Appropriateness</i>	... products, services, or care provided match the need of the customer/patient
<i>Continuity</i>	... products, services, or care are coordinated effectively among various providers and across organizations and time
<i>Effectiveness</i>	... products, services, or care provided achieve the desired effect
<i>Efficiency</i>	... products, services, or care provided achieve the desired effect with a minimum of possible effort, time, expense, or waste
<i>Respect</i>	... products, services, or care are provided in a manner which demonstrates concern and consideration for the customer/ patient
<i>Safety</i>	... products, services, or care are provided in a manner that reduces the risk of danger or hazard and is unlikely to cause hurt or injury
<i>Timeliness</i>	... products, services, or care are provided when needed

“It Takes Less Energy To Smile Than To Frown”

Seven Seconds...

That’s how long it takes for a person to form a first impression

It’s all about communication – the words we use and the way we deliver the message

1. Physical appearance
2. Tone of voice
3. Body language

Resolving Customer Issues

Turn problems into OPPORTUNITIES FOR SUCCESS

- Listen intently to let customer vent and release steam. They need to feel heard.
- Empathize to put you both on the same side of the problem. Do not add fuel to the fire with comments like “they are always late”.
 - Better: “I can understand how frustrating that must have been. Let me find out what happened and get back to you”.
- Apologize to soothe and clear the path for solutions. “We are sorry this happened, is there anything we can do to correct the situation”?
- Reassure the customer that you will solve the problem.
- Be creative in going the extra mile to use appropriate resources to satisfy the customer.
- Take immediate action to solve the problem. Research the situation and quickly report back to the customer.
- Send a thank you note for their patience and loyalty.

Think About It!

- Up to 60% of dissatisfied patients will not return.
- A dissatisfied patient will tell up to 30% other people.
- It costs 5 times as much to attract a new insured or private pay customer.
- If you resolve a complaint on the spot, 95% of customers will return again to your business.

*“What concerns me is not the way things are,
but rather the way people think they are.”*

~ Epictetus, Greek Philosopher

Perspective -- *A bit of wisdom to help us be a little more empathetic.*

When other people take a long time,
they're slow.

When others don't do something,
they're lazy.

When others try and fail,
they didn't try hard enough.

When others are late,
they're inconsiderate.

When others tell it like it is,
they're tactless.

When others succeed,
they're lucky.

When we receive punishment,
it's "cruel and unusual."

When others have fun,
they're not serious enough.

When we take a long time,
we're thorough.

When we don't do something,
we're too busy.

When we try and fail,
we did our best.

When we're late,
we couldn't help it.

When we tell it like it is,
we're honest.

When we succeed,
we deserve it.

When we administer punishment
it's "firm and fair."

When we have fun at work,
we're releasing stress.

HCAHPS

The HCAHPS Hospital Survey is part of a larger quality initiative sponsored by the national Hospital Quality Alliance and The Centers for Medicare and Medicaid Services (CMS). HCAHPS stands for Hospital Consumer Assessment of Healthcare Providers and Systems. The purpose of HCAHPS is to uniformly measure and publicly report patients' perspectives on their hospital care. The survey questions relate to eight dimensions of patient-centered care: 1] Emotional Support, 2] Physical Comfort, 3] Patient Preferences, 4] Information and Education, 5] Continuity and Transition, 6] Involvement of Family and Friends, 7] Coordination of Care, 8] Access to Care.

Patient Centered Care

Care provided in a nurturing environment that consciously adopts the patient's perspective.

Patient Experience of Care

Feedback from patients about what they did or did not experience in their interactions with providers. Focus is on areas research has shown patients value.

NRC Picker Survey Questions: Patient-Centered Care

These are the actual HCAHPS survey questions your patient may receive after discharge.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
 Never Sometimes Usually Always
2. During the hospital stay, how often did nurses listen carefully to you?
 Never Sometimes Usually Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?
 Never Sometimes Usually Always
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
 Never Sometimes Usually Always I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
 Never Sometimes Usually Always

6. During this hospital stay, how often did doctors listen carefully to you?
 Never Sometimes Usually Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
 Never Sometimes Usually Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
 Never Sometimes Usually Always
9. During this hospital stay, how often was the area around your room quiet at night?
 Never Sometimes Usually Always

YOUR EXPERIENCES IN THIS HOSPITAL?

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
 Yes No...*If no, Go to Question 12*
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
 Yes No
12. During this hospital stay, did you need medicine for pain?
 Yes No...*If no, Go to Question 15*
13. During this hospital stay, how often was your pain well controlled?
 Never Sometimes Usually Always
14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
 Never Sometimes Usually Always
15. During this hospital stay, were you given any medicine that you not taken before?
 Yes No...*If no, Go to Question 18*
16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
 Never Sometimes Usually Always
17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
 Never Sometimes Usually Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
 Own home Someone else's home Another health facility...*If Another, Go to Question 21*
19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
 Yes No
20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
 Yes No

OVERALL RATING OF HOSPITAL

21. Using any number from 0 to 10, where 1 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
 0 Worst hospital possible —> 10 Best hospital possible
22. Would you recommend this hospital to your friends and family?
 Definitely no Probably no Probably yes Probably no

Standards of Performance

Respecting and Protecting Patient Privacy

Key Manners and Words for Elevator Travel

Things to keep in mind

- When you are in a public area of the hospital like the elevators, you're "on stage!" Be polite to all.
- Smile warmly, make eye contact, and say "good morning/afternoon/evening." Don't allow anyone to feel ignored.
- Whenever possible, let inpatients ride to their destination privately. Wait for another elevator or take the stairs.

Arriving at the Elevator

- If you arrive at the elevator bank and a patient on a stretcher needs or is using an elevator, respect that patient's privacy and take the next elevator.
- Always allow the patient to enter and leave the elevator car first.
- When traveling with patients, politely address them in a formal manner. Use Mr., Mrs., Ms., Sir, or Ma'am.

Elevator DO's!

- Always remember to respect a patient's right to privacy and confidentiality.
- Watch what you say and how you say it in front of patients and visitors.
- Be friendly and positive when interacting with patients, visitors, and co-workers.

Elevator DON'Ts!

- Don't get on an elevator with a patient while you are carrying food. Food smells can make our patients nauseous.
- If others are gossiping, take the initiative to discourage the gossip. If you talk about someone else in front of the patients, they will believe you'll talk about them in front of others.
- Don't engage a patient in a detailed conversation about their medical condition or status. Keep all topics general and light.

At Crozer-Keystone, our patients come first! All of our patients have a right to privacy, and elevators can be uncomfortable places for our patients to be during hospitalization.

Allow our patients to ride in privacy to their destinations.

Greeting Patients and Visitors with Care

Use "Words that Work"

- Research shows that consistent use of "Words that Work" results in both higher patient satisfaction and reduced call-light usage.
- Always introduce yourself and explain why you are in the patient's room.
- Greet any visitors who may be in the room.
- Always address a patient by the family name ("Mrs. Jones," "Mr. Smith") until directed otherwise by the patient.
- Use the white boards to write your name and extension.
- Give patients options whenever possible.
- End each interaction with, "Is there anything else I can do to make you more comfortable? I have time."

Avoid Words that DON'T Care

- Don't call patients "honey," "sweetie," etc. Use last names.



- NEVER say, “That’s not my job.” Say instead, “Let me call the person who can do this for you.”
- Don’t ignore family members or friends who are in the room.

Be Aware of Non-Verbal Communication

- What we say is often communicated by how we say it. Be sure to use these behaviors with patients:
- Knock and wait for patient permission to enter.
- Smile/greet patients warmly.
- Wear a clean uniform, and display your ID badge properly.
- Be “present” with the patient—use eye contact, active listening strategies.
- Communicate at or near “eye level” with patient.

REMEMBER: No one cares how much you know until they know how much you CARE.

“Badges? We DO Need Our Badges!”

Wearing your picture ID badge while on duty at your site shows polite, responsible, and professional care to all patients, visitors, and employees. It is a **standard of performance** for everyone in the Crozer-Keystone Health System and an essential part of your uniform.

It’s also the law.



ID Badge Checklist

- ✓ Clean
- ✓ Name and title visible
- ✓ Photo visible
- ✓ Worn above the belt
- ✓ Emergency code card has RED type

What if I lose my badge?

Let Security know about it in order to deactivate the missing badge. You **MUST** call Security to schedule a time to get a replacement. There is a \$20 replacement fee.

Can I get a new badge for free?

Yes! If any one of these apply:

- Your picture doesn’t look like you anymore.
- Your badge is damaged or doesn’t work.
- Your name, department or job title has changed.

Using your badge

On Duty: “Employees on duty are not permitted to use their badge to access or allow others to access patient care areas unless access is required for work responsibilities.”

Not on Duty: “Employees Not on duty are not permitted to wear or use their badge to access or allow others to access restricted hospital areas.”

“Any employee using their ID badge as described above will be subject to discipline up to and including termination.” (Admin Policy 4-L)

Telephone Etiquette

The telephone is most often the **FIRST** point of contact for every patient, visitor, doctor, and fellow employee.

Below are our Standards of performance relating to telephone usage, a major factor in surveys relating to overall patient satisfaction. Hold yourself and your fellow employees accountable to follow these guidelines at all times.

Remember: Before You Answer

- Our patients’ most basic expectation is to be treated with compassion and courtesy.
- Recognize that our patients have a sense of urgency and show them we value their time. Patients are not an interruption in our work; they are our reason for being here.
- Our messages to patients and customers should be delivered with courtesy, clarity and care. We must avoid confusing patients and visitors, and speak in terms they can easily understand.

Remember: During the Call

- Promptly welcome callers in a friendly manner, smiling warmly and introducing yourself and your department by name. Ask, “How may I help you?”
- Don’t allow callers to feel ignored.
- Listen carefully to what the caller has to say. Avoid interrupting, predicting what they might say, or finishing their sentences. Rudeness is never acceptable.
- Speak clearly and slowly enough to be understood.
- Meet the caller’s immediate need or gladly connect the call to someone who will.
- Address callers in a formal manner, by Mr., Mrs., or Ms.
- Get the caller’s permission before putting him or her on hold. Thank the caller for holding when you return to that line.
- Apologize for problems and inconveniences. When speaking with a co-worker, start the conversation by introducing yourself and establishing a positive greeting that is friendly and professional.
- Phone conversations between employees and patients should always be conducted with discretion.
- Thank our patients for choosing Crozer-Keystone.



Remember: After the Call

- Place calls into voice mail only when necessary. Keep your own voice mail messages short and to the point. Avoid leaving a complex message.
- Return calls promptly. Follow-up on unresolved issues as soon as possible.

Greeting the Caller

- Say “good morning/afternoon/evening”.
- Identify yourself.
- Identify your department.

Transferring a Call

- Tell the caller you will place her on hold.
- Give the caller the number you are transferring her call to.
- When possible, wait for the call to be answered before completing transfer.
- When possible, tell the person who will deal with the call after you transfer it what the call's about.

Voice Tone

- Stop all conversation before answering.
- Smile!
- Slow down.

Placing a Caller on Hold

- Ask the caller for permission; listen for an answer.
- Follow-up after a minute's wait.
- Give callers the option for their call to be returned.

