CMC
CONWAY MEDICAL CENTER

GENERAL INFORMATION BOOK

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This "booklet" is designed to provide a high level overview of a multitude of topics. In some cases, a more detailed review of policy, protocols and overall education will be accomplished. If at any time an individual has questions about any of the topics they should contact department leadership who can answer those questions or link them up to the subject "owner" who can.

MISSION STATEMENT

CMC will improve the overall health of our communities by being a leader in health care.

VISION STATEMENT

CMC will be the regional healthcare system of choice by delivering high value service across a seamless continuum of care.

VALUES

- **EXCELLENCE** – Deliver the best outcomes and highest quality service through dedicated effort of every team member.
- **COMPASSION** – Treat all individuals with kindness, dignity and respect.
- **HEALING –** Inspire hope and nurture the well-being of the whole person, respecting physical, emotional and spiritual needs.
- **TEAMWORK** – Value the contributions of all, blending the skills of individuals in unsurpassed collaboration and shared accountability.
- **STEWARDSHIP** – Sustain and reinvest in our mission by wisely managing our human, natural and material resources.
- **INNOVATION –** Inspire and energize the organization, enhancing the lives of those we serve, through the creative ideas and unique talents of each individual.
- **INTEGRITY** – Take personal accountability for the highest standards of behavior, worthy of the trust our community places in us.

CONFIDENTIALITY

All individuals engaged in the collection, handling or dissemination of patient and/or employee information, whether clinical or business related, have a responsibility to protect that data. Information must not be shared with another party unless there is an established "need to know".

Confidentiality is maintained through the following:

- Matters concerning patient's care are discussed in private areas only, not in public areas such as hallways, elevators or the cafeteria.
- Medical records are released only after the proper authorization is obtained.
- Information Systems users are issued a computer password which is for their use only and is not to be shared with others.
- Only persons responsible for the patient's care have access to the medical record.
- Departmental policies address what information may be shared with authorized receivers and how permission is obtained from the patient or guardian.

INFORMATION SERVICES

When using CMC's computer network individuals take responsibility to protect organizational assets and information in accordance with related education and training.

CUSTOMER SERVICE

CMC's Vision Statement reinforces the organizations commitment to **"Excellent Service"**. Measuring patient perceptions and gauging their loyalty offers vital signs needed to determine how to provide the best possible quality of care for our patients. CMC uses an outside, independent organization to contact patients and obtain feedback regarding their interaction with us. This ongoing measurement system lets us receive positive feedback as well as discover problems sooner, make changes more proactively. By using a research instrument tailored specifically for our organization, we can target the important issues that drive patient safety, service, loyalty and satisfaction.

Additionally, CMC participates in CMS's HCAHPS Survey. This publically reported survey is composed of 18 patient perspectives on care items that encompass seven key topics: communication with doctors, communication with nurses, responsiveness of hospital staff (including volunteers), cleanliness and quietness of hospital, pain management, communication about medicines and discharge information.

CUSTOMER COMPLAINTS

The organization strives to deal with all complaints effectively and quickly. Complaints are usually handled on a departmental basis so that departments can analyze them to determine if any patterns exist. Documentation and tracking of complaints are an integral part of departmental performance improvement activities. The Customer Service Department helps facilitates resolutions to patient complaints. Additionally, any customer including patients, visitor's employees, contractors, volunteers, physicians, students and others who have concerns about safety or quality of care provided may report these concerns to the Customer Service Department at 843-347-8248 and/or the Quality Department at (843)-234-6831. CMC will take no adverse action because an individual reports safety or quality of care concerns.

PATIENT RIGHTS

A written copy of the Patient Rights and Responsibilities Document is provided to each patient. The Patient Rights and Responsibilities notice, including a Spanish version, is also posted in public areas accessible to patients, visitors and families. Additional information about this topic can be found in the Patient Rights and Responsibilities Policies.

