



**TALLAHASSEE
MEMORIAL**
HEALTHCARE

Student General Orientation

Welcome to Tallahassee Memorial Hospital



Objectives

- Be able to state both the Mission and Vision statement of TMH
- Identify the I CARE values and be able to give an example of each
- Be able to identify important Human Resource Policies and how they affect you in your role at TMH
- Understand the process for reporting workplace harassment at TMH
- Recognize individual role in supporting cultural diversity

Welcome to TMH

- Founded more than 70 years ago
- A comprehensive system of healthcare services, including operation of a not-for-profit hospital, a teaching institution with clinic, and satellite facilities/family medicine centers in 5 surrounding counties
- More than 35,000 inpatient admissions per year and 770 patient beds
- The 8th largest hospital in Florida
- Staff consists of almost 700 medical staff representing 50 different specialties
- Includes Family Medicine and Internal Medicine Residency Programs and 5 satellite Family Medicine practices in surrounding counties of the Big Bend Region

Welcome to TMH

TMH has 8 Clinical Service Lines

- Behavioral Health
- Emergency
- Heart and Vascular
- Medicine
- Neurology/Orthopedics
- Oncology
- Surgery
- Women's and Children's



Welcome to TMH

Special Accreditations and Designations

- Accredited Cancer Center (by the American College of Surgeons)
- Accredited Chest Pain Center (with PCI)
- Certified Primary Stroke Care Center
- State Designated Level II Trauma Center
- State Designated Level III Neonatal Intensive Care Unit
- State Designated Brain and Spinal Cord Injury Center
- Diabetes Center with education program recognized by the American Diabetes Association

Hospital Mission Statement

Transforming Care
Advancing Health
Improving Lives



Mark O'Bryant, CEO

Hospital Vision Statement

To elevate the standards of healthcare practice, quality,
and innovation in our region



We Live the ICARE Values

- **INTEGRITY** – We are honest and consistent in our words and actions.
- **COMPASSION** – We are kind and authentic in each interaction.
- **ACCOUNTABILITY** – We are personally responsible for providing exceptional service and care while holding others to the same standard.
- **RESPECT** – We show concern for others while seeking to understand human differences.
- **EXCELLENCE** – We strive to provide the highest level of quality and innovative care.



Living ICARE

- **Integrity** - Be honest and trustworthy in all actions and communication.
- **Compassion** - Demonstrate understanding of customer needs and perceptions.
- **Accountability** - Take ownership for resolving customer issues and concerns.
 - Follow up to ensure resolution and customer satisfaction.
 - Apologize for and correct service failures.
- **Respect** - Show consideration for colleagues, patients, and visitors.
 - Honor perspectives in addition to your own.
- **Excellence** - Achieve the highest level of quality by exceeding expectations.
 - Anticipate customer needs.



Helpful Information

Personal Belongings

- Students are responsible for their valuables and are encouraged to leave them at home.
- TMH does not provide lockers for students.
- Collaborate with charge nurse or department administration to identify where students may leave belongings such as textbooks, meals, etc.



Access to Food

Cafeteria Hours of Operation:

Breakfast - 7:00am – 10:30am

Lunch - 11:00am – 2:00pm

Dinner - 5:00pm – 7:00pm

Midnight - 12:00am – 2:00am

The cafeteria is open 24 hours a day except from 10:30 to 11 am.

Meals, drinks, and snacks should not be consumed or stored in patient care areas or “on-stage” (e.g. Nurses’ station)



Human Resources Information

Important Policies

- Dress Code/Professional Appearance Expectations
- Cell Phone and Electronic Devices
- Tobacco-Free Environment
- Parking



Dress Code/Professional Appearance

All representatives of TMH

- are to dress in a manner that reflects our dedication to providing high quality care, while inspiring respect and confidence of patients, visitors, and colleagues;
- will demonstrate appropriate personal appearance and hygiene standards, including apparel, hairstyle, cleanliness, makeup, and/or any other application or attire.
- Specific attire for your assigned unit will be discussed at your meeting with Volunteer Services.



Cell Phones, Pagers, and Other Electronic Devices

To ensure that attention is focused upon our patients, visitors, and colleagues, while on duty colleagues, students, faculty and other representatives of TMH may only use mobile devices issued by TMH.

The use of personal pagers, telephones, and other electronic devices while on duty is not permitted.



Tobacco-Free Environment

- Tallahassee Memorial HealthCare, Inc. campuses are tobacco-free environments, where the use of tobacco products, including but not limited to, cigarettes, e-cigarettes, cigars, pipes, smokeless tobacco, chew, snuff, and dip is strictly prohibited.
- The only exceptions for patients is made by order of the attending physician.