Tips for Handling the Emotional Caller

- Let the caller talk without interruption.
- Listen carefully.
- Get all the facts.
- Ask what you can do right now to help them.
- When applicable, apologize for the caller's dissatisfaction.
- Make sure to follow through on the issues at hand.
- Refer a call if you cannot handle it yourself.
- When transferring, give the person who will handle the call a brief idea of what is going on.
- Do not transfer an angry or dissatisfied caller to voice mail.
- Give the angry/dissatisfied caller a reasonable time frame for when you can follow up, then do it.

Section 3. Patient Safety, Quality and Accreditation.

Regulatory and Accreditation Agencies

Regulatory and Accreditation Agencies include the Joint Commission and the Department of Health who are responsible for reviewing the care provided in hospitals, home care, ambulatory care, behavioral health, and out-site locations. Site surveys/inspections may be announced or unannounced, including patient complaints.

- They will survey all levels of staff, physicians, volunteers, leaders, patients, & families.
- They may utilize “tracer methodology” where a surveyor follows a patient, or several with the same diagnosis, throughout all areas of hospital from point of entry (e.g. Emergency Room) to discharge or transfer (e.g. Rehab, Home, Home Care)



National Patient Safety Goals (2012)

Staff at all levels must be familiar with **National Patient Safety Goals**. These critical goals are updated annually based on research, patient safety risks and the “best practice.” It is important to understand that all Joint Commission accredited hospitals **must demonstrate compliance with these goals**.

GOAL: Identify Patients Correctly

Use at least two identifiers such as the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

This information must be obtained at the bedside from the patient, by asking him/her to state his/her name and birth date, which is verified against the patient’s ID band and paperwork including:

- The medication Kardex when administering medications.
- The blood slip and bag if administering blood.
- Lab collection slip when drawing blood.
- Chart documentation when transporting a patient.
- Patient menu for meal tray delivery.
- Radiology request for all studies.

GOAL: Improve staff communication

Get important test results to the right person on time.

- CKHS has identified which lab values and diagnostic results are considered critical.
- CKHS policy specifies that the physician must be notified of these results within 60 minutes.
- CKHS tracks compliance with this and reports results to Hospital Services.



GOAL: Use Medication Safely



- Before a procedure, label medicines that are not labeled, such as medicine in syringes, cups, and basins.
- Take extra care with patients who take medications that thin their blood.
- Record and pass along correct information about a patient’s medications. Find out what they are taking. Compare those medications to new medicines given to patient. Make sure that the patient knows what to take at home.

GOAL: Prevent Infection

Use the hand cleaning guidelines from the CDC and set goals to improve hand cleaning.

Use proven guidelines to:

- prevent infections that are difficult to treat
- prevent infection of the blood from central lines
- prevent infection after surgery



GOAL: Identify Patient Safety Risks

Identify patients that are likely to hurt themselves.

- Utilize screening tools for the Emergency Department and if screened as “**at risk**,” the emergency physician is notified for further evaluation and follow-up.
- Utilize the inpatient screening tools that are included in the Nursing Admission Database.
- Provide patients with a crisis hotline number, if appropriate.

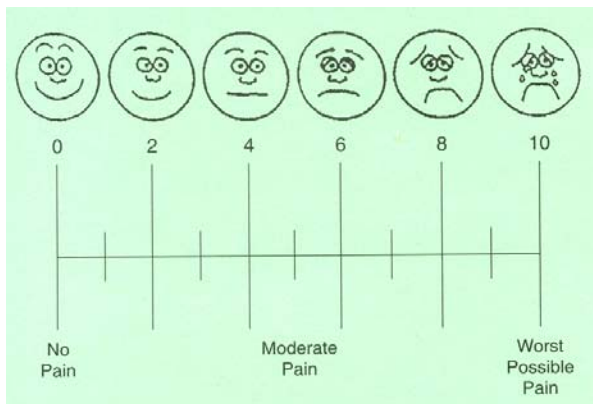
Universal Protocol

Prevent mistakes in surgery and procedures. Being proactive and preventive cannot be understated.

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.
- Mark the correct place on the patient’s body where the surgery is to be done. This is done by the physician.
- Pause before the surgery to make sure that a mistake is not being made.



Pain Management



Every patient has the right to have his/her pain assessed and appropriately treated with the goal of achieving optimal pain relief. All health care professionals should assess a patient for pain on an ongoing basis as they interact with the patient, but at least each time they perform vital signs.

Goal of Pain Management

- The goal of pain management should be for patients to have little or no pain - or reduce pain to a **level that is acceptable to the patient** such that patients are able to participate as much as possible in those activities of daily life that give them a sense of enjoyment and meaning in their life.
- Engage patient and family in actively participating in goal setting.
- Reassess pain after medication is given.

Infection Prevention & Control

A safe environment is maintained throughout the CKHS thereby decreasing potential and real sources of infection. All employees are responsible for adhering to practices that reduce the likelihood of the transmission of infection between patients, employees, and visitors. Education is provided but not limited to

new employee orientation, annual mandatory updates and periodic communications as needed.

The Infection Prevention & Control Manual, which includes all policies and procedures related to infection prevention & control, can be located on the intranet under: Departments: Infection Control or by following the link below

<http://enterprise.crozer.org/sites/InfectionControl/default.aspx>

An **OSHA (Occupational Safety and Health Administration) Manual** can be found in each department and nursing unit in the hospital or by accessing it online at:

<http://www.osha.gov/index.html>

All OSHA requirements for the protection of all employees are followed.

- Hepatitis B Vaccine is offered to all newly hired employees free of charge. A signed declination form is required for any healthcare worker who declines to be vaccinated.
- Annual flu shots are available for all employees free of charge.
- Personal protective equipment (PPE) is provided for employees.
- Annual fit testing for N95 respirators and Tuberculin skin testing is done for all employees whose occupation puts them at risk.

Terms to Understand

Antimicrobial soap

Contains an ingredient with activity against skin microbial flora.

Hand washing

Washing hands with a non-antimicrobial soap and water.

Hand decontamination

Performing an antiseptic (e.g. alcohol-based) hand rub or washing hands with an antimicrobial soap and water.

Nosocomial

Acquired in a healthcare Facility.

Plain or non-antimicrobial soap

Detergent-based cleanser in any form. The primary purpose is the physical removal of dirt and contaminating microorganisms. The soap has no bactericidal activity although it may contain a low concentration of antimicrobial ingredients as preservatives.

Resident flora or “colonizing flora”

Microorganisms persistently isolated from the skin of most people. These are normal residents of the skin and are not readily removed by mechanical friction. They can be removed or reduced by products containing antimicrobial agents such as CHG or alcohol.

Transient Flora or “contaminating or noncolonizing flora”

Microorganisms isolated from the skin but not demonstrated to be consistently present in the majority of people.

Squames

Dead skin cells.

Standard Precautions

Standard precautions, previously known as Universal Precautions, is the practice in which Healthcare Workers (HCW) should assume that all blood, body fluids, secretions, excretions, non-intact skin, or mucous membranes are potentially infectious. Implementation of Standard precautions is a primary strategy for prevention of healthcare-associated transmission of infectious agents among patients and HCW. Standard precautions include a group of infection prevention practices such as: hand hygiene, use of gloves, mask, eye protection or face shield, gowns (personal protective equipment), safe injection practices, and respiratory and cough etiquette.

Isolation Precautions

Isolation Precautions, per CDC Guidelines are instituted for all patients who have a multidrug resistant

organism (MDRO) or a significant communicable disease. Barrier precautions are specific to the identified or suspected organism. In addition to standard precautions, these policies are found in the Infection Prevention and Control manual under Policies ID 4-1 through ID 4-5.

Hand Hygiene

“Hand Hygiene is the single most important means of preventing the spread of infections.”

Centers for Disease Control & Prevention



Background

Hand hygiene is known to reduce patient morbidity and mortality from nosocomial infection. It causes a significant decrease in the carriage of potential pathogens on the hands. The type of soap and rinse used is dependent on the work being performed. Plain soap mechanically removes transient bacteria from the skin. It does not kill the bacteria released by shedding of skin squames.

- Antimicrobial soap mechanically removes, kills, and inhibits microbial Flora. There are varying levels of activity among antimicrobial soap products, some antimicrobial soaps may be formulated primarily for effectiveness against transient organisms, while others may also demonstrate activity against resident organisms. Products may demonstrate bactericidal activity (killing of organisms), bacteriostatic activity (inhibition of organisms), or persistent activity (sustained reduction or inhibition of organisms over time).
- Alcohol-based hand sanitizers kill or inhibit microbial flora, but do not remove soil. There are also varying levels of activity among alcohol-based hand sanitizer products.

Your choice for usage of hand washing or alcohol-based hand sanitizers should be based on:

- the degree of contamination on your hands
- is there a need to mechanically remove the transient flora
- the level and type of antimicrobial effectiveness required (e.g. bacteriostatic, bactericidal, and/or residual activity against transient or resident organisms).

Hand Hygiene Procedure

Indications for hand washing and hand decontamination:

- When hands are visibly dirty or contaminated, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water. Do not use an alcohol-based hand rub.
- If hands are not visibly soiled, use an alcohol-based hand rub. Alternatively, wash hands with an antimicrobial soap and water.
- Decontamination is required for, but not limited to the following:
 - Decontaminate hands before having direct contact with patients and/or environmental surfaces in the patient’s environment.
 - Decontaminate hands before donning sterile gloves when inserting a central venous catheter.
 - Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
 - Decontaminate hands after contact with a patient’s intact skin.
 - Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
 - Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.
 - Decontaminate hands after contact with surfaces and inanimate objects in the immediate vicinity of the patient.
 - Decontaminate hands after removing gloves.
- Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.
- Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if

exposure to *Bacillus anthracis* or *Clostridium difficile* is suspected or proven. Do not use an alcohol-based hand rub. The physical action of washing and rinsing hands is recommended because alcohols are not effective in killing spores.

Hand-hygiene technique:

- When decontaminating hands with an alcohol-based hand rub:
 - Apply product to palm of one hand.
 - Rub hands together, covering all surfaces of hands and fingers, until hands are dry.
 - Follow the manufacturer's recommendations regarding the volume.
- When washing hands with soap (antimicrobial or non-antimicrobial) and water:
 - Wet hands first with water.
 - Apply an amount of product recommended by the manufacturer to hands.
 - Rub hands vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
 - Rinse hands with water and dry thoroughly with a disposable towel.
 - Use towel to turn off the faucet.
 - Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.
- Routinely washing hands with soap (antimicrobial or non-antimicrobial) and water immediately after using an alcohol-based hand rub may lead to dermatitis and is therefore not recommended. However, because healthcare personnel may feel a "build-up" of emollients or a gritty feeling on their hands after repeated use of alcohol-based hand rub, washing hands with soap (antimicrobial or non-antimicrobial) and water after several applications of an alcohol-based hand rub may be necessary.

Source: Larson; EL. 1992.1394 APIC Guidelines Committee. "APIC Guideline for Handwashing and Hand Antisepsis in Health Care Settings." AJIC. (American Journal of Infection Control) 1995, 23:251-269.

Boyce JM, Pittet D. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC / SHEA / APIC / IDSA Hand Hygiene Task Force. Infect Control Hosp Epidemiol 2002;23 (12 Suppl.):S3-S40.

Fall Prevention Program

Fall prevention is a priority for CKHS hospitals. The Health System has initiated a new falls program and policy to help protect patients and prevent falls with and without injury. CKHS has also established a new goal this year - falls with injury will be reduced by 10%.

Definition: A fall is an event in which the patient comes to rest on the floor.

