

Welcome to The Team



Vision

Compelled by our mission to live God's love by inspiring health, wholeness and hope, we will transform the health experience of our communities by improving, physical, mental and spiritual health; enhancing interactions; and making care more accessible and affordable.

Our Mission

Living God's love by inspiring health, wholeness and hope.

Our Values

- Integrity
- Compassion
- Respect
- Excellence

AIDET Patient Communication



Created by Studer Group as a foundational tactic for effective patient communication, **AIDET** is used by nurses, physicians, technicians, EVS, food service, administrators, and all staff involved in patient and family encounters at the bedside and across the continuum of care.



WHAT DOES AIDET STAND FOR?

▶ **A - ACKNOWLEDGE**

Greet the patient by name. Make eye contact, smile, and acknowledge family or friends in the room.

▶ **I - INTRODUCE**

Introduce yourself with your name, skill set, professional certification, and experience.

▶ **D - DURATION**

Give an accurate time expectation for tests, physician arrival, and identify next steps. When this is not possible, give a time in which you will update the patient on progress.

▶ **E - EXPLAIN**

Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you, such as a nurse call button.

▶ **T - THANK YOU**

Thank the patient and/or family. You might express gratitude to them for choosing your hospital or for their communication and cooperation. Thank family members for being there to support the patient.

Compliance 101

Adventist Health & Rideout's Compliance and Ethics Program

New Employee Orientation

What is Compliance?

- ❖ Abiding by all applicable laws, regulations, and policies
- ❖ Awareness of legal and ethical obligations
- ❖ Recognizing areas of vulnerability
- ❖ Reporting suspicious and/or improper activities
- ❖ Promoting ethical behavior throughout Adventist Health & Rideout

Compliance Program Framework

Federal Sentencing Guidelines

1. **Designated Chief Compliance Officer** – monitors and enforce practice standards
2. **Written Standard and Code of Conduct** – policies, procedures and other operating guidelines
3. **Effective Compliance Education and Training** – development and implementation of regular and effective training
4. **Internal Monitoring and Auditing** – use of risk evaluation and audits to monitor compliance and reduce problems
5. **Effective Lines of Communication** – including a system to receive, record and respond to compliance questions or reports of potential non-compliance.
6. **Procedures for Responding to Detected Offenses** – mechanism to respond and initiate a timely and reasonable inquiry (due diligence)
7. **Corrective Action Process** – prompt investigations, correcting and tracking of identified issues to consistently enforce standards (including non-hiring of sanctioned persons)

Fraud and Abuse Laws & Rideout Training and Education

- ▶ FALSE CLAIMS ACT
 - ▶ Claims cannot be submitted for payment to Medicare or Medicaid that are false or fraudulent.
- ▶ False Claims' Liability Education Systemwide Policy
- ▶ False Claims Liability Training Module

- ▶ ANTI-KICKBACK STATUTE
 - ▶ Prohibits anyone (person, vendor, entity) from knowing and willfully paying or accepting any form of payment in exchange for referring individuals, goods or services.
- ▶ Gifts, Gratuities and Business Courtesies Policy
- ▶ Non-Monetary Compensation (NMC) To Physicians And Immediate Family Members Module

- ▶ STARK LAW
 - ▶ Prohibits physicians from making referrals to an entity for designated health services under Medicare and Medicaid if the entity has a financial relationship with the physician or immediate family member.
- ▶ Conflicts of Interest Disclosures for Staff Policy
- ▶ Hospital-Physician Relationships and Arrangements Compliance Training for Contract Owners Module

What does being
excluded
mean?

Under the Exclusion Authorities,
OIG may **exclude** providers from **participation**
in the Federal
health care programs
such as Medicare and
Medicaid.



Protected Health Information (PHI)

Protected Health Information (PHI) consists of 18 identifiers:

Essentially, any information that could reveal the identity of a patient.

- ❖ Names
- ❖ All geographic identifiers
- ❖ All elements of dates
- ❖ Telephone numbers
- ❖ Fax numbers
- ❖ E-mail addresses
- ❖ Social Security numbers
- ❖ Medical record numbers
- ❖ Health plan beneficiary numbers
- ❖ Account numbers
- ❖ Certificate/license numbers
- ❖ Vehicle identifiers, including tag numbers
- ❖ Device identifiers and serial numbers
- ❖ URL numbers
- ❖ IP address numbers
- ❖ Biometric identifiers, including finger and voice prints
- ❖ Full face photographic images
- ❖ ANY OTHER unique identifying number, characteristic or code

What is TPO?

Treatment

- ❖ Any type of consultation between health care providers relating to a patient; or the referral of a patient for health care from one provider to another.

Payment

- ❖ Includes any activities undertaken either by Rideout Health or a third party to determine or receive fees or reimbursement for the provision of health care services.

Operations

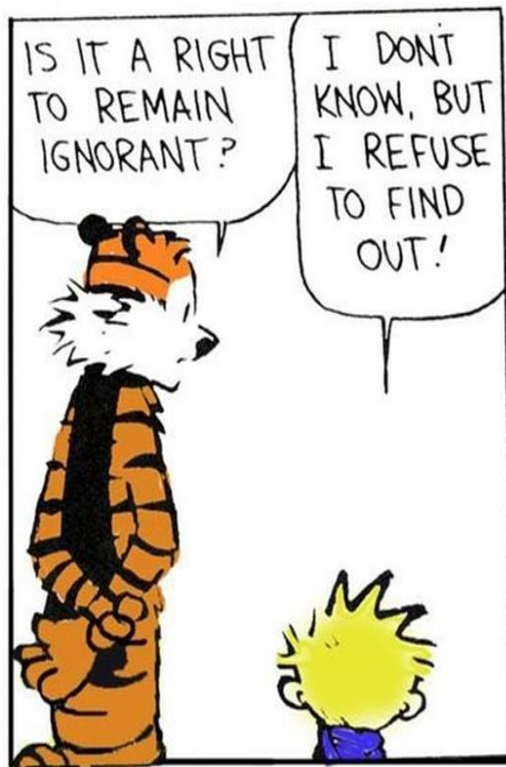
- ❖ Activities related to Rideout Health's functions as a health care provider, including general administrative and business functions.

What is NOT considered TPO?