Patient Rights:

- You have the right to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
- You have the right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- You have the right to be told the names of your doctors, nurses, and all health care team members directing and/or providing your care.
- You have the right to have a family member or person of your choice and your own doctor notified promptly of your admission to the hospital.
- You have the right to have someone remain with you for emotional support during your hospital stay, unless your visitor's presence compromises your or others' rights, safety or health. Visitors may include, but not be limited to, a spouse, a domestic partner (including a same-sex domestic partner) another family member, or a friend. You have the right to deny visitation at any time.
- You have the right to be told by your doctor about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including
  unexpected outcomes. You have the right to give informed consent before any non-emergency procedure begins.
- You have the right to have your pain assessed and to be involved in decisions about treating your pain.
- You have the right to be free from restraints and seclusion in any form that is not medically required.
- You can expect full consideration of your privacy and confidentiality in care discussions, exams, and treatments. You may ask for an escort during any type of exam.
- You have the right to access protective and advocacy services in cases of abuse or neglect. The hospital will provide a list of these resources.
- You, your family, and friends with your permission, have the right to participate in decisions, about your care, your treatment, and services provided, including the right to refuse treatment to the extent permitted by law. If you leave the hospital against the advice of your doctor, the hospital and doctors will not be responsible for any medical consequences that may occur.

- You have the right to agree or refuse to take part in medical research studies. You may withdraw from a study at any time without impacting your access to standard care.
- You have the right to communication that you can understand. The hospital will provide sign language and foreign language interpreters as needed at no cost. Information given will be appropriate to your age, understanding, and language. If you have vision, speech, hearing, and/or other impairments, you will receive additional aids to ensure your care needs are met.
- You have the right to make an advance directive and appoint someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and help you complete one.
- You have the right to be involved in your discharge plan. You can expect to be told in a timely manner of your discharge, transfer to another facility, or transfer to another level of care. Before your discharge, you can expect to receive information about follow-up care that you may need.
- You have the right to receive detailed information about your hospital and physician charges.
- You have the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers or payors that may influence your treatment and care.
- You can expect that all communication and records about your care are confidential, unless disclosure is permitted by law. You have the right to see or get a copy of your medical records. You may add information to your medical record by contacting the Medical Records Department. You have the right to request a list of people to whom your personal health information was disclosed.
- You have the right to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent up until a reasonable time before the item is used.
- You have the right to voice your concerns about the care you receive. If you have a problem or complaint, you may talk with your doctor, nurse manager, or a department manager. You may also contact our Customer Service Coordinator at 843-347-8248.
- If your concern is not resolved to your liking, you may also contact:

South Carolina Department of Health and Environmental Control Complaint Hotline – 1-803-545-4370

LEWIS BLACKMAN ACT

In 2000, 15-year-old Lewis Blackman was admitted to a South Carolina hospital for surgery to correct a congenital chest malformation. Although the initial operation went well, Lewis' condition worsened dramatically, yet he still was not seen by his attending physician. The boy finally died and a day later an autopsy showed alarming complications existed.

Lewis' family blamed the outcome largely on their confusion over which caregivers were fully trained professionals and which were clinical trainees. The family lobbied the South Carolina General Assembly to enact legislation requiring hospitals to make clear the status and responsibilities of all clinical staff and in 2005 the General Assembly enacted the Lewis Blackman Hospital Patient Safety Act. This act increases the standards for communication by hospitals. In addition to improved hospital communication, the act requires:

- All clinical staff and trainees to wear clearly visible badges.
- If at any time a patient requests a call to his or her attending physician regarding his or her personal medical care, the nurse must call or facilitate a call to the attending physician or designee to the physician, so that the patient's concern can be voiced.

Refer to Lewis Blackman Act Compliance Policy and the CMC Identification bade policy for more information.

ADA COMPLIANCE (American with Disabilities Act)

The organization fully supports the ADA via its employment practices and services. Pursuant to the Americans with Disabilities Act (ADA) Amendments Act of 2008 (ADAAA), Titles I and II of the ADA of 1990, and Sections 503 & 504 of the Rehabilitation Act of 1973 the organization will not discriminate against any employee or volunteer because of a physical or mental impairment with regard to any position or assignment for which that person is qualified. Individuals who may need special accommodations are encouraged to meet with the area Department Director to explore reasonable accommodations to barriers in conjunction.