Major points to know:

- Prevention of falls is EVERYONE'S RESPONSIBILITY. While nursing is responsible for assessing patients for risk of fall, everyone in the hospital is responsible to know which patients are at risk and interventions to prevent a fall.
- PROPER HANDOFFS between caregivers help to heighten awareness and minimize potential for fall.
- COMMUNICATE incidents of near events and falls immediately to the patient's nurse.
- NEW POLICY AND ASSESSMENT TOOLS were designed - the falls assessment is based on The Schmid Fall Risk Assessment tool which requires, at minimum, patients are assessed:
 - On admission
 - Daily
 - After a fall
 - With a change in condition that could affect fall risk
 - When transferring to another level of care
- Patients are DESIGNATED with:
 - Standard fall precautions
 - Strict fall precautions
- Patients on STRICT FALL PRECAUTIONS will, at minimum, have a YELLOW BRACELET/ARM BAND
- Falls that occur ANYWHERE, at ANY TIME, assisted to the floor, observed or not observed,

must be reported by completing an incident report, as we need to protect ALL patients from falls & cannot do so if they are not accurately reported.

MRI Safety

- An MRI (Magnetic Resonance Imaging) uses a strong magnet and radio waves to project an image on a screen.
- The magnet is ALWAYS ON!
- Therefore, at NO time is it safe to enter the MRI room with any metallic objects.
- Most stretchers, IV poles, wheel chairs, oxygen tanks, scissors, hemostats, and mops are metallic.
- Check with MRI staff before entering the magnet area



MRI Accidents & Injuries

- There have been multiple reports of MRI accidents across the country related to flying metallic objects; including a vacuum cleaner, oxygen tank, and hemostats etc.
- The first known MRI fatality occurred in Florida during the summer of 2001 to a pediatric patient. The MRI magnet pulled an oxygen tank into the scanner, and the force inflicted severe head injuries to the patient, from which the child later died.

MRI Magnetic Zone

- The strength of the magnetic pull increases rapidly as the metallic object nears the core of the MRI magnet.
- The pull is so strong that it can turn a metallic object into a life threatening projectile.
- The greater the object mass the stronger the magnetic pull (i.e. an oxygen tank has a greater attraction than a hair clip).

Patient Safety

- All patients must be screened for internal or external metallic objects prior to MRI.
- The patient's nurse does this screening.
- Patients with a pacemaker cannot undergo an MRI.
- During a code or a Rapid Response, the patient is to be moved from the MRI suite into the holding area for evaluation and treatment. Never run a code in the MRI suite.

Employee Safety

- No employee is permitted to enter the MRI suite without a member of the MRI staff or Diagnostic Imaging Management personnel, during normal scheduled hours. Employees or emergency staff requiring entrance after MR staff have left for day **MUST** be trained in MRI Safety.
- All in-house personnel that have reason to enter the MRI suite area should be trained in MR safety procedures.
- All personnel must be thoroughly briefed about the potential risks involved and must be reminded not to bring any magnetic items into the magnetic field.

Patient and Staff Rights

Patient Rights

Patient Rights are identified by the Joint Commission, the Department of Health, and Medicare. They allow for patients, families, hospital staff to have ability to contact the PA Department of Health or Joint Commission if unsatisfied with hospital handling of patient issues.

Our patients, when in our care, have rights relating to:

- Reasonable access to care.
- Respect of patient's values and beliefs.
- Patient participation in decisions regarding care:
 - Informed consent
 - Withholding treatment

- Clinical trials
- Personal privacy and confidentiality.

Treatment and care will be provided to all persons in need without regard to disability, race, creed, color, gender, national origin, lifestyle, or ability to pay.

Staff can report IF they feel that addressing of the concern(s) with appropriate hospital personnel were unsatisfactory. There is a list of rights on all units, in patient handbooks, and posted in public areas on each unit. *Examples include:*

- Access to care
- Treatment regardless of race, religion, gender, disability, creed, color, national origin, lifestyle, & ability to pay
- Privacy
- Confidentiality
- Right to refuse care
- Right to be free of restraints that are not medically necessary
- Right to file a grievance or complaint

Staff Rights

Staff may request not to participate in an aspect of patient care or treatment where the prescribed care or treatment conflicts with the employee's:

- Personal values
- Cultural values
- Personal sense of ethics
- Religious beliefs

However, staff will remain responsible for providing full and appropriate patient care until a decision is made and an appropriate substitute care provider can be made available.

The Patient Safety Program

Goals of the Patient Safety Program

- To promote a culture of safety.
- To promote “moving away from blame” reporting environment.
- To reinforce communication amongst the healthcare team and with patients and families.
- To engage patients in the safety of their care.

Patient Safety

- According to the Institute of Medicine Report:
- Medical errors are the 8th leading cause of death in the United States.
- Medical errors cause 98,000 deaths per year.
- More people die from medical error than from breast cancer, HIV or MVAs.
- Less than 5% or less of medical errors/events are reported.
- Err on the side of completing the event report if you are not sure, but...
- DO NOT mention the event report in your charting
- DO mention the event you are reporting in your documentation, just not the event report itself!

Types of issues that patient safety efforts attempt to prevent:

- | | |
|--|---|
| ● Equipment failure, with potential harm to patient(s) | ● family, setting, etc. |
| ● Loss of life, limb, function, or other injury | ● Readmission for the same condition |
| ● Medication errors, adverse reactions to medication | ● Assault, abuse, neglect |
| ● Neonatal complications | ● Wrong site, wrong side, wrong patient procedures, incorrect surgery, surgery with retained equipment, sponges, etc. |
| ● Discharge of patient to incorrect | ● Falls |
| | ● Transfusion reactions |

- Unexpected returns to surgery
- Delay in or missed diagnosis
- Breach in confidentiality
- Procedural delays

Reporting

Hospitals are required to report to the Patient Safety Authority incidents, infrastructure failures and serious events

An **Incident** is an event, occurrence, or situation involving the clinical care of a patient, who could have injured the patient, but did not cause an unanticipated injury or require the delivery of additional care to the patient. These events may also be called “near-misses.”

Examples:

- The wrong medication was administered, but did not harm the patient.
- A patient fall without injury.

An **Infrastructure Failure** is an undesirable or unintended event or situations involving the infrastructure of a medical facility, the discontinuation, or significant disruption of a service which could seriously compromise patient safety.

Example:

- ER being on divert for a prolonged period of time.
- Loss of power

A **Serious Event** is an event, occurrence, or situation that involves the clinical care of a patient that resulted in an unanticipated injury requiring the delivery of additional healthcare services to the patient.

Examples:

- Surgery performed on the wrong site.
- Patient fall with injury.

Anonymous Reporting

Under MCARE /Act 13, you may report serious events anonymously to the Patient Safety Authority.

- Report using forms available outside the cafeteria or on the Patient Safety Authority website: <https://www.papsrs.state.pa.us/PDF/PAPSRs%20Anonymous%20Report.pdf>.

Reporting a Complaint to the Joint Commission

Do you have a complaint about the quality of care being provided? The Joint Commission wants to know about it. Send the Joint Commission your complaint by mail, fax, or e-mail. Summarize the issues in one to two pages and include the name, street address, city, and state of the healthcare organization.

You may either provide your name and contact information or submit your complaint anonymously. Providing your name and contact information enables The Joint Commission to inform you about the actions taken in response to your complaint and also to contact you should additional information be needed.

It is the Joint Commission’s policy to treat your name as confidential information and not to disclose it to any other party. However, it may be necessary to share the complaint with the subject organization in the course of a complaint investigation.

The Joint Commission policy forbids accredited organizations from taking retaliatory actions against employees for having reported quality of care concerns to The Joint Commission.

E-Mail: jcomplaint@joint.commission.org

Fax: Office of Quality Monitoring
(630) 792-5636

Mail: Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Risk Management

Definition

Reporting of an event (any unusual occurrence, accident, or situation which has or could have resulted in injury, including near miss) is everyone's responsibility. Reportable events are those that are NOT consistent with routine care. They are unusual occurrences, accidents, and situations **which have or could result in an injury**. They may involve patients, visitors, volunteers, but do NOT include employees. All events should be documented on an Event Report and forwarded within 24 hours to Risk Management. All events involving injury or of a serious nature should be reported verbally to Risk Management and/or Patient Safety Officer...Risk Management is on-call 24/7. The event report should also be used to capture events involving the property and auto losses. The only exception is employee incidents which should be documented on an Accident Reporting and Treatment Form (ART), see Worker's Comp Section. The report is intended to be a factual account of the event. It is designed to enhance the quality of patient care and to assist in providing a safe environment.

Who Should Report The Event?

- Any and all individuals who is involved in, witnesses or discovers an event.
- All staff, on all shifts, at all locations, including offsite facilities and treatment centers

What Is An Event? (*sample scenarios*)

- an unexpected occurrence
- any incident that puts patients, staff, and visitors at risk
- missing informed consent form
- cancellation of procedure
- any event that is not consistent with normal clinical procedures of routine patient care
- unplanned or unexpected intubation
- unusual or unexpected death
- any incident that is unusual; injury does not need to occur for it to be defined an event
- assault or altercation
- unplanned return to ER or OR
- a delay in surgery
- equipment failure
- a confidentiality breach
- a fall
- surgical misadventures: wrong patient, wrong procedure, incorrect sponge count or unplanned removal of body organs, body part, or skin
- medication error
- a neonatal complication
- unplanned transfer to ICU
- a blood exposure
- unexpected re-admission
- any incident that could pose potential liability to the hospital
- misdiagnosis or missed diagnosis

Why Report An Event?

- To initiate a proper internal investigation of the incident, if required
- To determine if there are any patterns or trends in events and/or outcomes- types/frequency.
- To assess events on an individual and aggregate basis and identify areas for improvement for quality patient care and patient safety.
- To identify practices and/or conditions which need to be addressed to provide a safe environment for our patients, staff, and visitors.
- To identify issues and implement immediate corrective action so the event is prevented from recurrence.
- To identify events which require a mandatory report to external regulatory bodies, i.e., DOH, Patient Safety Authority, per regulations
- To identify those potential claims/events which require notification to insurance carrier.
- Part of Act 13 requirement for error reduction

Response to An Event?

- Treat THE PATIENT and make sure they are stable.
- Notify the appropriate parties:

- Patient/family
- Physician/care providers
- Risk managements and Patient Safety Officer if injury
- Security
- Solicit support of appropriate departments for follow up, immediate action and/or investigation, i.e., Clinical Engineering, environmental Services, Maintenance, Infectious Disease, etc.
- **Ensure evidence is retained.** Evidence may include: medical equipment, packaging, documents, pictures, video, etc.
- Identify if there are any witnesses and secure name on Event Report.
- Document the event in the medical record, as appropriate, with a factual, objective account.
- Complete an Event Report with a factual, objective account and submit to your supervisor who will then investigate, document, and forward to Risk Management/Patient Safety officer within 48 hours.

PLEASE DO NOT HESITATE TO DISCUSS THIS INFORMATION WITH YOUR SUPERVISOR. YOU ARE THE EYES AND EARS OF THE HOSPITAL AND WE RELY ON YOU TO REPORT ANY AND ALL EVENTS, NO MATTER HOW TRIVIAL THE EVENT MAY SEEM, TO RISK MANAGEMENT.

When in Doubt, Fill an Event Report Out!