- ❖ Going into a family members demographics for insurance purposes, for any reason other than providing or supporting care. And even for that, you should defer the task to someone else.
- ❖ Looking up any results for yourself, family or friends.
- ❖ Updating your own information (in any system). Your access provides were not provided for that purpose. You must follow the same guidance provided to all patients who wish to amend their information.
- ❖ Sending photos on ANY social media with patient information or photos of patients. (But note that even unidentifiable information can create questions or concerns from community members viewing your social media.)
- ❖ Anything that isn't for the sole purpose of completing your job duties as it relates to providing patient care or supporting our efforts to provide patient care.



What is my duty as an employee or contractor of Adventist Health & Rideout?



Participate by attending department meetings, check your email regularly, and read all Compliance communications made available to you.

Follow all federal regulations, state laws & hospital policies.

If you see or hear something that doesn't sit right with you or if you know it's a violation of laws, rules, or policies, Report It!

Adventist Health + Rideout Discrimination & Harassment Training



The Right to a Workplace Free of Discrimination and Harassment

Employees, contingent workers, interns, volunteers, etc. have the right to a workplace that is free from discrimination and harassment. You may not be discriminated against by any of the following:

- Denied employment
- Harassed, demoted
- Terminated
- Paid less
- Treated less favorably

It is the legal duty of AH to ensure that the workplace is free from this behavior. Discriminatory or harassing behavior will NOT be tolerated under any circumstances. Those who engage in such behavior will be addressed appropriately, up to and including termination.

Everyone at AH is expected to conduct themselves in a business-like and professional manner and not engage in discriminatory or harassing behavior.

California Law Prohibits Workplace Discrimination and Harassment

The California Department of Fair Employment and Housing enforces laws that protect you from illegal discrimination and harassment based on your actual or perceived:

- Ancestry
- Age (over 40)
- Color
- Disability
- Genetic information
- Gender, gender identity, or gender expression
- Marital status
- Medical condition
- Military or veteran status
- National origin
- Race
- Religion
- Sex
- Sexual orientation

How Does AH Feel About Harassment?

AH is committed to providing a work environment that is free of harassment based on any other unlawful factor, including race, color, national origin, ancestry, sex (including pregnancy, childbirth, or related medical conditions), sexual orientation, marital status, religious creed, age, mental or physical disability, family care status, and veteran status.

We will not tolerate harassment of any employee, contingent worker, volunteer, intern, etc. by any member of the organization or any non-employee with whom AH has a business, service, or other professional relationship.

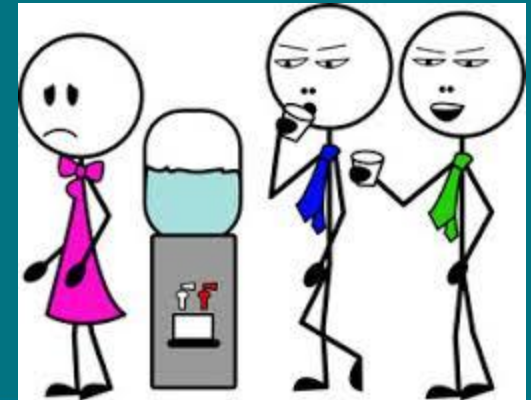


Harassment Defined

Harassment is unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information.

Harassment becomes unlawful when:

- The offensive conduct becomes a condition of continued employment/lasting over time
- The conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.



Bullying Defined

Bullying is abusive conduct in the workplace, with cruelty, that a reasonable person would find hostile, offensive, and unrelated to an employer's legitimate business interests.

Bullying may include:

- Repeated infliction of verbal/physical abuse that a reasonable person would find threatening, intimidating, or humiliating
- The unnecessary sabotage or undermining of a person's work performance.



Quid Pro Quo

“This for that”

- Something given or received for something else
- Unwelcome sexual advances
- Requests for sexual favors
- Threats of discharge or demotion
- Promises of promotion or favorable treatment
- Implied or perceived quid pro quo based on relationship with employee



Hostile Work Environment

A hostile work environment is created when actions, communication, or behavior make doing your job impossible.

- The behavior, actions or communication must be discriminatory in nature
- Must discriminate against a protected classification
- Must be pervasive, lasting over time, and not limited to an off-color remark that a coworker found annoying
- Hostility must seriously disrupt the employee's work or interfere with career progress.



Duty to Report

You are responsible for upholding both our rules and state laws.

We count on you to do the right thing.

If you have heard a rumor about, received a report of, or personally witnessed harassment or discriminatory behavior of any kind, you are required to report it to either your leader or Human Performance.

Reporting at Adventist Health + Rideout

All employees are expected to report concerns about illegal, unethical or inappropriate behavior in violation of AH policies.

You may report to any of the following:

- Any Member of your Management Team
- Human Performance

Hours of operation are 7am – 5pm Monday through Friday.

Phone: 530-749-4650

- Compliance

The compliance and ethics department is led by Alyssa Joyner. For more information visit the Compliance and Ethics portal on the intranet.

- Ethics Point

Hotline: 888-279-1909

Website: www.rideouthealth.ethicspoint.com

**Germes are small
but still scary**

Infection prevention works



Infection Prevention & Control

Orientation for New Associates

William (Hank) Cullers MS, BSN, RN, CIC. Director, Infection Prevention & Employee Health

Mallet Tuekpe MBBS, MPH, PhD. Infection Preventionist

Frank Vanskike MPH, BS, CIC. Infection Preventionist

Hand Hygiene

Hand hygiene is the single most effective method to prevent the spread of infection!

There are two ways to practice hand hygiene

1. Soap and water

When hand are visible soiled or contaminated with blood / body fluids

When caring for patients on Contact Plus Precautions (C. diff).

It's good practice to also wash with soap and water after using the restroom, before/after eating, before/after placing contact lenses, before/after applying cosmetics, and before/after smoking.

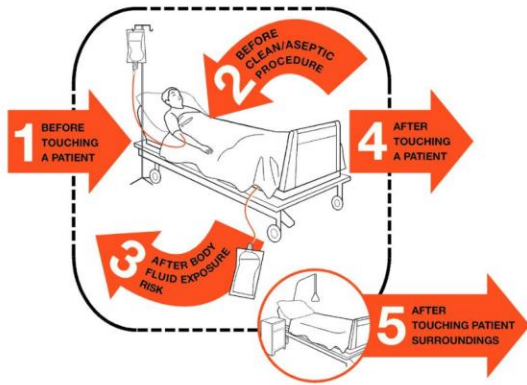
2. Alcohol foam or gel



World Health Organization

“Clean Hands Save Lives”

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A World Alliance for Better Health Care

SAVE LIVES

Clean Your Hands

All illustrative pictures have been taken by the World Health Organization to verify the information contained in this document. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. Any error that the World Health Organization is aware of has been corrected from the original. WHO acknowledges the Hospital Universitario de Girona (HUG) in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2010

- Hand hygiene should be practiced immediately before and after every patient contact
- Before and after performing an invasive procedure, manipulating an invasive device or having contact with bodily fluids, non-intact skin, or wound dressings
- After touching a contaminated surface
- Before* putting on gloves and *After* removing gloves
- After touching items or surfaces in the immediate patient care environment, even if you didn't touch the patient



Hand Hygiene Procedure

Whenever you wash your hands with soap and water

Turn on the water

Place soap in the hands

Apply friction for at least 20 seconds

Dry with a paper towel

Turn off the faucet with your paper towel



- No Artificial Nails if you perform direct patient care, prepare/handle patient care products, or prepare/handle food.
- Keep nails trimmed and clean – no longer than ¼ inch from the tip of the finger.