Communication Assistance:

- Cyracom Dual Handset Phone for Foreign Language Interpretation (All Units)
- Language Services Specialist (M-F Business Hours, Customer Service Dept)
- TTY/TTD – Telecommunications Devices for the Deaf/Hearing Impaired (ED/Nursing Supervisor)
- Cyracom Video Remote Imaging (VRI) Phone for Deaf/Hearing Impaired (Shift

Coordinators/Nursing Supervisor)

- In-Person Sign Language Interpreters are available with Pre-Scheduling (Language Services Specialist Business Hours / Shift Coordinators)
- Signs/Directions consistent with ADA

CULTURAL DIVERSITY

The organization is committed to understanding, valuing and managing diversity. We want to value individual needs and abilities both in the people we serve and the people who work here. Cultural awareness is about allowing and respecting differences; it's not about trying to change beliefs and cultural values. Promoting cultural awareness or diversity can create wholeness by contributing to healthier working relationships.

ADVANCE DIRECTIVES

An Advance Directive is a document containing any written directions prepared by patients in advance of medical treatment to explain what kind of medical treatment they want in the event they become unable to make a decision for themselves. Patients are asked at the time of admission if they have an Advance Directive. If one is brought to the hospital, it is placed on the patient's medical record. Conway Medical Center provides education and assistance for the completion of an Advance Directive through Case Management. Conway Medical Center also offers Advance Directive education to community groups.

PASTORAL CARE

Pastoral Care is available 24 hours a day. Chaplains are available daily 8:00am to 4:30pm via ext 8155 or 6714. After hours, the On-Call Chaplain may be contacted by pager or through the Nursing Shift Coordinator.

QUALITY

Conway Medical Center is accredited by DNV. We have chosen ISO 9001 Quality Management System as the foundation for ensuring quality of care, treatment and services, and is an ISO 9001 registered facility. Additionally, CMC participates in various state and national programs designed to improve patient care.

CMC also participates in the Premier® QUEST collaborative; an association of over 350 US hospitals that strive to be top performers through information sharing practices and transparency of data. Participation in QUEST helps CMC maintain alignment with national strategies for healthcare improvement by focusing on domains of performance which align with the Centers for Medicare and Medicaid Services and the Agency for Healthcare Research and Quality National Quality Strategy.

- Mortality
- Safety
- Appropriate hospital use
- Evidence-based care
- Cost and efficiency
- Patient and family engagement
- Community health

ETHICS

The Ethics Committee is a multi-disciplinary committee composed of:

- Community Representatives
- Board of Trustees Representative
- Customer Service Representative
- Kingston Nursing Center Representative
- Medical Affairs Representative
- Chaplain
- Physicians
- Hospital President
- Case Management
- Nurses
- Ancillary Services
- Risk Management

Committee Functions:

1. Provide case consultation upon request.
2. Assist with policy development, revision or review.
3. Provide education to staff, volunteers and others about ethical issues.

Ethics Consultation

When an ethical conflict or question cannot be resolved, the patient, patient's family or surrogate decision maker, physician or staff involved in the patient's care may ask the Ethics Committee for assistance in their considerations.
Examples of ethical uncertainties or conflict include, but are not limited to, termination of treatment, refusal of treatment and nutrition and hydration issues.

Requesting an Ethics Consultation

Monday -Friday between the hours 7:00AM and 3:30 PM, the unit manager or primary care nurse will notify the chairperson(s) of the Ethics Committee of the request. If a request needs to be made after hours or on a weekend, contact the Nursing Supervisor.

Consultation Procedure

- Attempts will be made to initiate the consultation within 24hrs of the request.
- Designated members of the Ethics Consultation Team will gather information from key stakeholders and involved parties and the medical record as necessary.

- The ethics case will be discussed, with potential options presented to the involved parties.
- Summary of case review documented and reported to the full ethics committee.

The Ethics Committee serves in the advisory capacity only. There is no fee for an ethics consultation. Conway Medical Center assures that persons requesting consultation may do so without fear of intimidation or reprisal.