The DO's Of Event Reporting

When an incident occurs:

- DO record a factual account (no opinions) of the event in the medical record.
- DO provide any needed treatment to the patient before reporting the event.
- DO be careful of what you say. Be sympathetic, but do not admit fault. What seems simple is often very complex.
- DO preserve patient confidentiality.
- DO call Risk Management if you are unsure whether or not an event should be reported.

The DON'Ts Of Event Reporting

- DON'T indicate in the patient's medical record that an event report was filled out or that Risk Management was called.
- DON'T place the event report or a copy of it in the patient's medical record.
- DON'T assign blame or admit liability on the event report or in the medical record. This can be determined only through investigation.
- DON'T write or maintain personal statements about the event, it could be harmful in the event of a lawsuit.
- DON'T criticize or blame another health care worker.
- DON'T talk to an attorney unless authorized by Risk Management.

Reminders

- Difference between documentation in MR and Event Report
- Facts only - they are **discoverable**
- Timely submission
- Disclosure, as appropriate
- Near misses just as important

Mary Moser Grimes is the DCMH Patient Safety Officer and the Director of Quality Monitoring . Her extension is 12-8768.

Joan Meighan is the Director of Risk Management at DCMH. Her extension is 12-8156.

Tara White is the Coordinator for Infection Control. Her extension is 12-8637.

Section 4. Providing a Safe and Secure Environment

Security

The Security Department is responsible for:

- Protection of DCMH including patients, visitors and employees against hazards of fire, theft, damage and trespass.
- Protection of persons and property from criminal or negligent harm.



As an employee, what is my responsibility in the Security program?

- Be alert and observe all that takes place within sight or hearing.
- Report all suspicious persons and circumstances to Security.
- Maintain access control – keep doors secure.
- Be familiar with the location and the function of emergency equipment in your environment.

How does Security provide a “safe” environment for employees?

- Security provides 24-hour surveillance of most areas on the hospital grounds where employees park or travel. High-risk areas are equipped with panic alarms.
- Weapons are prohibited within DCMH and its outpatient satellites.
- Security works to prevent workplace violence. Harassment of CKHS personnel will not be tolerated.
- Security participates in Safety Rounds.
- Security ensures timely response to STAT calls (711) for Security assistance. The goal is to respond to any location on the campus within three (3) minutes.
- Security provides transportation to employees’ cars after dark.
- Security supports the infant and child access control systems.

For what issues should I notify Security?

- Disturbances that involve patients, families or visitors who do not respond to staff efforts to calm the situation.
- Suspicious person(s) in the department.
- Visitors refusing to leave the department.
- Workplace violence or threatened violence.

When I report an event to Security, what information is needed?

- ✓ What happened?
- ✓ Where did it happen?
- ✓ When did it happen?
- ✓ How did it happen?
- ✓ Why did it happen?

Safe Haven Law -- PROTECTIVE CUSTODY OF THE NEWBORN



Newborn Protection Act of 2003 requires the hospital to take protective custody of infants under 28 days old that are left by a parent. This is not considered a crime unless the infant appears abused or neglected.

Who may take protective custody of the infant?

Act 80-1987 allows a hospital administrator or designate or an examining physician to take protective custody of any abused/neglected child, who is deemed at risk of further serious abuse/neglect if returned to their environment.

What should you do?

- The person accepting the infant from a parent should take the infant to the Emergency Department for evaluation and any necessary treatment.
- The parent should be offered the chance to receive care in the ER.
- The person accepting the infant should ask the parent about the infant and parents' medical history.
- The infant will be admitted to the hospital if medically necessary or foster care arrangements are not immediately available.

Whom should you notify?

The following should be notified immediately:

- DCMH Security
- Administrator on Call
- Social Work.

Social Work will notify:

- Local police authorities
- Childline and Child Protective Services of Children and Youth Services of Delaware County

Preventing Violence in the Workplace

What is workplace violence?

Acts or verbal threats and/or physical violence, including intimidation, harassment, or coercion

Sources of Violence in the Work Place

- Domestic violence that spreads to the work place
- Patients or employees with mental impairments
- Disgruntled or abusive family or friends of patients or employees
- Disgruntled employees or patients

Defusing Potential Violence

- Check your own emotions
- Do NOT make counter-threats
- Speak in a calm and respectful voice
- Listen and show willingness to help

Your Responsibilities

- Be alert and professional
- Know security procedures
- Call for help in an emergency (Call 711 and request Security STAT)
- Maintain access control when there is a potentially violent situation occurring
- Do not allow yourself to be in a position such that your exit is blocked
- Maintain a safe distance
- Trust your senses and protect yourself
- File an event report containing all details

Sexual Harassment

**Crozer-Keystone Health System Sexual Harassment Policy**

Crozer-Keystone Health System is committed to maintaining an environment free from sexual harassment. It is Crozer-Keystone's policy to ensure that all employees, supervisors, business visitors, patients, and/or other customers or visitors conduct themselves in a manner which protects and respects the rights, privacy, and dignity of all individuals with whom they come in contact. Any employee, or person who practices at the Hospital, who engages in such prohibited conduct will be subject to

disciplinary action up to and including discharge from employment, as Management deems appropriate.

What is sexual Harassment?

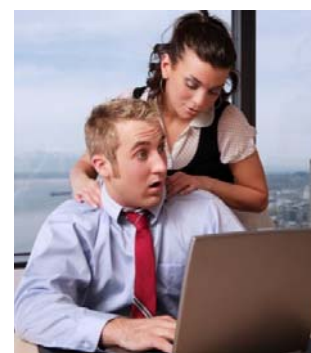
Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of and individual's employment, OR
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, OR
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

What are employee's expectations with regards to behavior and conduct?

It is every employee's responsibility to refrain from any conduct or activity that could be considered offensive, hostile, intimidating or unwelcome. Any employee engaging in such conduct will be subject to disciplinary action, up to and including discharge from employment. Specific behaviors, which will not be tolerated, include but are not limited to the following:

- Inappropriate and/or unwelcome physical contact.
- Physical advances such as kissing, pinching, patting or fondling.
- Offensive body action such as leering, standing uncomfortably close to someone, or making sexually explicit gestures.
- Offensive comments about one's anatomy, attire or appearance.
- Stereotypical, derogatory, demeaning, or otherwise offensive jokes or remarks.
- Unwelcome attention such as persistent and/or unwelcome flirtation.
- Verbal advances such as expression of sexual interest or sexual inquiries.
- Sexually explicit or obscene messages.
- Use of crude and/or offensive language.
- Displays of pictures, posters and/or cartoons which may be considered offensive.
- Gestures or comments indicating favorable treatment (i.e., promotion, salary increase, or other favors) in exchange for sexual or romantic favors.



What should I do if someone else's behavior or conduct makes me feel uncomfortable?

If you feel comfortable, approach the individual directly and tell him or her that the behavior or conduct is unwelcome. Tell the individual to refrain from such conduct in the future. If you are not comfortable approaching the individual OR if you have already approached the individual without resolution of the matter, you must report the incident immediately.

Where should I go to report the incident?

You may elect to report the incident to any of the following Management Representatives:

- Your immediate supervisor.
- Your department manager.
- Your vice president.
- A senior manager, director or vice president of Human Resources.

What should I do if my supervisor's behavior is making me feel uncomfortable?

Should you feel that your supervisor or anyone within your chain of command has behaved in a manner, which you find offensive, intimidating, hostile or unwelcome, report the incident immediately to Sr. Manager, Director or the Vice President of Human Resources. Additionally, should you feel that your supervisor is contributing toward or condoning a hostile or offensive work environment, report the incident to Human Resources immediately.

What type of information will I need to provide when reporting an incident?

When reporting an incident, you should state the facts as completely as possible; including the date and time of the incident, the place at which the incident occurred, a detailed account of what occurred, and the names of any potential witnesses.

What happens next?

Once a report of potential harassment is made to a Management Representative, the Management Representative must immediately notify Human Resources of the report and must notify upper levels of

Management within his/her chain of command. Human Resources will coordinate and ensure a prompt and thorough investigation of the complaint.

Any individual who, after a thorough and impartial investigation, is found to have engaged in prohibited conduct will be subject to disciplinary action up to and including termination of employment, termination of participation in and CKHS denial of permission to provide services and/or denial of entitlement to any privilege which may be conferred on any individual by component of CKHS. Any potential discipline involving a medical staff member will be conducted in accordance with the Medical Staff by-laws in consult with the President of the Medical Staff.

CKHS supervisors and/or managers, including medical staff, who condone incidents of sexual harassment or related retaliation will be subjected to disciplinary action, up to and including termination of employment and/or denial of permission to participate in any CKHS Hospital program. Any potential discipline involving a medical staff member will be conducted in accordance with the Medical Staff by-laws and in consult with the President of the Medical Staff.

What if I am concerned that my supervisor will be upset if I report an incident?

Each employee has a responsibility to report incidents of potential harassment promptly. All reports of sexual harassment must be made in good faith and must be represented accurately and honestly. Retaliation against any individual who has made a report of sexual harassment in good faith will not be tolerated.

What happens if someone makes a false report about an incident?

Any individual who intentionally makes a false report or who intentionally makes false statements related to a report of harassment will be subject to disciplinary action up to and including termination.

Safe Medical Device Act (SMDA)

The purpose of this Act is to protect patients by removing defective devices and equipment from use. This includes devices that have a design defect that results in unintended misuse by the device user.

A medical device is anything that is NOT a drug. It includes any instrument, implant, or item used in the care of the patient, including disposables.

The Risk Management Department is responsible to report to FDA/Manufacturer within 10 days the following scenarios:

- **Mandatory reports** - death/serious injury to anyone due to use of medical device.
- **Voluntary reports** - any non serious injury or notice of potential for injury re: medical device.

Once a medical device problem is identified staff need to:

- Ensure appropriate patient care/follow up post event (including notifying physician)
- Disclose to patient/family, as appropriate
- Impound equipment and notify Clinical Engineering per policy
- Save any/all evidence
- Contact Risk Management

The Procedure For Suspected Malfunction With No Injury To Patient

1. With any suspected malfunction, immediately remove the device from service to protect the patient or user from injury.
2. Affix a **“BROKEN - DO NOT USE”** label to the front panel of the equipment or of this is a disposable device. Secure it in a bio-hazard bag and hand deliver to Pathology. The patient name, DOB and event date should appear on the label.
3. If a non-disposable device or equipment, notify Clinical Engineering Dept. or Sterile Processing Dept.,
4. Complete an Event Report.

The Procedure For Suspected Malfunction Contributing To Patient Injury

1. Notify your supervisor, and the Risk Manager or Patient Safety Officer ***immediately after caring for the patient.***
2. Immediately impound the equipment without changing the control settings or unplugging the device. or of this is a disposable device. Secure it in a bio-hazard bag and hand deliver to

- Pathology. The patient name, DOB and event date should appear on the label.
3. Notify the Clinical Engineering Dept. for direction on next steps. Page the on-call representative if after hours.
 4. Complete an “Event Report.”

Emergency Preparedness and Codes

CODE 55: External Disaster

When a Code 55 is announced, the hospital goes to full external disaster alert. Patient care departments will report their bed status report, supply inventories (Pharmacy, Blood Bank), equipment availability, staffing levels to the Command Center. Only designated employees will report to the Emergency Department, all others report to their department and await orders.

The Command Center telephone number is 8885.