Parking

- Volunteers are required to Park in Lot C. There are entrances on both Surgeons Drive and Physicians Drive.
- If your assignment is in the evening after 5:00 or on the weekend, you will be able to park in parking lots P2, P3, or P5.
- A map will be provided at your meeting with Volunteer Services.



Harassment and Discrimination

TMH is committed to maintaining a work environment that is free of discrimination and harassment and will not tolerate harassment and/or discrimination in any form. It is the responsibility of each member of the TMH team to maintain a workplace free of harassment.



Types of Harassment

- **Hostile Work Environment**
When an intimidating, offensive atmosphere is created that interferes with a person's ability to perform their job.
- **Tangible Employee Action (Quid Pro Quo)**
Expressed or implied demands for sexual favors in exchange for some benefit (a promotion, a raise, change in shift, etc.) or to avoid a detriment (corrective action, termination, demotion, a failing grade, etc.) that occurs in the workplace.



Internal Complaint Procedure



Our goal in the investigation is to seek appropriate resolution of the matter within the applicable laws and policy guidelines. Any colleague who believes that he or she has been subjected to harassment should immediately report the incident to a supervisor, Colleague Relations, or the Chief Human Resource Officer.

Human Resources: 850-431-5250

Cultural Diversity

What is cultural diversity?

Multiculturalism – variations in language, dress, beliefs, and behaviors, such as eye contact and personal space within an ethnic group



Importance of Cultural Diversity

- We care for people from many different cultures.
- Understanding different cultural preferences and behaviors helps us to meet the needs of patients more completely and to work with one another in a spirit of mutual respect.
- Better awareness of cultural diversity also helps us to avoid misunderstandings.



Cultural Assessment

Fostering an environment that values diversity must include a cultural assessment. The core components should include the following.

- cultural/racial ethnic identity
- language/communication ability and style
- religious beliefs and practices
- illness and wellness behaviors
- healing beliefs and practices



Cultural Diversity: Our Role

- Develop personal cultural awareness. This includes recognizing, understanding, and respecting our patients' beliefs, values, and practices.
- Recognize, understand, and respect the beliefs, values, and practices of our co-workers.
- Problem solve when issues created by diversity arise.
- Treat every person as an individual.
- Treat every person, not as you would like to be treated, but as **he/she** would like to be treated.





**TALLAHASSEE
MEMORIAL**
HEALTHCARE

General Safety Orientation

Objectives

- State where the SDS sheets are found.
- List two rules about storage of compressed air.
- Define three general safety rules.
- Name three ways to help prevent patient falls.
- Be aware of and know the procedures associated with each emergency code.

General Safety Rules

General Safety Rules

- No storage is permitted in the exit corridors. Temporary carts (with wheels/castors), are parked only on one side of the corridor.
- Smoke and fire doors are not to be blocked or propped open.
- Fire hose cabinets, fire extinguishers, or any component of a fire alarm system are not to be blocked.
- Only approved ladders are used to work overhead.



General Safety Rules

- Storage areas are to be kept free of debris and clutter.
- All flammable liquid/materials are to be stored in approved containers and cabinets.
- Any spill is to be cleaned up promptly.
- Safety Data Sheets (SDS) are available for all hazardous materials in the workplace.



General Safety Rules

- An 18 inch clearance between storage and sprinkler heads is to be maintained at all times.
- Compressed gas cylinders are to be in approved holders that are chained or safely secured. Gas cylinders must never be left free standing.
- Extension cords, provided by Plant Engineering, are to be used only in temporary emergency situations.
- Worn, tattered, or bubbled carpet is to be repaired or replaced in a timely manner. All staff will report these deficiencies to Plant Engineering.



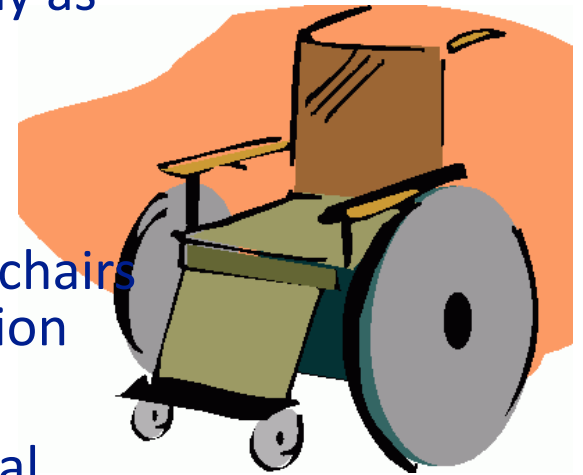
General Safety Rules

- Storage in file cabinets is to be evenly distributed to maintain balance.
- Only one drawer of a file cabinet is to be opened at a time. File drawers will not be left open.
- The top of file cabinets is not used for storage, which may create overturning, but may be used as a work area, if appropriate.
- All colleagues have a role in safety/hazard surveillance. Any potential hazard is to be reported to the Safety Officer.