RISK MANAGEMENT

The Risk Management program has been established to improve the quality of patient care and to minimize the risk of injury to patients and visitors. Your role in risk management is to remember that you have a duty to report any **unusual occurrence** to Risk Management. Initiation of an incident report via the SHARE (Staff Help All by Reporting Events) System allows Risk Management to be aware that an unusual occurrence has occurred and immediately employ corrective action in order to prevent or reduce the possibility of injury to anyone in the future. The **SHARE Report** should be completed by the first individual who discovers the occurrence. After this form is complete, follow-up can be initiated by the Department Manager where the incident occurred. This report is confidential and isn't copied, placed on the patient's chart or left in the department for others to see etc. The role of the employee is to:

- Know your job well and be accountable for your own performance.
- Be familiar with hospital policies and procedures.
- Be aware of good safety practices with regard to patient care and the use of equipment in the performance of your job responsibilities.
- Communicate with your Department Manager about any unusual occurrences and be forthright. The incident report isn't utilized as disciplinary action lead.
- Be alert for anything or anyone that could potentially cause harm or injury to others (i.e. wet floors, spills, malfunctioning equipment, improper use of equipment, suspicious activity). Fix the risk or make sure someone does.

The actual Risk Management program is outlined in the Administrative Manual and is available in all departments within the hospital.

SAFETY

Immediately report any work related or volunteer services injury to your supervisor (or nursing supervisor after hours) and complete an eSREO report on the CMC intranet page. All employees then must report to employee health on the next business day for follow up.

CORPORATE COMPLIANCE

The organization is committed to conducting its business ethically and to meet standards of integrity and lawful corporate conduct. The corporate compliance program centers on policies and procedures, monitoring and auditing, communication and training and response and prevention. All employees and volunteers are required to be familiar with the Code of Conduct and policies and laws which apply to their roles. Additionally, employees and volunteers have a duty to report any suspected violation of law or policy or in general concerns to leadership or the Compliance Hotline. No individual should be retaliated against for reporting concerns or suspected violations.

MAGNETIC RESONANCE IMAGING (MRI) SAFETY

There is a Magnetic Resonance Imaging (MRI) Scanner in Diagnostic Imaging. The MRI Scanner is essentially a super-conducting magnet used to assist physicians in seeing detailed images of the internal structures of the body. The magnet is always on and it generates a magnetic field many times stronger than the Earth's magnetic field. For this reason, the MRI suite can be a very dangerous place if strict precautions are not observed. You cannot enter the MRI suite unless screened and accompanied by a member of the MRI staff.

RESTRAINTS

The organization is dedicated to fostering a culture that supports a patient's right to be free from restraint or seclusion. Restraint use is limited to clinically justified situations, and the least restrictive restraint is used with the goal of reducing, and ultimately eliminating, the use of restraints.

We strive to protect the dignity and safety of inpatients, outpatients, staff and visitors through safe restraint processes. The organization provides policy guidelines for the use of least restrictive interventions to avoid restraint use and provides strict guidelines to be followed according to CMS when restraint use is deemed necessary to maintain patient safety.

For specific details refer to MCN Policy Manager GNA-6.21-PRO Use of Restraints/Seclusion.

"CRASH CARTS" REVIEW

- Test Defibrillator..... every day
- Medication expirations..... every month
- Ensure lock is intact and document..... every day
- Check O2 cylinder..... every day
- Check entire cart contents……..... every Friday

Locks for the crash carts are secured in the Pharmacy and can only be obtained from the Pharmacist. The crash cart is to be secured at all times and should be restocked and relocked immediately following a Code Blue.

A Broselow Pediatric Cart is also available in the Pediatric, Emergency and Radiology (Specials) Departments and the Post Anesthesia Care Unit. This specialty cart is color- coded to assist with the care of our Pediatric population.

PATIENT ASSESSMENT

The Admission Assessment includes at least the following for each patient:

- Physical status (to include vital signs/demographics)
- Health history
- Psychosocial history
- Psychological factors
- Safety/Self care abilities
- Educational assessment
- Referrals to other disciplines

In addition, an Interdisciplinary Plan of Care is started to assess the patient's potential needs at discharge. Discharge planning is started on all patients at the time of admission.