Respiratory Etiquette

- Cover your cough/sneeze with a tissue
- Cough/sneeze into the crook of the arm
- If coughing/sneezing into the hands is unavoidable, perform hand hygiene immediately.
- Do not handle used tissue without gloves
- In waiting areas, ask symptomatic patients to sit at least 3 feet away from other patients and offer them a mask.



Super Sani Cloth	AF3 Sani Cloth	Sani Cloth Bleach
2 minute contact time	3 minute contact time	4 minute contact time
Kills 30 microorganisms	Kills 44 microorganisms	Kills 50 microorganisms
Routine disinfectant	Electronics disinfectant (Alcohol Free)	C diff disinfectant for Contact Plus Precautions

Disposable Disinfecting Wipes



***No WIPES in the PIPES – Do not flush**

Disinfect Shared Patient Care Equipment & High Touch Surface Areas

- High Touch Surfaces

- Before and after every use
- If visibly soiled and as needed
- Never commingle clean & dirty equipment.

- Areas that are touch by many people frequently
- Counters, doorknobs, elevator buttons, keyboards, telephones, headsets, light switches drawer handle, call bell/remote, over bed table, bed arm rails, etc.

Shared Patient Care Equipment



What are Standard Precautions?

The minimum infection prevention practices that apply to all patient care, regardless of the suspected or confirmed infection status of the patient, in any setting where healthcare is delivered.

These practices are designed to both protect healthcare workers and prevent healthcare workers from spreading infections among patients.



No PPE in hallways except

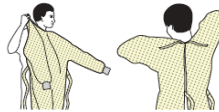
1. When handling anything contaminated (gloves for body fluids, trash, soiled linen bag, used equipment, etc.)
2. When it is flu season and you did not get vaccinated (mask).
3. When Physical Therapy employees are ambulating isolation patients in the hallway (gloves).

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



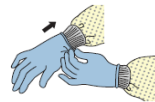
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



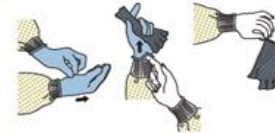
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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Contact Precautions

CONTACT PRECAUTIONS



VISITORS: REPORT TO NURSING
STATION BEFORE
ENTERING ROOM



CLEAN HANDS BEFORE
ENTERING AND LEAVING ROOM



GLOVES
WHEN ENTERING ROOM

Clean hands prior to wearing gloves & after glove removal



GOWN
WHEN ENTERING ROOM

CONTACT PRECAUTIONS

Safe Zone

Up to 3 feet from the entryway of a Contact Precautions isolation room.

Is ONLY used for Contact Precautions.

Staff may enter the safe zone without PPE, so long as they do not come into direct contact with the patient or anything/anyone in the room.

The safe zone is meant to allow for brief communications with patients or gowned staff in a Contact Precautions isolation room.

Hand hygiene MUST be performed before and after entering the safe zone.

Contact Precautions are followed when a patient has a multi-drug resistant organism (MDRO), such as MRSA, VRE, ESBL, CRE, etc.

Contact Plus Precautions

CONTACT **PLUS** PRECAUTIONS



VISITORS: REPORT TO NURSING STATION
BEFORE ENTERING ROOM



CLEAN HANDS
BEFORE ENTERING ROOM



GLOVES WHEN ENTERING ROOM



GOWN WHEN ENTERING ROOM



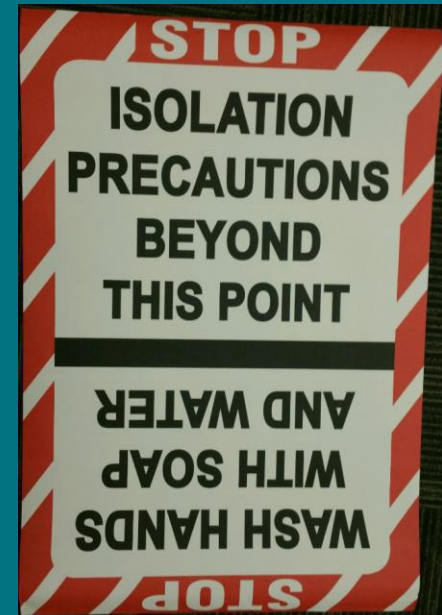
BEFORE LEAVING ROOM: remove gloves & gown.
You **MUST** wash hands with **SOAP & WATER**
in room before exiting.

CONTACT **PLUS** PRECAUTIONS

Contact Plus Precautions are followed when the patient has *Clostridium difficile* (or if we are ruling it out) and any diarrheal illness of unknown cause.

Hand hygiene is always practiced using soap and water inside the patient room before exiting.

All patient equipment and surfaces within the room must be cleaned with bleach wipes only.



Antimicrobial Stewardship

Goals:

1. Prevent antibiotic resistance by stopping unnecessary use of antibiotics & to ensure correct antibiotics are being prescribed.
2. Prevent the overuse of antibiotics that can kill normal gut flora and allow C. diff to flourish.

Program includes


Leadership commitment (resources)
Accountability (follow up for incorrect prescribing)
Drug expertise (Pharmacist leader)
Action (implementing evidence-based recommendations)
Tracking (monitoring patterns)
Reporting (share information with stakeholders)
Education (threat of resistance & optimal prescribing)


Team Includes: Nursing, Microbiology, Case Management, Pharmacy, Infectious Disease, Infection Control, Inpatient physician, and Administration.


Droplet Precautions

DROPLET PRECAUTIONS

Place patient in **PRIVATE ROOM** or cohort with same infection.

**STOP** VISITORS: REPORT TO NURSING STATION BEFORE ENTERING ROOM

**CLEAN HANDS** BEFORE ENTERING & LEAVING ROOM

**MASK** (Surgical) REQUIRED WHEN ENTERING ROOM.

Move/transport patients from room only for essential purposes. During transport, place **surgical mask** on patient, if possible.