General Safety Rules

- When driving vehicles on TMH property, all colleagues will obey Security directives. Patients, visitors, and colleagues have the right-of-way as pedestrians.
- All colleagues will yield to patients being transported throughout the facility.
- Patient transport equipment, such as wheelchairs and stretchers, is to be left in a secure position when not in use.
- All medical equipment is inspected by Clinical Engineering prior to placing the equipment into service. All medical equipment is inspected and dated annually.



General Safety Rules

- Defective equipment is not to be used under any circumstance. Defective equipment will be removed from service and taken to or reported to Clinical Engineering.
- When lifting heavy objects, let your legs, not your back, do the lifting.
- All corridors intersections are to be approached with caution.



Emergency Codes

Emergency Codes

Dial Phone #	Code	Condition
0	Code Red	Fire
0	Code Black	Bomb Threat
0	Code Pink	Infant/Child Abduction
88	Code Blue	Cardiac Arrest/Stroke Alert
0	Code Brown	Severe Weather
0	Code Grey	Violence/ Security Alert
0	Code White	Hostage Situation
0	Code Orange	Hazardous material spill
0	Code Yellow	Lockdown
0	Code Green	Disaster Internal/External
0	Code Silver	Active Shooter

Fire Procedures – *Code Red*

Remember **RACE**

- R** - Rescue the patient
- A** - Alarm: pull the alarm & call 0; give location & type of fire
- C** - Contain the fire, close all doors
- E** - Extinguish the fire

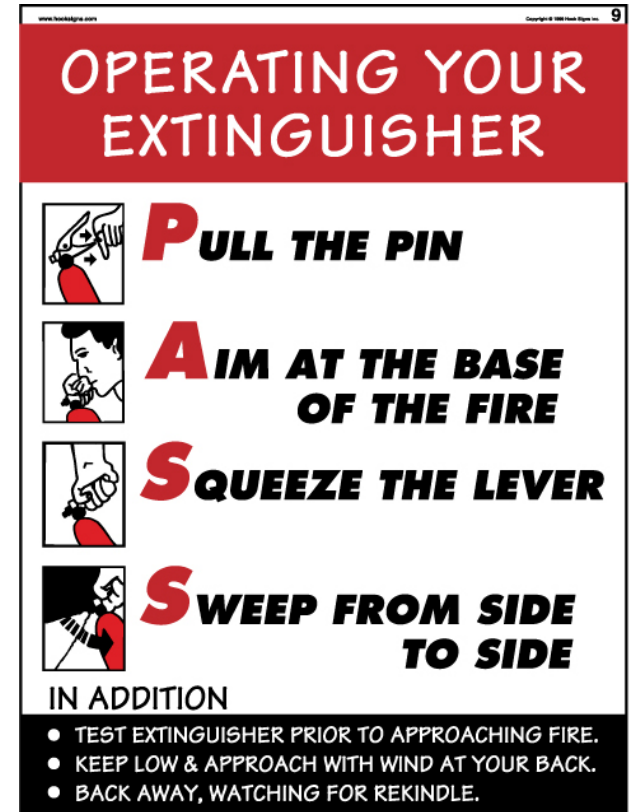
Fire Emergency Response



Fire Procedures – *Code Red*

Use of Fire Extinguisher – Remember **PASS**

- P** - Pull the safety pin at top of extinguisher
- A** - Aim hose & nozzle at the base of the flames
- S** - Squeeze or press the handle
- S** - Sweep from side to side at the base of fire until it goes out



Infant/Child Abduction – *Code Pink*

When an infant or child is discovered missing, the staff member will immediately notify the operator of a “Code Pink,” providing the age, race and sex of the abducted infant or child and give the location of the unit.



Infant/Child Abduction – *Code Pink*

Be on alert for the following.

- A person physically carrying an infant instead of using the bassinet to transport the child, or leaving the hospital with an infant/child on foot rather than a wheelchair and without a colleague escort.
- A person carrying a large package (gym bag, duffel bag, back pack, etc.), particularly if the person is “cradling” or “talking” to the bag.
- Be aware that a disturbance may occur in another part of the hospital, thereby creating a diversion that facilitates an infant abduction.
- Stop anyone with an infant or child until a positive identification is made or until an all clear is called.