- If you are not at work, report for your next regularly scheduled shift.
- You may be required to show your ID badge to enter the campus during an emergency.
- When instructed, nursing and case management will evaluate all current inpatients and identify:
 - Patients ready for immediate discharge. No further treatment or care is necessary.
 - Patients that can be moved or transferred, but require further care.
 - Patients that must remain in the hospital.
- Patients who are discharged will be transported to the lobby or another designated area to await pickup by family members.
- Refer all incoming calls concerning the disaster to the Public Relations office.

CODE YELLOW: Hazardous Materials Incident

When paged, it indicates a hazardous materials incident has occurred and personnel are to follow the HazMat Response Plan. The atmosphere may be contaminated by a chemical cloud, smoke, or other pollutants to the extent that it becomes a significant threat to life or health.

CODE 66: Bomb Threat

If you receive a bomb threat by phone:

- Call 711, Telecommunications will notify the Administrator on Call, Director of Security, and Safety Officer.
- Get as much information as possible by asking questions.
- Attempt to find out the following information:
 - Type and location of device,
 - Appearance, including size, shape, and color,
 - Why the threat is being made and who is responsible,
 - The caller’s name and where he/she is calling from,
 - Pay close attention to background noises,
 - Listen closely to voice: Quality, Accents, and Speech Impediments.
- **WRITE** the exact words the caller uses.
- Do not anger the caller.
- Stay **CALM**.

If you receive a bomb threat by mail:

- Call 711, Telecommunications will notify the Administrator on Call, Director of Security, and Safety Officer.
- Protect the letter from excessive handling.
- DO NOT discuss the incident.
- DO NOT start rumors.

CODE 33: Internal Disaster

The hospital is affected by a disaster. Departments may be asked to activate their telephone tree list in consultation with their Section Chief. The command Post is located in the Administrative board Room or

where designated by the Incident Commander. All available personnel, working at the time, may be directed to report to the Labor Pool for work assignments.

CODE 22: Infant/Child Alert/Abduction

- When staff suspects that an infant/child is missing, they shall immediately dial 711 and initiate a Code 22.
- When you hear the announced Code 22, be alert for any suspicious behavior. Available staff should go to the nearest exit (including fire exits).
- Watch for people carrying items that can hide an infant including but not limited to: suitcases, bulky coats, tote bags, boxes, duffle bags, etc.
- If an employee observes a potential suspect, the employee shall note a description, location and vehicle information if possible and immediately call 711.
- Monitor the exits until the message “Secure from Code 22” is announced.

CODE SILVER: Armed Intruder

- When staff observes an individual in the hospital with a weapon, immediately call 711 and take cover. Proceed to a safe area. A safe area is any room where the door can be locked or barricaded.
- Do not go near the location of the individual with the weapon.
- Turn off lights. Put cell phones and pagers on silent.
- The police will respond to the location of the individual with the weapon. Follow the directions given to you by the police.

CODE 13: Security Emergency

When paged, there may be a violent or potentially violent patient, visitor, or staff member.

StatLine: For Any Medical Emergencies

Dial 711

Fire Safety

In the event of a fire emergency, patients are depending on you to know what to do to protect them. Health care employees must be prepared effectively and *without PANIC*.

Reporting a Fire: Code Red

- **PULL ALARM BOX**
- **DIAL 711** from any telephone.
- Say “**CODE RED**” and give the exact location.
- Hang up the telephone.



How to Respond to a Fire

Using the acronym **RACE** is an easy reminder of the appropriate response to a fire:

R escue	Rescuing patients is every employee’s primary concern and is usually performed simultaneously with Alarm.
A larm	Employees should sound the alarm, alert the proper person in the facility, and make sure the fire department is being called.
C ontain & Clear	Closing a door can prevent smoke from spreading and save lives. To escape smoke-filled areas, people should crawl low to safety.
E xtinguish	Extinguish the fire only after the alarm has been sounded, only with proper training, and only if it is safe to attempt.

Using the acronym **PASS** is an easy reminder of the appropriate use of a fire extinguisher:

P ull	Pull the pin. It's helpful to rest the fire extinguisher on the floor or table before pulling the pin
A im	Aim the hose at the base of the flames.
S queeze	Squeeze the handle
S weep	Sweep from side to side.



There are other ways employees can help in the event of a fire:

- If oxygen is feeding the fire, notify respiratory therapy who will determine if the main oxygen shut-off valve to the unit can be shut **OFF** without jeopardizing life support for others.
- Clear gurneys, supply carts, and other equipment out of the way.
- Evacuation can disrupt patient care, expose patients to harmful smoke in hallways, and hamper firefighting activities. If evacuation is necessary, move patients beyond fire doors or to a separate wing. Attempt a complete evacuation only in conjunction with the fire department and medical staff.

Stop, Drop, and Roll

If your clothes are on fire, **STOP, DROP, AND ROLL**. If someone else's clothes are on fire, get them to the ground and use a blanket to smother the fire or douse them with water or an extinguisher.

If you cannot put the fire out safely, get out of the area and call the Fire Company.

What To Know About Fires

Class "A" fires	<i>wood, paper, trash, cloth, etc.</i> (Water or Halon)
Class "B" fires	<i>burning liquids</i> (Halon, CO ₂ , dry chemical or powder)
Class "C" fires	<i>energized electrical equipment</i> (Halon, CO ₂ , dry chemical or powder)

Types of Fire Extinguishers

Type A, B, C- Halon	Solids, Liquids, and Electrical long range,
Dry Chemical	Doesn't damage equipment
Type B, C-CO ₂	Liquids and Electrical-short range, Doesn't damage equipment
Type A - Water	Solids - long range, DANGEROUS AROUND ELECTRICITY AND LIQUIDS!

Electrical Safety

- All electrically powered devices brought into and/or used in patient care areas (e.g., coffee makers, desk fans or heaters) must be approved by Clinical Engineering Dept. and bear a valid safety inspection decal, regardless of whether or not owned by Crozer.
- The use of electrical power cord adapters and extension cords of any kind is prohibited except where approved by the Clinical Engineering or Plant Operations Departments.
- Do not handle electrical devices with wet hands, or when standing on a wet floor. "Wet" includes all fluids such as water, body wastes, sweaty hands, pharmaceuticals.
- Electrical cords should be plugged into the wall, and unplugged only by pulling on the plug itself — never by pulling on the power cord.
- Be sure to turn electrical power switches to the OFF position BEFORE either connecting or disconnecting the plug from the power outlet.
- All AC-powered electrical devices used at Crozer must be provided with either a 3-conductor (grounded) power cord or must be marked as "double insulated".
- Tape may not be applied to power cords except to provide additional protection from abrasion.
- Splices are not permitted in power cords. All cut, abraded or otherwise damaged power cords must be replaced as soon as possible.

Electrical Power Failure

In the event the hospital loses its electric power, back-up generators are in place and will automatically take-over. Back-up power is only provided to the **RED** emergency outlets. All critical and life sustaining patient care equipment needs to be plugged into a **RED** outlet. Contact Facilities for extension cords if needed.

Telephone System Failure

If the hospital's telephone system fails, there are two options to communicate important information:

Messengers

- Designate an employee to walk between departments to share information.

Power Failure Telephones

- Each department in the hospital has a designated telephone (white telephone) that will still have dial tone.
- During a phone system failure, the **hospital extension numbers will not work**.
- Each Power Failure telephone (the white telephone) can be called by using its ten-digit power failure telephone number. The list of power failure telephone numbers for each hospital can be found in the Disaster Manual (online).

Cell Phones

Portable and cellular phones may interfere with patient monitoring equipment. The use of these phones by patients, visitors, and staff is prohibited in and around patient care areas, as noted in our policies. These phones may be used outside the hospital and in designated areas.

Hazardous Materials

CKHS is committed to ensuring all hazardous substances are handled and disposed of in the safest manner possible and in accordance with government requirements.

The Worker Right To Know Act

This Act states that **YOU**, as an employee in the Commonwealth of Penna., have a legal "**right to know**" ... the identity of the hazardous chemicals used in your workplace and the health hazards posed by your exposure to these substances. Protective measures should be taken for your safety.

Under the Act, **you have the right to know** the following:

- the identity of substances with which you work
- information about the substances
- provision for refusal to work with a specific hazardous substance
- training related to the hazardous substances in your area
- the protection of your legal rights under the Act

Material Safety Data Sheets (MSDS)

MSDS for all items containing hazardous substances will be available to employees. On this form, prepared by the manufacturer, importer, or supplier of the substance, you'll find information such as:

- the dangers of the substance
- the safety procedures for storing, handling, dispensing, and disposing
- emergency response techniques

MSDS must be made available to you at work, and they are usually located in the department supervisor's area and in a central location, such as the Center For Occupational Health. In addition, our Hazardous Substances Plan will be included in the Safety Manual of each CKHS facility.

You can now access all MSDS Safety Data Sheets at CKHS INTRANET INK:



Employee Training

Employees will be trained each year (mandatory in-service) on hazardous materials management and Right To Know. The training must include the following information:

- the location of substances in the workplace
- the properties of the substances
- their chemical and common names
- the symptoms indicating exposure to the substances
- the appropriate emergency treatment for exposure
- the acute and chronic effects resulting from exposure
- the necessary personal protective equipment and proper conditions for safe use
- the potential for fire, explosion, and other reactions
- emergency procedures for spills, leaks, fires, pipeline breakdowns.

Handling of Spills

Persons exposed to hazardous substances shall be sent to the Center for Occupational Health (COH) or the Emergency Department for evaluation.

The area of the spill should be evacuated until atmospheric levels or the substance are known to be safe. Where possible, exhaust ventilation should be increased and only persons wearing proper respiratory protection may enter the affected area.

Strong “acids” and “bases” should be neutralized under the supervision of a technician with a chemical background. Physical clean-up shall be done only by persons wearing protective apparel and all cleaning material should be disposed of as hazardous waste under the guidelines of such.

When a spill occurs:

- Secure the area.
- Notify other personnel.
- Get the assistance of trained hazardous material team if hazardous material.

Waste Disposal Guidelines

“Waste Flow” Streams in the Medical Center/Hospital Sites:

General Waste	Landfill disposal
Recycled Materials	Recyclable distribution center
Infectious Waste	Red bag collection system Sharps in designated containers
Hazardous Waste	Chemotherapy material is placed in yellow bag collection system (spill kits available). Mercury must be placed in hazardous container (spill kits available). Chemicals must be placed in hazardous container (spill kits available).

Definition of Infectious Waste

Municipal waste which, unless processed, disposed, stored, collected or transported in accordance with federal regulations, is or may be contaminated by a disease-producing microorganism or material, or may harm or threaten human health. The term includes the following wastes:

Sharps

Any of the following: broken glass that has been in contact with pathogenic organisms; hypodermic needles and syringes; suture needles; disposable razors; pasteur pipettes; and scalpel blades.

Chemotherapeutic Waste

Waste resulting from the production or use of antineoplastic agents used for the purpose of stopping or reversing the growth of malignant cells. Antineoplastic agents that are listed as hazardous wastes are not included in this definition.

Infectious Waste

- Isolation Wastes
- Contaminated laboratory wastes
- Cultures and stocks of etiologic agents
- Human blood and blood products/animal blood and
- blood products containing contagious zoonotic
- pathogens
- Contagious zoonotic pathogen contaminated
- bedding and other wastes from animals
- Dialysis unit wastes
- Waste biologicals
- Tissues, organs, body parts, and body fluids
- removed during surgery and autopsy
- Contaminated food and other products autopsy
- Contaminated equipment
- Other wastes from surgery and autopsy
- Sharps

Section 5. Employee Safety and Wellness

Workers Compensation Information

The mission of the Workers' Compensation Department is to facilitate the care of the injured CKHS employee and return them to pre-injury quality of life.