DROPLET PRECAUTIONS

Droplet precautions are followed when a patient has respiratory symptoms, such as a cold or flu, or when the patient has meningitis.

Airborne Precautions

AIRBORNE PRECAUTIONS

PATIENT PLACEMENT: **Private Room** that has monitored negative air pressure or HEPA filtration before air is recirculated. **KEEP DOOR CLOSED.**



VISITORS: REPORT TO NURSING STATION BEFORE ENTERING ROOM



CLEAN HANDS
BEFORE ENTERING &
LEAVING ROOM



N95 MASK REQUIRED WHEN
ENTERING ROOM.

Move / transport patients for essential purposes only.
During transport, place **surgical mask** on patient, if possible.

AIRBORNE PRECAUTIONS

Airborne Precautions are followed when someone is suspected or known to have TB, disseminated shingles, chicken pox, or measles.

Biohazard or Infectious Waste



Infectious waste contains blood or body fluids that are:

**Drippable
Pourable
Squeezable**



Place all items containing blood or body fluids in red bags. The bag should be clearly marked with the universal biohazard symbol and tied with a goose neck knot (no bunny ear knots).

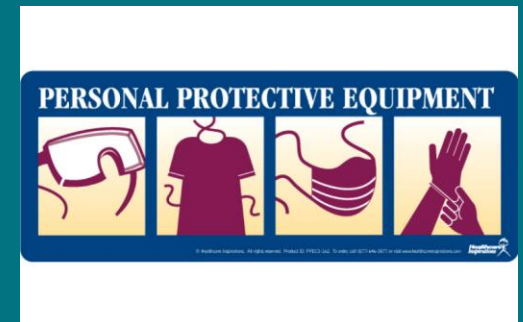
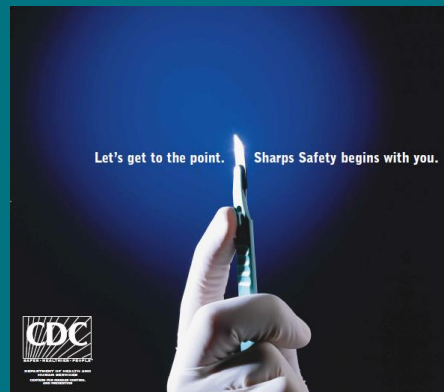
Cleaning up a Blood Spill

- Call EVS to assist
- Whenever there is a blood spill, first gather our supplies, including PPE, absorbent pads, red biohazard bag, disinfectant, and a puncture resistant biohazard can.
- Put on appropriate PPE
- Clean up any glass, **don't pick up glass with your hands**
- Place absorbent material over the spill.
- Place absorbent material in red biohazard bag.
- Disinfect the area for 10 minutes
- Use absorbent material to absorb the disinfectant.
- Place absorbent material in the red biohazard bag.
- Twist the bag and make a gooseneck knot.
- Place the red bag in the puncture resistant biohazard trash.
- Return the puncture resistant biohazard trash to the soiled utility room.

How can I minimize my risk of an exposure?

Follow Standard Precautions:

- Hand Hygiene
- Wear Personal Protective Equipment (Gowns, gloves, masks, goggles/ face shield)
- Sharp safety – empty containers when 2/3 full.



Safety

Safety is Everyone's Business

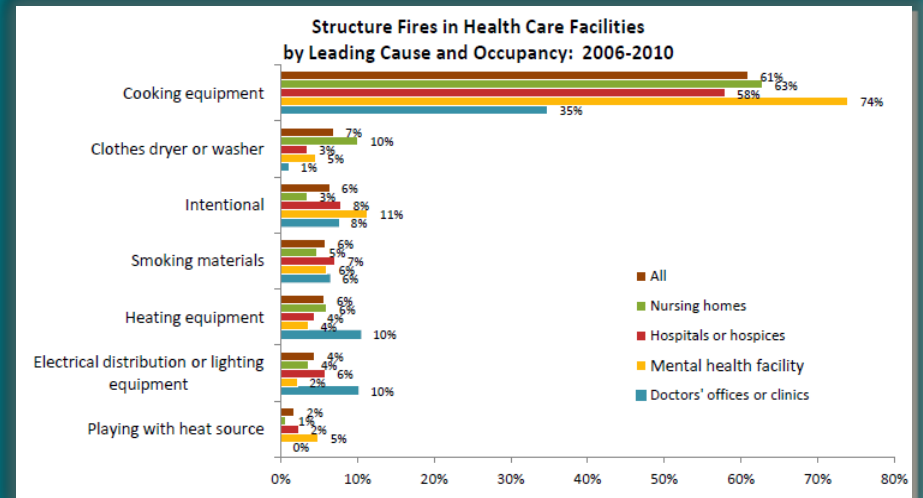
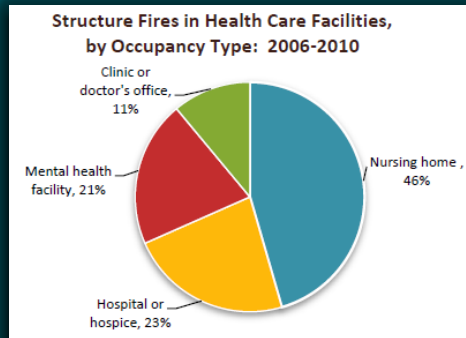
At Rideout Health safety is our #1 priority.

Each of us is responsible for ensuring a safe work environment for our patients, staff, and visitors.



Fire Safety

Primary Causes of Fires in Healthcare



Fire Safety

Performance Features of Buildings

There are three ways to activate the fire alarm system

1. Manually activation of a fire alarm pull station.
2. Smoke detector activation.
3. Sprinkler head activation



Fire Safety

Performance Features of Buildings

When the fire alarm is activated

1. **Audible alarms and strobes sound** through the building.
2. **Fire doors close** on the floor where fire alarm activated and at building separations.
3. **Smoke management** system activates (only initiated by smoke detectors).
4. **Elevators recall** in the building where fire alarm activated.
5. **Rideout Public Safety, Rideout Engineering, & jurisdictional fire department** respond to emergent fire condition.
6. **Rideout Operators** announce **Code Red** over the public announcement system.