PATIENT FALLS

The organization seeks to institute best practices to help prevent patient falls. Employees may be involved in, but not limited to the following protocols and related falls prevention activities:

1. Every patient is assessed for risk for falls upon admission to the hospital. A colored coded indicator is placed outside the patient's room that corresponds with the patient's most recent fall assessment. (Green=Low risk or Red = High risk).
2. A falls reassessment is completed every shift.
3. Patients who are at highest risk are roomed closest to the nurses' station, when possible.
4. When available the bed and/or chair alarm will be engaged.
5. When available, the patient observer falls technology system is utilized.
6. The call light, urinal, bedpan and phone and any other common items are placed within arm's reach for the patient.
7. Rooms will be maintained with low lighting at night, including keeping the bathroom light on at all times.
8. Patients are encouraged to wear non-slip socks.

9. Floors are kept clean and dry and rooms are free from obstacles and clutter.
10. Family/significant others are encouraged to stay if the patient is cognitively impaired.
11. Staff should be mindful of and assist patients to maintain usual toileting routines.
12. Staff should answer call light without delay.
13. Provide toileting every 2 hours for patients receiving diuretics, insulin, steroids and/or laxatives and for patients age 75 and older.
14. Staff should remain present with patients requiring hands-on assistance.
15. Staff should assist with ambulation/transfers.
16. The bed will be set with three side-rails elevated and bed in low position when the patient is unattended. (only the foot rail on the transfer side may be kept down).
17. Infants and toddlers may not to be left unattended unless they are in their cribs with all side rails up.

PATIENT / FAMILY EDUCATION

Patient/Family Education starts upon admission to the hospital. The information needed to begin this assessment is found on the Interdisciplinary Plan of Care. It includes:

- Readiness to learn
- Emotional and cognitive limitations
- Language and emotional barriers
- Cultural and religious barriers
- Expected outcome
- Interventions
- Revision as necessitated by patient assessment

Documentation of the education plan is done on the Interdisciplinary Plan of Care.

The Discharge Form includes:

- Education needs
- Goals and outcomes for the patient / family, which pertain to:
    - Medical condition / treatment
    - Functional self-care
    - Equipment use
    - Nutrition
    - Medication use
    - Psychological / Social behaviors
    - Community resources / further treatment
    - Other needs / return demonstrations

EMERGENCY CODES & PROCEDURES

To report an Emergency Dial 5555 to reach the switchboard Operator

CMC uses the following code words to alert staff and volunteers to emergency situations.

- Facility Alert Fire
- Facility Alert Tornado
- Facility Alert Contamination
- Facility Alert Mass Casualty
- Facility Alert Technology Interruption

- Emergency Code Orange = Bomb Threat
- Emergency Code Blue = Medical Emergency
- Emergency Code White = Missing Psychiatric patient

- Security Alert Armed subject
- Security Alert controlled facility access
- Security Alert Active Shooter
- Security Alert missing adult/child/infant

How to respond to a fire:

- R.....Rescue those in immediate danger
- A.....Alarm by activating the nearest pull box
- C.....Confine. Close all doors to prevent spread of fire and smoke
- E.....Extinguish or Evacuate - Attempt to extinguish a small fire if possible, otherwise evacuate the area.

How to use a fire extinguisher:

- P.....Pull the pin
- A.....Aim at the base of the fire
- S.....Squeeze the trigger
- S.....Sweep from side to side

Evacuation should be carried out horizontally (moving through the fire doors to a safe place on the same floor) prior to evacuation vertically down the stairwells.

USE OF CHEMICALS IN THE WORKPLACE

Employees who work with hazardous chemicals will be taught how to properly handle, use, store and dispose of the chemicals in their department. This will include the use of Personal Protective Equipment that is needed when handling these chemicals. Volunteers will receive an orientation to SDS and PPE as it may be applicable to particular volunteer assignments.

Safety Data Sheets (SDS) are readily available for hazardous chemicals. CMC subscribes to 3E Company—Fax on Demand which is available 24-7-365. Employees can obtain an SDS by calling 1-800-451-8346 a requesting an SDS. When requesting an SDS, please provide Fax on Demand with the product name, product number, manufacturer name and UPC code (if they are available) and a fax number. The SDS will be faxed to that location.

SECURITY

Security Officers may be reached via Ascom phone 24 hours a day by calling **7555 (234-7555).**

- Hospital personnel must wear ID badges at all times to assist security.
- Maintain your personal valuables under lock and key.
- Report any security incident to Security immediately.