What Workers' Compensation Provides

The Commonwealth of Pennsylvania requires employers to provide compensation for lost wages and payment of related medical bills for employees that sustain an injury or illness.

- On the premises
- Within the course and scope of employment and
- While furthering the business of the employer.

Crozer-Keystone Health Systems provides the above benefits through our Workers' Compensation carrier Safety National Insurance Carrier.

While you are injured, Crozer-Keystone will provide daily medical care through the Centers for Occupational Health (COH), the gatekeepers of our Workers' Compensation System.

What to do if you are injured on the job?

You **must** report the injury immediately to your supervisor or manager, complete an Accident and Reporting Treatment Form (ART) and fax it to 610-447-6198.

If medical treatment is needed, you must seek treatment with a care provider listed on the "Physician Panel" which is posted on the employee bulletin board. This list includes the Centers for Occupational Health (COH). DCMH employees may seek treatment with the DCMH Employee Health Department or another care provider listed on the Physician Panel. You must treat with the care providers listed on the Physician Panel or the provider they designate for ninety (90) days. If it is after hours, you may seek treatment from a CKHS emergency room. If you are seen in an emergency room, you must report your injury and treatment to a COH on the next business day that COH is open to open a Workers' Compensation Claim by filling out the ART form.

If you are seriously injured...

- Go immediately to a CKHS hospital emergency room for treatment
- Contact your supervisor as soon as possible to report your injury
- Follow directions concerning necessary medical treatment.

If I miss work, will I be paid?

The Pennsylvania Workers' Compensation Act does not provide for payment of the first seven calendar days of lost time, unless you lose more than 14 days of work. During the first seven calendar days, you *may* apply for up to five (5) acquired sick leave days for payment. In the event payment is made later for the first seven calendar days of disability, you will be required to reimburse Crozer-Keystone Health System for the sick days paid in order to have the sick days added back to your credit.

It is expected that you will make a full recovery and be able to return to your regular job. However, if your physician prescribes restrictions, you will be expected to return to work in a temporary alternative duty position (TAD) for which you will be paid at your regular rate. You should contact Vera B. Kunkel, Manager of Workers' Compensation at 610-447-2687 for placement as soon as possible.

You are required to keep your supervisor advised of your progress during your absence. You must apply for leave in accordance with CKHS policy on FMLA if you will be out of work for more than 3 days. When you return to work, you must present a written release from your physician. If your release is not for full duty, a temporary alternative job will be found within the restrictions.

The facts of your work injury will be reviewed to determine if it is a compensable injury under the law. If you lose more than seven calendar days from work and your claim is compensable, you will be paid at the rate established by the Workers' Compensation Act. You must contact CKHS Employee Benefits Services to

determine how your benefits are affected. Medical care costs that are related to your approved claim will be paid.

All claims are reviewed by Risk Enterprise Management to determine compensability. Compensability is based on the facts of the claim and the application of State Law. If your claim is denied, you have the right to appeal the decision. You will receive a written notice of denial. The procedure for appealing a denial is on the back of the notification form.

Frequently Asked Questions

Who is the CKHS Workers' Compensation carrier?

Safety National is the carrier and the claims are administered by Risk Enterprise Management.

What happens if I get injured on the job?

You must report the injury immediately to your supervisor. Your supervisor will determine if you require First Aid or Medical Attention.

If I lose time from work, how am I paid?

The Pennsylvania Workers' Compensation Act does not provide payment of the first seven calendar days of lost time, unless you lose more than 14 days of work. After the 14th day of missed work, you will be paid at a rate calculated using the rules of Pennsylvania Workers' Compensation Act. The rate may be subject to a Maximum Rate set by the Workers' Compensation Act.

What is Temporary Alternative Duty (TAD)?

TAD is a program that allows the employee to return to work either in their home or another department, performing a job within your physician's restrictions without loss of pay.

What happens if I get injured after hours?

Go immediately to a CKHS Hospital Emergency Room for treatment. Contact your supervisor as soon as possible to report your injury. Follow-up with Employee Health within 24 hours of the injury.

Workers Compensation Contacts

www.PAWorkersCompensation.com

CKHS Workers' Compensation Office

Crozer-Chester Medical Center 301 West 15th Street North Campus Upland, PA 19013 E-mail:
workerscompensauon@crozer.org

Corporate Director, Insurance and Risk Control

Richard P. Graham

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Family/Medical Leave Act

Eligibility

Employees of Crozer-Keystone Health System (CKHS) are eligible for Family/Medical and Military Family leave if they have at least twelve (12) months of service and have worked at least 1,250 productive hours (productive hours does not include vacation, personal or holiday time used) within the preceding 12-month period. If eligible, an employee may be able to take up to 12 weeks or 26 weeks for military caregiver unpaid leave during a 12-month period for the following reasons:

- The birth of a child or to care for a child within the first 12 months after birth;
 - Non-spousal fathers are not entitled to take leave for prenatal complications or prenatal doctor's appointments.
 - When the mother and father are both employees of CKHS, they must share the 12 weeks for the care of their newborn.
- The placement of a child with the employee for adoption or foster care and to bond with and care for the child (within the first 12 months after placement);
- To care for an eligible immediate family member, who has a serious health condition;
- For a serious health condition that makes the employee unable to perform the functions of his/her position; or
- If the employee experiences a **qualifying exigency (defined below)** for a covered active duty member.

Military Caregiver Leave

In addition, an employee who is a spouse, parent, child, or next of kin of a current member of the armed forces, who was injured while on active duty may be eligible for up to 26 weeks of FMLA leave in a 12-month period. In addition the FMLA has extended the 26 weeks of leave to family members of veterans for up to five years after a veteran leaves service if he or she develops a service-related injury or illness that was incurred or aggravated while on active duty.

Definition of Qualifying Exigencies:

- Short notice deployment
- Military events and related activities
- Childcare and school activities (to make initial arrangements for childcare)
- Financial and legal arrangements
- Counseling (non medical—i.e. with a military counselor or member of the clergy)
- Rest and recuperation (up to 5 days)
- Post-deployment activities
- Additional activities to address other events with arise out of the covered military member's active duty or call to active duty status, provided the employer and employee agree that such leave shall qualify as an exigency and agree to both the timing and duration of such leave.

Notice of Leave

- Supply sufficient information for CKHS to be aware that FMLA may apply to your leave request, as well as information regarding the anticipated timing and duration of leave.
- For foreseeable leaves, provide notice of need for leave at least 30 days in advance or as soon as practicable.
- For unforeseeable leave, provide paperwork within 15 days from the first day of absence.
- Cooperate with all requests for information regarding whether absences are FMLA-qualifying.
- Failure to comply may result in leave being delayed or denied.

Intermittent Leave

When medically necessary, employees may take FMLA leave intermittently or on a reduced schedule basis for their own serious health condition, the serious health condition of a family member, or for military caregiver leave.

- Employees are required to cooperate with CKHS to arrange reduced work schedules or intermittent leave to minimize disruption of business operations.

- Intermittent leave notifications forms are to be turned into Human Resources within two days of the employees return to work or the leave may be denied.
- Qualifying exigency leave may be taken intermittently without regard to medical necessity or disruption of business operations.
- Leave because of the birth or adoption of a child may not be taken intermittently and must be completed within the 12-month period beginning on the date of birth or placement of the child.

Serious Health Condition

Continuous treatment by a health care provider means a period of incapacity of **more than three full** consecutive calendar days and any subsequent treatment or period of incapacity relating to that condition that also involves:

- Treatment two or more times, within a 30-day period unless extenuating circumstances exist, by a healthcare provider or health services provider under the health care provider's direct supervision, with the first in-person visit occurring within seven days of the onset of the condition or;
- Treatment of a health care provider on a least one occasion that result in a regimen of continuing treatment under the supervision of the health care provider.

Worker's Compensation

Worker's compensation runs concurrently with FMLA if the injury qualifies as a serious health condition, and the employee qualifies for FMLA.

Returning from Leave

- Upon return from leave, the employee will be restored to his/her original or an equivalent position.
- An employee who fails to return at the end of FMLA leave will in most cases be considered to have voluntarily resigned his/her position with CKHS. Employees who do not return to work at the end of their leave will be terminated, unless they are entitled to additional leave as a reasonable accommodation under the Americans with Disabilities Act.
- Employees who have been released by their physicians without restrictions must also receive clearance from DCMH Employee Health Service before returning to work.

Leaves for Chronic Diseases

- Two periodic visits for treatment by a healthcare provider within the leave entitlement period;
- Must follow departmental call out procedures and identify the use of FMLA (if the employee has multiple intermittent leaves, the leave being used must be identified);
- Frequency and duration of episodes **must be** identified on the medical certification;
- Re-certification may be required every 30 days.

Forms

There will now be four (4) forms for FMLA/Military leaves:

- Employee's Serious Illness/Maternity
- Family Member's Serious Illness/Paternity
- Military Caregiver
- Military Qualifying Exigency Leave

Forms are available on the Intranet under Forms Library/Human Resources, in the Human Resources Department, or by calling (610) 254-8591.

Body Mechanics

Basics of Good Body Mechanics

Lifting

- Keep the object close to your body.
- Bend your knees and hips.
- Tighten your abdominal muscles when you lift to support your back.



- Lift with your legs and buttocks.
- Avoid twisting as you lift.
- Maintain a wide base of support.

Pushing and Pulling

- Stay close to the object.
- Don't lean forward.
- Whenever possible push rather than pull.
- You can push twice as much as you can pull without strain.
- Use both arms.
- Tighten your stomach muscles when pushing.

Turning a Patient

- Adjust the top of the bed to waist or hip level.
- Lower the side rails.
- Slide patient to opposite direction he/she will be rolling.
- Cross patient's arms on chest; cross patient's legs.
- Put one knee on the bed near patient's shoulder.
- Keep your other knee bent and your back balanced.
- Turn patient toward you if possible.

Bed to Stretcher Transfer

- Put a slide board beneath the draw sheet to facilitate sliding patient.
- Adjust bed to level of stretcher.
- Lock bed and stretcher in place.
- Transfer patient in 2 stages:
 - Move patient to edge of bed.
 - Move patient to middle of stretcher.

“Top 10” Ways to Monitor Your Workstation Health

- 1. Keep feet on the ground.** Make sure that your feet are touching the floor or footrest when seated. Knees should be at a 90-degree angle. This distributes weight better and takes pressure off the upper body. Use a height-adjustable chair or stool.
- 2. Sit up straight.** Make sure that you sit tall with weight on the buttocks and feet. The pelvis should be straight up and down. Chairs with adjustable backs and arms aid in proper sitting posture.
- 3. Eyes level with screen.** A good rule of thumb is to make sure the top of your head is parallel with the top of the screen: “top to top.” Anything less could lead to neck strain.
- 4. Forearms parallel.** Make sure that your forearms are parallel to the floor and the Elbows are at a 90-degree angle. Your forearms should rest on chair arms or your desk to bear your upper body weight.
- 5. Shoulder blades settled.** Shoulder blades should be settled on the back of the ribs, not in an arched or hunched position. This includes while talking on the telephone. Use a speakerphone, telephone headset, or cradle/shoulder rest for the telephone handset. These will help prevent unnecessary neck strain.
- 6. Correct mouse positioning.** Place your mouse near the keyboard so you do not have to reach for it. Reaching for the mouse can over-stretch and fatigue your muscles.
- 7. Rest the eyes.** Look away from the computer as often as possible and focus on distant objects. Staring uninterrupted at a computer screen for long periods of time can cause eyestrain and headaches. An anti-glare screen can help prevent eyestrain.
- 8. Take a break.** Take a break from the computer at least every 20 minutes.
- 9. Stretch and move.** Do stretches such as head turns, shoulder rolls, and marching in place while seated.