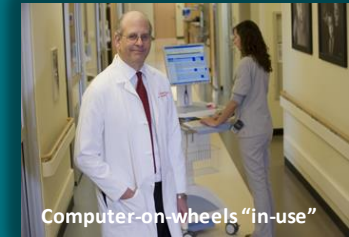
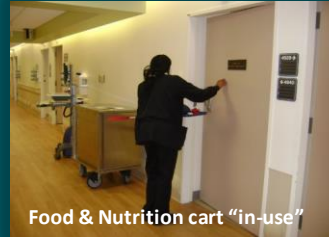


Fire Safety

Employees Roles and Responsibilities

Corridor Clutter

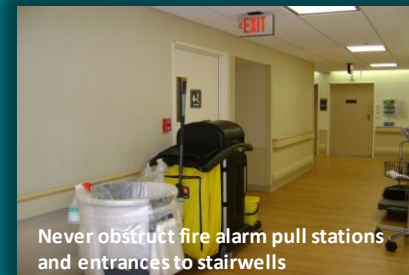
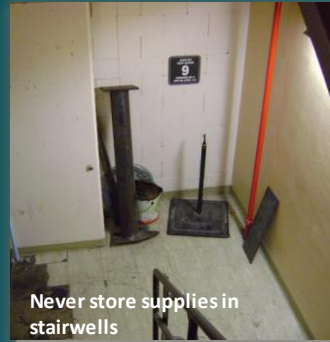
- Corridors must be maintained free and unobstructed at all times to allow unimpeded exit in a fire emergency and reduce combustible loading.
- Only carts **“in use”** may be in corridors.
- Carts considered **“in use”** must be actively used at least once every 30-minutes.
- **Isolation** and **crash** carts are considered perpetually **“in use”** and may remain in corridors all the time.
- In the event of a fire emergency, all carts must be quickly removed from the corridor



Fire Safety

Employees Roles and Responsibilities

Corridor Clutter



Fire Safety

Employees Roles and Responsibilities

How to Report an Emergency Condition

- **Call 7500 and 9-911** from any hospital land line for all-types of emergencies:
 - Fire
 - Safety
 - Security
 - Clinical / non-clinical
 - Chemical spill

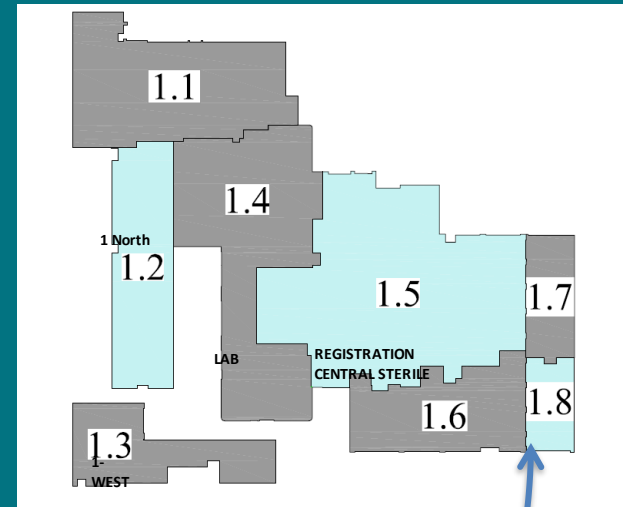


Fire Safety

Employees Roles and Responsibilities

Defend-in-Place versus Horizontal Evacuation

- **Defend-in-place** when fire alarm is sounding, but there is no visible smoke or fire in the immediate area.
- **Evacuate horizontally** to adjoining smoke compartment when fire alarm is sounding and there is visible smoke or fire in immediate area.



Rideout Hospital Smoke Compartments – First Floor
EMERGENCY DEPARTMENT

Fire Safety

Employees Roles and Responsibilities

How to Respond to a Fire

Rescue — move patients away from smoke and fire.

Alarm — activate nearest fire alarm pull station. Call 7500 and 911. Notify charge nurse or supervisor.

Contain — close doors to contain smoke and fire.

Extinguish / Evacuate — small controllable fires. Move to adjoining smoke compartment.

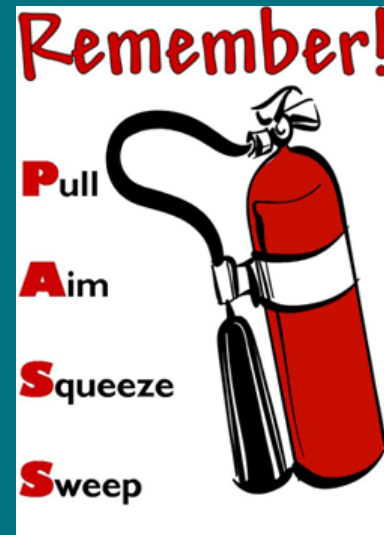


Fire Safety

Employees Roles and Responsibilities

How to Extinguish a Fire

- Stand 6-10 feet away from the fire to avoid blow back.
- Never use an extinguisher to fight overhead fires.
- Never return a used extinguisher to its original location. Contact Public Safety to replace the extinguisher.
- Extinguishers fully discharge in 30-50 seconds.
- Nearest extinguisher is 25 steps or less.



Fire Safety

Employees Roles and Responsibilities

Criteria for Initiating Fire Response

Any of the following:

- Visible smoke.
- Visible fire.
- Strong burning odor.



R.A.C.E

Hazardous Communication

An Introduction

- The Hazard Communication Standard states all **employees** have a “**right-to-know**” what hazards are faced on the job and how to protect against those hazards.
- **Employers** are required to **identify hazards** in the workplace and **provide resources** to employees to protect against hazards.

Hazardous Communication

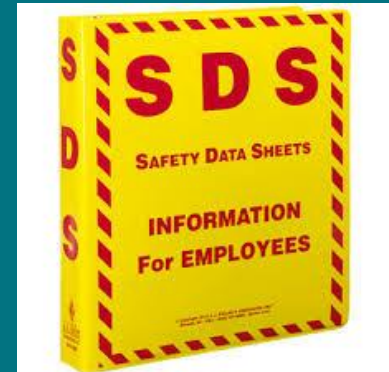
Chemical Inventory

- Comprehensive **chemical inventory** available on the **Rideout intranet site**.
- Click on the **SDS Online** link from the homepage and search for chemical of interest.
- All departments maintain an up-to-date department-specific chemical inventory on SDS Online.

Hazardous Communication

Safety Data Sheets

- Best source of information about chemicals encountered in the work environment.
- Provide detailed and thorough information about hazardous chemicals.
- Always consult the SDS before working with any hazardous chemical.
- SDS accessed via Rideout intranet SDS Online link.