MEDICAL EQUIPMENT REPAIRS

Always attend to patient's needs first.

Clinical Technology is responsible for repairing and maintaining medical (clinical) equipment.

Broken Medical Equipment

- Remove from service
- Conduct an operational check
- Place Repair Request form GNA-43-FRM on equipment, form is downloadable from CMC website

Electrically Powered Medical Equipment

- Inspect equipment
- Verify inspection date
- Do not use if past inspection date

For equipment repair

- Contact Clinical Technology at ext. 8159
- Contact Nursing Supervisor if after hours
- If equipment caused patient injury call Risk Management (Ext. 8166) or the Safety Director (Ext. 6742).

UTILITIES MANAGEMENT

The Engineering (Maintenance) Department is responsible for maintaining and repairing

the following:

- Utility Systems: Electrical, plumbing, heating, ventilation, air-conditioning, medical gases, elevators.
- Equipment: Beds, stretchers, wheelchairs, refrigerators, ice machines, water coolers.
- General: Doors, walls, ceilings, locks, handrails, windows, shelves, brackets, etc.

For Engineering Services contact:

- Ext. 8116..... between 6:30 AM and 4:30 PM
- Security……between 4:30 PM and 6:30 AM

BLOODBORNE PATHOGEN & RESPIRATORY PROTECTION STANDARDS

The organization has developed an Exposure Control Plan to comply with the requirements of OSHA's Bloodborne Pathogen Standard. It describes risk categories, standard precautions, training procedures, reporting procedures and response to exposures. Conway Medical Center has also developed a Respiratory Protection Plan to comply with the requirements of OSHA's Tuberculosis Standards.

STANDARD PRECAUTIONS

- ***Standard Precautions*** is used hospital-wide to reduce the risk of transmitting micro-organisms from both recognized and unrecognized sources of infection. Healthcare workers must assume that all patients are infectious. Standard Precautions apply to the following: blood, all body fluids, secretions and excretions (except sweat and tears), non-intact skin and mucous membranes.
- **Personal Protective Equipment (PPE)** include items such as gloves, gowns, goggles, face shields, HEPA Respirators, masks, head covers, shoe covers and aprons.
- **Washing hands** and changing gloves between patients are the **2** most important actions to ensure compliance with Standard Precautions and to decrease transmission of infections within the hospital. The single most important measure to prevent the spread of infectious diseases is proper hand washing.

VICTIMS OF ABUSE

If you observe any individual such as a patient, visitor, coworker or volunteer being actively abused in any way notify **Security** immediately by calling **7555 (234-7555).**

If you suspect abuse **notify your immediate supervisor, Nurse or Physician** who will contact Case Management at ext. 8029. If your immediate supervisor is not available, contact the Nursing Supervisor.

CODE OF CONDUCT

- We will behave in an ethical manner at all times.
- We must comply with federal, state and local laws and regulations at all times. We have a duty to report any suspected violations.
- We must comply with the Organization's Patients' Rights Statements and all other Organization policies and procedures.
- We must not disclose pricing information to, or obtain such information from, a competitor of the Organization.
- We must not offer a kickback, gift or other financial incentive to any person or entity to induce the person or entity to purchase services from or refer patients to the Organization.
- We must accurately and truthfully report hours worked.
- We must document truthfully, accurately, and completely on all Organization records, reports and forms.
- We will comply with all copyright laws and computer security policies.
- We will protect our environment by complying with all environmental laws and trying to conserve natural resources.
- We may not delay the provision of a medical screening examination to determine the presence of an emergency medical condition in order to inquire about the patient's method of payment or insurance coverage.
- We may not accept gifts or promotional items worth more than $100.00 from a patient of someone doing business with the Organization and may not ever accept cash gifts of any value from anyone.
- We must not disclose any patient information or non-public business information obtained during employment at Organization.
- We must deal honestly and fairly with customers, suppliers, accrediting agencies and payers, both government and private.

BEHAVIORS THAT UNDERMINE A CULTURE OF SAFETY

Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes and increase the cost of care. Safety and quality of patient care is dependent on teamwork, communication and a collaborative work environment. Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages, condescending language or voice intonation and impatience with questions.

Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients. All intimidating and disruptive behaviors are unprofessional and will not be tolerated.

To assure quality and to promote a culture of safety, Conway Medical Center has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.

Any intimidating or disruptive behavior from a healthcare provider including staff, volunteers, students, allied health or physicians must be reported to the nursing supervisor or a vice president immediately.

BEHAVIOR BASED EXPECTATIONS AND ERROR PREVENTION TECHNIQUES

Behavior Based Expectations (BBE) – Behavior-based or behavioral expectations are the way of conducting oneself that is considered to be reasonable, necessary or appropriate to the action taken.

Error Prevention Techniques (EPT) – Error Prevention Techniques are specific actions or methods an individual completes or uses to accomplish or satisfy a desired behavior-based expectation.

Conway Medical Centers Expectations and Techniques

1. Communicate Effectively
    a. Identify yourself, your department and your purpose.
    b. Use repeat-backs and read-backs with clarifying questions.
    c. Use 5P's for reports and handoffs (Patient / Project, Plan, Purpose, Problems, Precautions)
2. Take ―Time-Out‖ for Detail
    a. Use S.T.A.R. (Stop, Think, Act, Review)
3. Commit to Safety
    a. Adhere to Red Rules, Policies and Procedures
    b. Practice Peer Checking and Peer Coaching using ARC
        A – Ask a question.
        R – Request a change.
        C – Concern (voice a Concern)
    c. STOP when unsure & seek clarification and assistance.
    d. Raise the ―Red Flag.

CONWAY MEDICAL CENTER RED RULES (100% COMPLIANCE REQUIRED)

1. I will verify patient identity using two identifiers prior to any action or procedure.
2. I will verify and accurately label all specimen containers prior to leaving the

collection site.

3. I will always wash my hands or use hand sanitizer before and after every patient contact.
4. Safe Patient Handling Equipment will be used in all situations where the patient is unable to safely transfer, position or ambulate independently.
5. For all Nursing Personnel: I will ensure that bed alarms are activated on all patients whose Fall Risk Assessment indicates the need for bed alarm activation.
6. For all Personnel participating in invasive procedures: I will perform surgical counts in accordance with policy on any procedure in which a foreign body could be retained.
7. For all Personnel participating in invasive procedures: I will participate in a time out before every procedure begins, using validation of correct patient, correct procedure, and correct site by the procedural team which should include at a minimum the physician, circulator/nurse, and anesthesia care provider.

RECOGNITION OF IMPAIRED HEALTHCARE PROVIDER

An impaired healthcare provider is one unable to fulfill professional or personal responsibilities because of psychiatric illness, or under the influence of alcohol or drugs. Early identification of impairment is essential. Signs of concern may include:

Personality Changes

- Direct statements indicating distress
- Constant sadness, tearfulness, anxiety or irritability
- Unprovoked anger or hostility
- Expressions of hopelessness or worthlessness

Behavioral Changes

- Deterioration in quality of work
- A negative change in performance
- Repeated absences from important activities
- Continual seeking of special accommodations
- Repeated trouble getting along with others

Physical Changes

- Deterioration in physical appearance
- Visible weight changes
- Excessive fatigue
- Sleeping much more or much less
- Coming to work bleary-eyed
- Needle marks, bandages or smelling of alcohol

Workplace Changes

- Patient, Staff OR volunteer complaints
- Inappropriate orders
- Unreachable when on call

Other Factors to Consider

- Personal losses (e.g., divorce, deaths)
- Decreased self-care (e.g., discontinuing exercise)
- Expression of concern noted by peers

- A hunch or gut-level feeling that something is wrong

Concerns of any impaired healthcare provider including staff, volunteers, students, contractors, employees, physicians must be reported to a member of leadership immediately. Sign of impairment form is available in the 'HR Forms" section of the intranet.

PARKING

All Conway Medical Center staff, volunteers and rotating students must park only in spaces lined with yellow paint. All other spaces are lined with white paint are for patient and visitor access. Staff found to have parked in patient spaces will be ticketed and fined and potentially disciplined. If there are concerns or questions about parking, please seek assistance, but never park in the patient and visitor parking spaces.

Last Edited 4-30-19