10. Watch for problems. Pay attention to warning signs such as headaches, fatigue, muscle pain, or cramping and make adjustments early.

Driving Safety

1. Use the “3 second” rule when following. Pick a point in the distance and watch the car in front of you pass it, you should pass the same point after you have counted “one-one thousand – two one thousand – three-one thousand.”
2. When stopped at a traffic signal, make sure you can see the tires of the car in front of you.
3. Utilize mirrors and turn signals when changing lanes.
4. Turn the ignition off and remove the keys from the ignition.
5. When in park ensure brake is on. Turn vehicle wheels toward the curb when parking on a downhill and facing the street when parked on an uphill.
6. Place valuables in the trunk of the vehicle not left out in the open.
7. Restrict cell phone use while driving and then use only hands free, i.e. – headset, speakerphone, Bluetooth.
8. When filling your gas tank, clean your windshield and your headlights.



Section 6. Diversity

Diversity is Welcomed Here



Crozer-Keystone Health System recognizes that the communities it serves are comprised of people from many diverse backgrounds, and as such, the organization has both a professional and ethical responsibility to recognize and meet the diverse cultural needs of its communities.

To this end, CKHS is committed to building and nurturing an environment where the perspectives, skills and values of people from all backgrounds are sought out, welcomed and appreciated. CKHS is committed to encouraging personal development and career growth in colleagues from all backgrounds and is committed to modeling, educating and upholding standards of communication and behavior that fosters an inclusive work environment where all people are treated with respect and dignity.

Sensitivity...is the quality or condition of being sensitive, the capacity of an organism to respond to stimuli.

Actions speak louder than words...Sensitivity is not just an emotion; it must express itself in actions, especially when people are experiencing difficulties and pain.

Consequences of Insensitivity

Patient reception: “I’m being treated differently for something that feels out of my control.”

- Isolation and loss of hope
- Fear of entering a critical or “hostile” outside environment
- Feeling of being a prisoner of immobility, hearing, seeing, thinking, obesity, etc.
- Family members love and care for them, but are helpless to provide solutions and afraid of causing them more emotional pain
- Patient satisfaction suffers
- Referrals decreased
- Litigation risk

Patient Experience of Care Goals

- Protect the patient and yourself from injury
- Provide care in an environment that fosters emotional and physical healing
- Be fully “present”
- Communicate genuine interest
- Actively listen – “connect and respect”
- Be congruent with body language
- Eliminate external distractions and internal distractions
- Eliminate interpersonal judgments



Communicate Genuine Interest

- Show patients you are sensitive to their needs
- Reach out and introduce yourself, shake the patient’s hand
- Genuine warm attention, true caring, and concern are easily noticed by the patient

Eliminate Personal Judgments

- Our own views, values, and perceptions cause us to judge others
- Personal bias, listening with our own views, and listening through your “filter” creates selective listening—be sure you are listening to the patient and not to yourself

Age Competency and Awareness

Aging Statistics

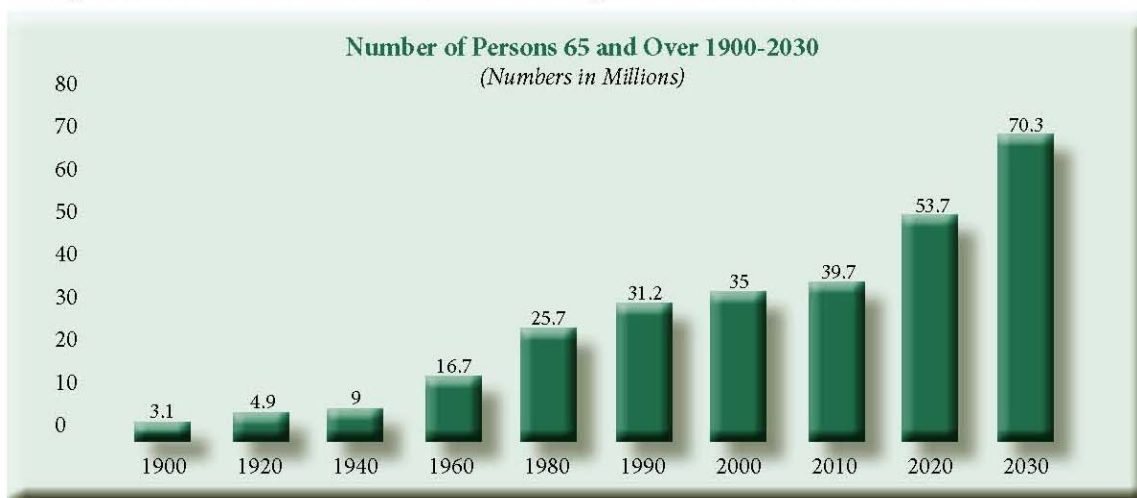
- One in five persons is over the age of 60 in Delaware County (according to the 2000 Census).
- There were more than 36 million older adults over the age of 65 in the U.S. in 2004.
 - 5 million of these persons are 85 years and older...which is the fastest growing population in the United States today.
- Life expectancy in 1900 was 47 years old.
- Life expectancy in 2005 was 78.2 years old.

The Baby Boomers...

- Between the years 1946 and 1964 about 75 million Americans were born.
- The baby boom generation is aging rapidly.
- The first baby boomers turned 50 in 1996.
- In 2006 the baby boomers became eligible for senior specific services.
- By 2011 the baby boomers will be eligible for Medicare benefits.
- As you can see the population of seniors is rapidly increasing which makes it very important to teach about age sensitivity.

Future Growth

By 2030 there will be about 71.5 million older persons...more than twice than in 2000!



- The service area of Crozer-Keystone Health System includes 500,000 residents of Delaware County.
- More than 20% of the county is 60 and older, making Delaware County the fourth oldest county in the nation.
- 47% of patients discharged from CKHS hospitals are 65 years and older

Age Sensitivity

- Aging is a lifelong process.
 - We do not all age at the same rate.
 - The rate in which we age is due to many factors such as heredity, health, lifestyle, and nutrition.
- At What Age do we consider ourselves an Older Adult?
 - When you can recognize losses.
- Growth levels off at peak years around 40 to 50. After that, aging brings on losses.
 - For example, a loss in health, relationships with friends/family, or personal independence
- By the time they reach age 70, approximately 95% of individuals will have developed some form of loss.

Losses Associated With Aging

- Efficiency of sensory organs
- Strength, flexibility, and reaction time are reduced
 - Loss in the flexibility of joints
 - Loss in muscle composition
- Loss in Appetite
- Bone mass and density
- Gait - leg speed and strength, and
- Sense of touch and pain sensitivity is impaired
 - Increased sensitivity to cold
- Changes in Skin



Abnormal Losses Associated with Aging Senility

- No longer learns new things
- Becomes very forgetful
- Personality becomes very different
- Cannot handle stress well
- Feels life is no longer worth living
 - Talks about committing suicide
- Spends excessive amounts of time in bed
- Loss of interest in sex

Sensory Deprivation

- The senses become less efficient with age
 - This changes the way we see, hear, smell and respond to touch and pain.
 - These changes can lead to reduced mobility, increased dependence on others, inaccurate perception of the environment, reduced ability to communicate and socialize, or loss of self esteem.

Loss of Eyesight

- As we age, our pupils shrink, and this allows less light to enter the eye therefore making things appear darker.

Several aspects of vision change with age:

- Decrease in sharpness of vision
- Decrease in the ability to focus on objects at different distances
- Decrease in ability to discriminate between certain colors, such as blue, green, purple
- Decrease in ability to function in low light levels and adapt to dark
- Decrease in ability to adapt to glare
- Decrease in ability to judge distances

What Can You Do?

- Making text bigger – use a minimum of 14 pt. font size

- Provide additional light if room is dim – especially in bathrooms and hallways
- Use contrasting colors – use black ink on white, or light colored paper
- Always use a matte finish, never glossy
- Assist older persons in reading fine print
- Tell what you are going to do
 - For example, moving someone in a wheelchair or giving an injection
 - Keep objects in the same place
- Orient the person to an unfamiliar environment
- Offer assistance

Loss of Hearing

Hearing loss affects more older people than any other chronic condition.

- Communication can be as much of a struggle for the speaker as for the person who is hearing-impaired.

How can you help?

- Speak clearly but DO NOT shout – enhance your speech with facial expressions, gestures and visual aids
- Talk face to face – speaking at eye level makes it easier for those who read lips
- Get elders attention first before speaking to them
- Eliminate background noise

What can you do?

- Try rewording a message
- Don't repeat the same words if they are not understood – rephrase your statement into shorter, simpler words
- Don't chew gum or cover your mouth
- Direct your conversation into a person's "good" ear
- Be aware of false impressions: Head nodding doesn't always mean "I understand," always ask questions like, "do you understand?"

Keep in Mind...

- 79% of people, by age 70, have one or more of the 7 chronic conditions most common in older adults:
 - Arthritis, High Blood Pressure, Heart Disease, Diabetes, Lung Diseases, Stroke and Cancer
- Your attitude and response is a key to being an effective helper.
 - Try to enhance the person's feelings of adequacy and self-esteem.

Senior Health Services at Crozer-Keystone Health System

Our specialized service line exists because CKHS identified needs to develop expertise in Geriatrics:

- PA has the third largest number of seniors in the country
- Delaware County is the fourth oldest county in the nation

Senior Support Line

- 1-800-CKHS-KEY (254-7539) – Available 24 hours a day, 7 days a week
- Provides a connection to local and national senior health resources
 - Crozer Keystone programs
 - Local and national community based services

Other Senior Health Programs at CKHS

- Geriatric Evaluation & Management (GEM)
 - Comprehensive evaluation that customizes the patients plan of care
- Senior Wellness Program
 - Resource for programs and services that promote a healthy lifestyle
- Behavioral Health Services

- Wellness Programs at the Healthplex
 - Designed for people who are not ready or able to exercise independently

Obesity Awareness and Sensitivity

Put yourself in the world of an obese person for a few minutes...

Physical Limitations

- Clothing choice and prices
- Seats at theaters, on airplanes and buses
- Toilet-shower cubicles
- Personal hygiene

Social Discrimination

- Studies show society has low respect for morbidly obese
- Many have limited number of friends
- Many obese individuals report being treated disrespectfully by an M.D.
- Social isolation, depression & low esteem

Economic Discrimination

- Obese women believed they were not hired (60%), were denied benefits/promotion (30%)
- Employers said they would not hire obese women at all (16%) or under some conditions (44%)
- Obese women earned \$6000/yr less

Impact on Healthcare

- 80% of obese adults have at least one co-morbid condition
- Obese patients spend on average 37% more per year on healthcare related issues than the average weight person

Obesity: Children and Adolescents

- Type II diabetes, formally known as “adult onset of diabetes mellitus” is now being seen in children as young as 10 years old due to obesity
- Reduced amount of “PE” time during school
- Dramatic increase in sedentary forms of entertainment
- The available food choices in schools have been slow to change despite compelling evidence against them, for example: high sugar foods and beverages in vending machines
- Overweight youngsters struggle with a range of difficulties: ostracism, low self-esteem, withdrawal from social activities, suicidal thoughts

How Does Society View Obesity?