Hazardous Communication

Labeling

- Employer shall ensure all hazardous chemicals in the workplace are labeled, tagged, or marked.

GHS - Hazard Pictograms and Related Hazard Classes		
		
Exploding Bomb <ul style="list-style-type: none">• Explosives• Self-reactives• Organic Peroxides	Corrosion <ul style="list-style-type: none">• Skin corrosion/burns• Eye damage• Corrosive to metals	Flame Over Circle <ul style="list-style-type: none">• Oxidizing gases• Oxidizing liquids• Oxidizing solids
		
Gas Cylinder <ul style="list-style-type: none">• Gases under pressure	Environment <ul style="list-style-type: none">• Aquatic toxicity	Skull & Crossbones <ul style="list-style-type: none">• Acute toxicity (fatal or toxic)
		
Exclamation Mark <ul style="list-style-type: none">• Irritant (eye & skin)• Skin sensitizer• Acute toxicity• Narcotic effects• Respiratory tract irritant• Hazardous to ozone layer (non-mandatory)	Health Hazard <ul style="list-style-type: none">• Carcinogen• Mutagenicity• Reproductive toxicity• Respiratory sensitizer• Target organ toxicity• Aspiration toxicity	Flame <ul style="list-style-type: none">• Flammables• Pyrophorics• Self-heating• Emits flammable gas• Self-reactives• Organic peroxides



Mission of Emergency Preparedness at Rideout

Ensure the readiness of Rideout employees for emergencies of any kind.

Emergency Preparedness works with departments and facilities throughout the health system to develop contingencies, educate staff on how to prepare for critical situations, mitigate the impact of emergencies, and enable Rideout to recover from an emergency as quickly as possible.



- ☐ *Educate leadership and staff on how to prepare for and respond to events impacting hospital operations or patient care*
- ☐ *Gain, maintain, and provide a high level of situational awareness*
- ☐ *Conduct cross-functional planning efforts combined with training and exercises to ensure staff readiness and regulatory compliance*
- ☐ *Enhance enterprise and inter/intra-departmental emergency communication*

Emergency vs. Disaster

An emergency is an unexpected or sudden event that can significantly disrupt the organization's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services.

A disaster is a sudden event that causes great damage or loss of life and overwhelms resources.



How do we prepare for emergencies?

Planning

- Develop plans focusing on the six critical areas of Emergency Management
- Focus on top hazards based off of Hazard Vulnerability Analysis (HVA)

Drills and Exercises

- Department drills
- Tabletop exercises
- Functional & Full Scale exercises

Training

- First Receiver Awareness training
- First Receiver Operations training
- Department & EP equipment training

Committees

- Emergency Preparedness Committee
- Environment of Care Committee




Hospital Incident Command System

An established framework used to designate responsibilities and reporting relationships for both leaders and staff members during an emergency. The HICS helps us identify who is in charge during an emergency and the individuals who will carry out the decisions of the leader in charge.

Hospital Command Center is a designated area in the hospital for planning and execution of disaster incident management staffed by the Incident Management Team using the HICS framework



Rideout Emergency Codes

 <div>EMERGENCY LINE 7500</div>	
CODES	DESCRIPTION
Red	Fire "RACE" - Rescue, Alarm, Contain, Extinguish/Evacuate "PASS" - Pull, Aim, Squeeze, Sweep
Orange	Hazardous Materials Incident "SIN" Safety First, Isolate and Deny Entry, Notify the Emergency Line and Supervisor
Yellow	Bomb Threat: Search immediate area Do not use radios or cellular phones, Do not touch any suspicious objects
Green	Shelter In Place/Evacuation Prepare to shelter in place or evacuate the area
Triage	Internal/External Disaster Hospital Incident Command System (HICS) and Hospital Command Center (HCC) activation
Pink	Abduction <2 years of age Monitor assigned locations, report suspicious persons to security
Purple	Abduction/Missing Person >2 years of age Monitor assigned locations, report suspicious persons to security
Grey	Abusive/Combative Behavior Only enter area if safe or trained to do so to assist if possible
Silver	Weapons/Hostage Situation Do not enter area announced, stay in own department, shut all doors
Blue	CPR/Medical Emergency Use for adult patients
White	CPR/Medical Emergency Use for pediatric patients


**EMERGENCY
IDENTIFICATION
NOTICE TO
POLICE AND FIRE
AUTHORITIES**

**IN THE EVENT OF DISASTER OR CIVIL
DISORDER, PLEASE PERMIT CARD HOLDER
TO REPORT TO RIDEOUT HEALTH GROUP
MEDICAL FACILITIES**



What is Lynx?

- o Lynx is a program set to your desktop that will send out a mass notification via text, e-mail and computer pop-ups.

Check your work station for LYNX



1. LYNX folder on your desktop

2. LYNX Messenger icon

NOTE:

You may need to look at hidden icons

If either are missing complete an IT helpdesk ticket

Deployment



➤ **All codes will be in a folder named “LYNX CODES” on your Desktop.**

➤ **Double click the Folder**

➤ **Double click the icon for the code**

***Please note that you will still need to dial the Emergency Code phone at EXT. 7500 to report all codes. This allows the PBX Operator to make the necessary announcements for FRHG facilities**

✓ **Alerts should be sent as soon as possible by staff involved**

Information input

- ❑ **For most Codes the opportunity for additional information is given.**
- ❑ **For a Code Pink or Code Purple, you can provide a description of the suspect, child, where they were last seen.**
- ❑ **This option also allows for a more precise location for resources to be deployed.**
- ❑ **If there is no other information click “ Send this alert now”**

---- Send Message ----

Subject:

CODE PINK

Message:

**CODE PINK at RMHSEC02 set by
fgibson at [TIME] on [DATE]**

Please add details here:

Send this alert now

Female infant missing from room 210

Deployed Message

Alarm

Sent: 2011-10-20 09:50:50.560, ID= 471

Subject: CODE PINK

Message: **CODE PINK** at **Security Office 725 4th st**
(4562) Rideout set by fgibson at 09:50:50 on
10/20/2011
Female infant from room 210



Code Silver

While logged into your workstation you may send a Code Silver

If safe to do so, Open the LYNX FOLDER and double Click

An Alert will be sent to PBX and Security only

Security will try to call the nearest extension for confirmation

Police will be dispatched by PBX

NOTE: This Icon is deployed immediately when clicked. It will deploy covertly as seen on the next slide



How to cancel a code?

- ✓ **Dial 7500 and secure the code**
- ✓ **“ This is Amy in L&D Code Pink secured”**
- ✓ **Deploy a Hospital Wide Alert**
Type “Code Pink Secured”
- ✓ **Close pop-up windows**

Weapons of Mass Destruction (WMD)

Weapons of mass destruction (WMD) are a threat that all health care facilities must be prepared for. A terrorist attack using WMD can occur in any location, urban or rural.

The use of chemical, biological, radiological, nuclear or high-yield explosive (CBRNE) devices has the potential to cause mass casualties and high levels of destruction.



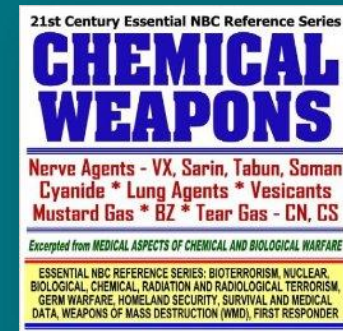
Chemical Exposure

Terrorists have used chemical weapons in the recent past and it is likely to happen again. A very large number of casualties could be expected in a successful chemical attack.

Chemical agents can enter the body by inhalation of the chemical agents, absorption through the skin or eyes, injection into the body, or by ingestion. A likely delivery method is in the form of a gas or as an aerosol spray. There are numerous chemical agents each with different symptoms and effects.

Types of agents

- Choking agents (pulmonary)
- Blister agents (vesicants)
 - Blood agents
 - Nerve agents



Biological Exposure

Pathogens: These are disease-causing organisms, some of which can reproduce and keep spreading long after the attack.

The potential for many thousands of casualties is possible but the exposure is more likely less because of the difficulty of efficiently delivering the pathogenic agents to large numbers of people.

Pathogens can be bacteria such as anthrax, viruses such as smallpox, or fungi like yeast and molds, mycoplasmas that cause pneumonia and similar problems.

Plague, smallpox, anthrax, hemorrhagic fever, and rabbit fever are known to be probable biological weapons.

Not all diseases are contagious, and many have a low mortality rate when properly treated. ‹

Toxins: Toxins are poisonous substances produced by living things. Many toxins are extremely lethal and small quantities can kill very large numbers of people. In many ways a toxin attack is more like a chemical attack than a biological one.

Some possible toxin weapons are ricin, botulism toxin, and aflatoxin.



Nuclear and Radiological Exposure

Radiation can be in the form of alpha, beta, or gamma rays. All three are odorless and colorless and can be detected only with radiation detectors.

The primary hazard will be from dust contaminated with radioactive sources. It will be very important for the first receiver to use respiratory protection to avoid breathing in the radioactive dust.



Personal Protective Equipment (PPE)

Level A

Level B

Level C – type of airborne substance known or suspected and criteria for air purifying respirators are met, examples include:

- Powered air-purifying respirators (PAPRs)
- Hooded chemical-resistant clothing
- Inner and outer chemical-resistant gloves
- Chemical resistant boots

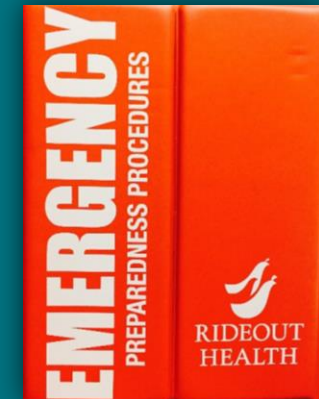
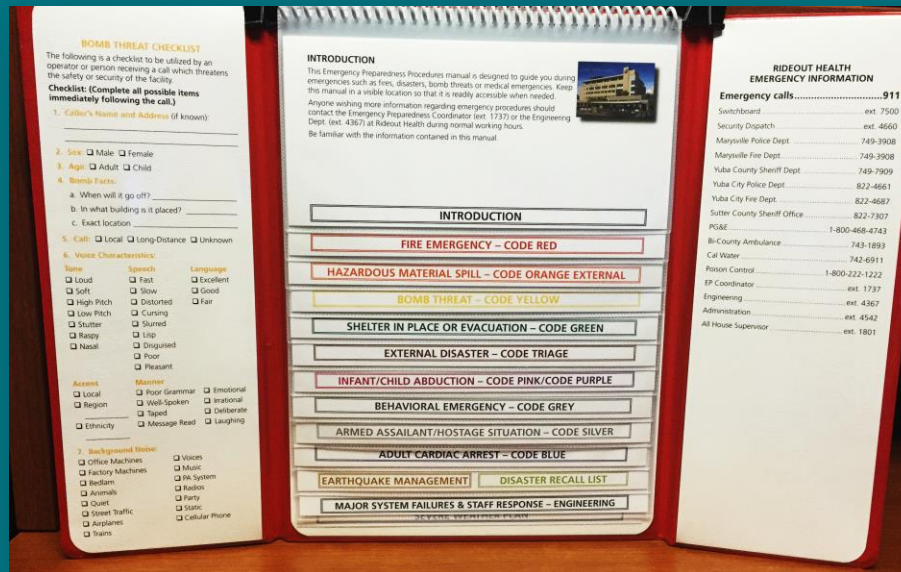
Level D – work uniform affording minimal protection, examples include:

- Mask
- Gloves
- Safety glasses; chemical splash goggles
- Hard hat
- Face shield
- Gowns/aprons



Emergency Preparedness Quick Reference Guide

Located near nurses stations; fire exits



Employees Roles and Responsibilities

Reporting to work during an emergency

Due to the special nature of our business, we will be operational during emergencies. All employees are essential to our operations, and therefore will be expected to make every reasonable effort to report to work in a timely manner unless otherwise directed.

- Always have your ID badge
- Employees should use their best judgment in determining the safest route to work. Figure in time delays due to travel hazards.
- Wait for disaster recall to be initiated before reporting for anytime other than your designated shift.
- Disaster recall process will inform you whether to report to your department or labor pool.

Occupational Health

- ✓ TB Skin Testing and Immunizations
- ✓ Fit Testing and PAPR Training
- ✓ Post Exposure and Sharps Injuries Follow Ups
- ✓ Work Injuries/Worker's Compensation
- ✓ Arrange Ergonomic Evaluations per Supervisor
- ✓ Maintain Employee Health Records



Work Related Injuries

Employee Injury Report: Employee completes the form in as much detail as possible

✓ You may choose to file as a report only or we will make arrangements for you to receive treatment at our Occupational Health Clinic

✓ After hours employees are sent to the Rideout ED for treatment. If you receive treatment in the Rideout Emergency Room for a work injury, you must follow-up with Employee Health within 24 hours or the next business day.