- Obesity is caused by laziness and overeating
- Obese people lack character, willpower, motivation
- Obese persons are blamed for their condition and are not afforded the same consideration as others who suffer from a disease or disability

Daily Challenges

- Inadequate accommodations
- Inaccessibility to public facilities
- Lack of energy and stamina
- Fear of rejection and ridicule
- Basic safety needs
- Obese individuals experience problems in public settings (e.g., restaurants, theaters, airplanes, buses, trains) because of inadequate seat size and inadequate features such as seat belts. Is this safe for them?

Healthcare Bias

Physicians/Nurses/Support Staff

- View obese persons as unintelligent, non-compliant, hostile, dishonest, unsuccessful, inactive, weak-willed
- Prefer not to treat obese patients and do not expect success when responsible for their management
- 48% are uncomfortable caring for obese patients
- 31% would prefer not to care for an obese person at all
- Rate noncompliance the most likely reason for the obese patient's inability to lose weight

A Patient Perspective:

What Is It Like for an Obese Patient To Visit A Physician's Office?

- *"I do not go because I cannot fit in the chairs"*
- *"No one touches me, I am treated as if I have a contagious disease"*
- *"How many times do I have to hear, 'Sorry, we cannot weigh you, you are too big'?"*
- *"Have you ever worn a gown that does not fit and then you are asked to walk down the hall?"*
- *"I broke a chair once and everyone laughed."*

The Price of Bias and Discrimination in Healthcare

- Obese people often shy away from doctors and hospitals because they are afraid of being embarrassed or humiliated by medical workers or their surroundings
- 80% of surgery patients report being treated disrespectfully by medical professionals
- Anti-fat attitudes among healthcare professionals affect clinical judgment and deter obese persons from seeking care

Challenge the Bias

- Lead by example: Influence peers and others to demonstrate patient sensitivity by becoming a good role model
- Don't tolerate behind-the-back whispers and jokes about obesity, even in private
- If no one questions obesity bias, what will ever stop it?
- Climb out of yourself and notice the patient: What do his or her shoes feel like?
- Press your internal pause button: Is what you are about to say advisable?
- Take your cue from the patient
 - Could the patient feel like the object of curiosity?
 - Are you asking too many probing questions?

Attitude

- Obesity is a chronic illness
- No one laughs at other chronic illnesses, such as diabetes or coronary artery disease
- Obesity can be just as deadly

What Is Your Attitude?

- Honestly describe to yourself the feelings you have toward this clinically severely obese person
- What are the labels you give this person?
- Is this person worth your best care?
- What words do you use to describe *this* person?
- Would you treat this person differently than the person pictured in the last slide?
- Are the labels you gave this person different from the labels you gave the last person?

Remember to...

- Respect the difficult journey that any patient, obese or not, has been traveling
- Examine your own bias and opinion regarding the obese patient
- Look closer to find the person behind the obesity
- Recognize and refuse to allow "insensitivities" to occur around you
- Work to ensure equal access to healthcare for all people, including the obese

- Your sensitivity and caring will be invaluable to the patient
- The patient will have the opportunity to trust in the healthcare system
- The patient will be nourished and empowered.

“The secret of the care of the patient is in caring for the patient.”

– Dr. Francis W. Peabody: in lecture to Harvard Medical Students in 1925.

Cultural Competency and Awareness

Just what is “cultural competency?”

It is the skill employees use to work well with patients and their families of all cultures. This involves considering every patient’s culture when giving care (e.g., different ethnic, regional, religious, or lifestyles) and treating every patient as an individual. **It is very important to avoid stereotyping.** Try to learn, the best you can, about each patient’s unique views on healthcare.

Cultural Competency just makes for good, quality health care. America as a country that is becoming more diverse every day and that diversity is a challenge for health care organizations. We all want to treat people the best and most respectful way we can, but we don’t always know how to do that.

- Have you ever experienced a situation where you were unsure about the best way to approach a patient and their family because of racial or ethnic concerns?
- Was there ever a time when language differences prevented you from effectively communicating with a patient or their family?

Increasingly diverse racial, ethnic and socio-cultural backgrounds of patients, colleagues and staff may present challenges to you as you strive to provide quality care. Cultural and language differences may produce misunderstanding, a lack of compliance or other factors that may negatively influence clinical situations and impact patient health outcomes.

“Cultural Competence” is a set of behaviors, attitudes, and skills that enables healthcare employees to work effectively in cross-cultural situations.

We ALL need to be culturally competent. We touch the lives of our patients and their families from the very first moment of contact whether in person or on the phone. From the initial contact to schedule an appointment, to registration, the lobby and waiting area, billing, procedures such as radiology and lab, physical exams and treatment, medication dosage, reminders and follow up communications; it’s all about advancing health equity at every point of contact and that it be patient-centered care and service delivery.



A community health center asked their patients to explain how they were going to take their medicines. Astonishingly, 9 out of 10 times they uncovered mistakes that the patients would have otherwise made had they not had a chance to confirm their understanding and correct it. An Hispanic teenaged boy overdosed on his prescription antidepressant, was it a suicide attempt or did his limited English proficiency make for a dangerous misunderstanding of the dosing instructions?

Cultural Competence and language access matter and the use of professional medical language translators are very important. Care is compromised when the abusive husband is asked to interpret for his battered spouse, or when the young child is asked to interpret. *“Tell your dad he has HIV”, “Tell your mom she has advanced cancer”*. There have been cases of children as young as 3 being asked to interpret for their own pediatric encounters. An 11 year old boy was asked to interpret for his own mother, *“Please don’t cry, Mama, they tell me I have cancer.”*

If it isn’t culturally and linguistically appropriate, it isn’t health care.

Language Services and Support

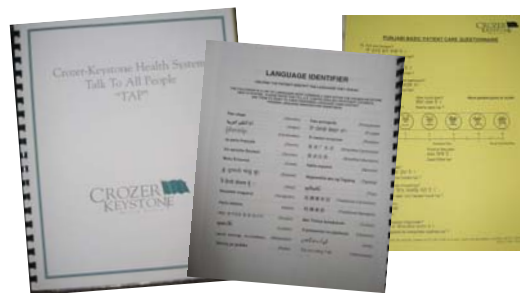
CKHS provides means for medical translators through **Phoenix Language Services**. Translators are

available in person and via phone.

Each nursing unit has a **“Talking to All People”** book available (**TAP**) which has language identifiers plus pages with questions to assist with patient needs and pain levels.

People of differing cultures will often seek **alternative medicine** and advice from their elders and leaders of faith.

- A little girl from Laos needs heart surgery, but her mother and grandmother are concerned that the scar left by the operation will damage her in her next reincarnation.
- A devout Muslim is refusing chemotherapy because he fears it will prevent him from observing daily prayer.
- A Vietnamese male is HIV positive and refuses traditional medical treatment for herbal remedies.
- An Ethiopian immigrant feels uneasy and unwelcomed at a local clinic. He probably will not return.



Physicians need to be able to make the correct diagnosis and develop the best treatment plan for the patient but that treatment plan has to be one that the patient understands and is motivated to follow. Understanding cultural differences is important. Becoming culturally competent provides us each with a roadmap for giving better quality care and delivering care that is very patient centered.

Remember ...developing cultural competencies does not mean you have to know everything about every cultural group—you obviously can't! It does mean however that we become of cultural factors by close observation and asking good questions, and then taking appropriate steps to learn about the patient and preferences. It is all about being “respectful” and seeing people as individuals when interacting with them to provide care and good service.

“Cultural Competency is just good health care.”

--- Coastal Training Technology Corporation

Section 7. API Payroll System Time and Attendance Badging System

General Functioning

Each employee's badge is encoded with the individual's employment information: facility; department; position; employment status (scheduled hours)

- when a badge is recognized by a badge reader, a green valid light will illuminate; if the default information does not need to be modified, the transaction is complete and there is no need to wait for the Data Accepted screen to display or you may press enter to accept.
- if default information needs to be changed (such as when an employee is reassigned to another cost center) follow the screen prompts to enter the new cost center: See manager for cost center number which applies.
- if special pay circumstances are present follow the screen prompts to enter the appropriate special code: See manager for special code which applies.
- if default information needs to be changed, the screen prompt sequence is:
 - Special Code
 - Facility
 - Department Number (six digit)
 - Job Class
- when modifying default information, it is only necessary to enter information that needs to be changed; accurate default information can be bypassed by hitting ENT

Badge readers are located throughout each hospital site (and ancillary buildings) and each employee is assigned a home reader based on the reader's proximity to the employee's home department.

Badge readers are "proximity" readers, and recognize the encoded information when the badge is held near the badge icon on the lower left corner of the reader.

- despite the badge reader's appearance, badges are not swiped through the card slot on the right of the reader

There are two types of entries: clocking entries and calendar entries.

- Clocking Entry: this records the clock-based date and time when an employee badges in/out to record worked hours
- Calendar Entry: this records the type and number of non-worked hours for which an employee is receiving pay

PLEASE NOTE: Employees are expected to accurately account for their time and attendance; However, managers have the ability to edit employee entries and to enter entries into employee records.

Employee Responsibilities

Use only your own badge.

- never ask or allow a co-worker to use your badge
- never use another employee's badge

Use assigned badge reader unless special circumstances exist:

- assigned reader is not functioning correctly
- when not working in home department
- during power emergencies, only readers designated with a red emergency power dot will function

Accurately account for time worked.

- record clock entries for worked hours
- record alternate cost center when reassigned to other than home department
- record special pay codes when appropriate

Accurately account for non-worked hours, consistent with the posted schedule.

- record calendar entries for non-worked hours (sick; vacation; holiday; off-site education; etc.)
- you should contact a manager as soon you realize that you do not have needed benefit time available.

Badge in/out when you begin/end your scheduled shift.

- do not badge in early unless authorized by a manager to begin work early
- do not badge out late unless authorized by a manager to continue working beyond your scheduled shift
- if you forget to badge, notify a manager promptly

Contact a manager to obtain permission prior to working overtime.

- this includes contacting a manager prior to the end of a shift if department activity precludes obtaining a meal break
- leaving a message after the fact is not appropriate notification

Badge in/out if you leave your work site for your meal break.

- when badging out, enter the appropriate special code to signify off-site meal

Review your electronic timecard prior to the end of the pay period to verify accuracy.

- contact a manager promptly to resolve any discrepancies that cannot be corrected by you at the badge reader

Contact your manager, not Payroll, to discuss any questions in your paycheck.

- prior to contacting your manager, review your pay detail (either on your pay stub or at a badge reader) in order to identify the likely cause of the inaccurate pay

Employee Accountability

Failure to fulfill identified responsibilities will result in counseling and progressive discipline.

- managers will make every effort to correct employee mistakes/oversights, however you remain responsible for the accurate submission of your time

CAUTION: For purposes of accountability, time and attendance errors are interchangeable, however the following hierarchy exists:

- using another's badge is deliberate falsification and will result in termination
- failure to badge in/out is a severe and significant error
- inaccuracies in accounting for non-productive time and special pay situations may vary in severity.