•Pre-designation Forms:

- ✓ Must be a physician/chiropractor/acupuncturist that retains your current medical records
- ✓ Provider must agree to treat you for work injuries and sign the pre-designation form prior to your work injury occurring
- ✓ Return completed form signed by the provider to the Occupational Health Office. Form will be scanned into employee's health file.

Quality and Service



What is Quality?

Rideout defines Quality as:

Compliance with Policies and Procedures

Doing the right task the right way for the right reason for the right patient every time

A never-ending cycle of continuous improvement

The Public Defines Quality as:

On a personal Level

"I was treated well"

"I received the care I expected"

"I was given the care I needed when I needed it"

From a National perspective as:

Hospital Compare

Five Star Rating

Leapfrog

Measuring Quality in the Public Realm

Core Measures

ED-1 – Median time from ED arrival to ED departure for admitted ED patients

ED-2 – Admit decision time to ED departure time for admitted patients

PC-01 – Elective Delivery (Perinatal)

STK-04 – Thrombolytic Therapy (Stroke)

VTE – 5 – Venous thromboembolism warfarin discharge instructions (Blood Clot)

VTE-6 – Hospital acquired potentially-preventable venous thromboembolism (Blood Clot)

SEP-1 - Severe Sepsis and Septic Shock: Manageable Bundle

Readmission Rate

Mortality Rate

Patient Safety

More people die from medical errors than from motor vehicle accidents, breast cancer or AIDS

1 in 3 chance a patient will be affected by an adverse event

1 in 6 chance the adverse event will require extended care

20 years ago, we thought that **44,000 to 98,000** people died each year from adverse events

Now we know that number is likely to be **10 times greater**



Managing Complaints and Grievances

Complaint – Any verbal complaint made to the hospital by a patient or patient representative that can be resolved promptly by staff at the point of service.

Grievance – A formal or informal written or verbal complaint that is made to the hospital by a patient or patient representative regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with CoPs, or a Medicare beneficiary billing complaint related to rights and limitations

Managing Complaints and Grievances

Rideout has a formal process, defined by statute, for managing Grievances

Time is of the essence. An investigation, resolution and closure notice must be sent to the patient within seven (7) days of receipt of the grievance

Actively involve our Patient Advocate and Director of Quality/Risk/Regulatory (located in the Quality Office)

The Team in the Quality Office is able to manage the issue and ensure the process is legally compliant with all statutes

Occurrence Reporting



Introduction

Rideout uses the Radar system for Incident/Occurrence reporting. You will each have the opportunity to use the Radar learning module that will:

- Review events that qualify for reporting
- Overview the Radar system for occurrence reporting
- Define the categories in which to report those incidents/occurrences (Taxonomy)
- Discuss timing of reporting

What is an Incident/Occurrence?

An incident/occurrence is defined as any unusual happening, event, safety issue, near miss etc., not consistent with routine hospital procedure involving staff, patients or visitors.

Who should complete the Occurrence Report?

The report is to be completed by any hospital staff or medical staff who witnesses, discovers or causes an unusual occurrence. It is important to complete the record immediately or as soon as is reasonably possible.

Taxonomies

The classification of things into ordered categories

Patient Safety – Occurrences involving patient safety incidents, near misses and unsafe conditions

Adverse Drug Reaction – An unexpected, unintended, undesired, or excessive response to a drug, without any apparent incorrect action

Employee or Non-Employee – Occurrences involving employees or individuals that are neither employees or patients

HIPAA – Occurrences involving complaints of Protected Health Information (PHI)

Security, Operations and Environment – Occurrences involving the physical environment, a security issue, a problem with day-to-day operations

Near Miss Events

Near Miss – Any process variation which did not reach or affect the patient, BUT for which a reoccurrence carries a significant chance of serious adverse outcome

When reporting “near miss” events, you have the option of reporting anonymously

Documentation

Keep all documentation objective

Do not document personal conclusions or editorialize opinions as to the cause of the incident/occurrence

Complete all fields that are pertinent to the incident/occurrence you are reporting

**Indicates that it is a required field and will not allow you to submit the report until the item is addressed*



SECURITY

Numbers to Remember

Security

- Rideout Security Front Lobby Desk – 2838
- Rideout Security Emergency Room Desk – 749-4640
- Rideout Security Phone – 749-4660
- Rideout Security Office – 749-4562

General Information

❖ Smoking

- Non smoking facilities
- Designated smoking areas (Off hospital property) Patients
Staff

❖ Parking

- Use employee designated parking
- Up front and close parking is for Patients and Visitors
- Beware of 2 Hour parking zones
- DO NOT leave unattended items, visible from the outside, in your vehicle

Rideout Parking Map



Violence In The Workplace

- **Increased awareness**
- **Identify Risks**
- **Educate hospital employees to the predisposing factors for violence**

Violence In The Workplace

What makes people angry?

- ✓ Waiting
- ✓ Lack of Information
- ✓ Chemically Impaired
- ✓ Pain

What makes me a victim?

- ✓ Divided Interests – Lack of attention
- ✓ Poor Communication Skills
- ✓ Uninformed
- ✓ Attitude/Body Language
- ✓ Manner of Approach of subject

Violence In The Workplace

Hospital locations that are high risk for potential violence:

- ✓ Emergency Room
- ✓ Finance Office and Cashier
- ✓ Pharmacies
- ✓ Reception Desk
- ✓ OB and Peds Unit – Labor and Delivery
- ✓ Isolated Work Areas
- ✓ HR

The following may display violent behaviors:

- ✓ Known History – Repeat Offenders
- ✓ Psychiatric Patients – Aka 5150
- ✓ Patients/visitor under the influence of?
- ✓ Head Injuries
- ✓ Dementia & Senility patients
- ✓ Agitated patients and visitors
- ✓ Family member who have suffered a traumatic event
- ✓ Gang Members

Violence In The Workplace

DO

Remain Calm

Isolate the Situation

Enforce Limits

Listen

Be aware of non verbal

Be Consistent

DO NOT

Over – React

Get in a power struggle

Make false promises

Fake Attention

Threaten

Ignore

IMPORTANT NUMBERS TO REMEMBER:

HOUSE SUPERVISOR – 530-749-4459

STAFFING OFFICE – 530-749-4349

Melanie Mayes (Manager – contract workers) – 530-749-4371

Janice Redden (assistant to Melanie Mayes) – 530-749-4351

Occupational Health – 530-751-4900

Education Department – 530-749-4300

Human Performance / Talent – 530-740-1970

Thank You and Welcome to the
TEAM