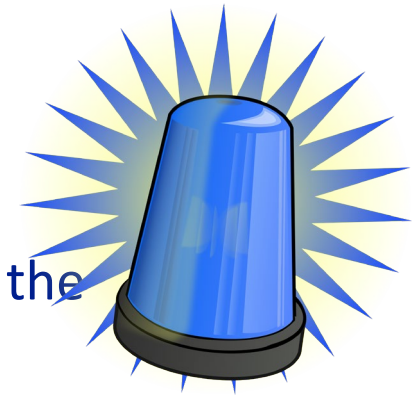
Bomb Threat – Code Black

- Remain calm, keep the caller on the line as long as possible, and complete the “Bomb Threat Card.”
- Immediately hang up the phone and call the Hospital Operator (dial 0).
- If you find a suspicious package/item
 - avoid the item;
 - isolate the area;
 - notify the hospital operator;
 - remove patients and personnel from imminent danger;
 - use telephones only for emergencies; and
 - prepare for and evacuate if necessary.



Cardiac Arrest – *Code Blue*

- Dial 88 if your patient is having a cardiac or respiratory emergency.
- Tell the operator
 - CODE BLUE
 - patient's location
 - name of attending physician
- If the patient is less than 14 years old report to the operator "CODE BLUE 13"
- If the emergency is outside of the Main Hospital (e.g., Rehab, Urgent Care, Behavioral Health) **dial 911**



Stroke Alert – Code Blue



Call MET if you think a patient, visitor, or co-worker is having a stroke

- When you are in a clinical area, identify that department's MET number (varies depending on unit's location within TMH)
- If the MET nurse believes the patient is having a stroke, he/she will call a "Stroke Alert"

- **Two Keys**

1. Early Identification
2. Early Interventions

- **Remember FAST:**

F = **Face** (Is the smile crooked?)

A = **Arm** (Can the patient lift both arms and maintain the arm lift with his/her eyes closed?)

S = **Speech** (Does the person slur or drop words?)

T = **Time** (Call MET)

Hazardous Material Incident - *Code Orange*

Chemical Spills – Think **C.L.E.A.N.**

C = Contain the Spill

L = Leave the Area

E = Emergency eye wash,
shower, & medical care

A = Access SDS - Safety Data
Sheet

N = Notify hospital operator
(dial 0) and supervisor



Hazardous Material Incident - *Code Orange*

Safety Data Sheets (SDS) provide services and information to assist in protecting our colleagues while performing their everyday duties at TMH.

- Online access to search the national SDS database, as well the ability to view and/or print those sheets on demand from the web
- 24/7 hotline (**1-800-451-8346**) to speak to a 3E professional and get immediate information regarding any hospital based chemical or product
- 24/7 access to faxed SDS upon request
- TMH ext. 15829 to address information or questions regarding need for a Safety Data Sheet

Security Related Codes

- Code Grey – Violence/Security Event
 - Code White – Hostage
 - Code Yellow – Lockdown
 - Code Silver – Active Shooter
-
- In the event one of these codes is called, please pay attention and follow the instructions provided by your supervisor.

Waste Disposal

Types of Medical Waste

- Solid
- Infectious
- Chemical
- Chemotherapeutic
- Radioactive
- Pathological



Medical Waste Disposal



- Solid Waste – clear liners for “regular trash” for the landfill
- Infectious Waste – leak resistant red bag or leak/puncture resistant red container with the biohazardous symbol
- Chemical Waste – leak proof containers that are properly labeled
- Chemotherapeutic Waste – leak proof black container; PPE worn to mix/administer in yellow container
- Radioactive Waste – yellow bags or containers that are labeled with a radioactive symbol

Separation of Biomedical Waste

- Separated at ***point of origin*** into the proper container
 - “Point of origin” is the where the BMW is generated
 - BMW containers should be available where needed
- Choices for proper BMW containers
 - Red biohazard bags
 - Labeled hard-sided box lined with a red biohazard bag
 - Sharps container – puncture resistant container specifically designed for sharps
 - Provided by SteriCycle and EVS



Important

- If biohazardous waste is mixed with regular waste, all of the waste becomes biohazardous!
- Each bag must be hand tied by gathering and twisting the neck of the bag and using a tie or hand knot to secure the bag, and each container must be securely closed.



Waste Disposal – Sharps Box

- Sharps are objects capable of puncturing, lacerating, or otherwise penetrating the skin.
- Medical sharps must always go in approved sharps containers, e.g., needles, syringe & needle combos, lancets, scalpels, broken glass, trocars, and any other sharp object.
- Only sharps are to be placed in containers.
- Other trash should go into the proper receptacles.
- Never recap needles or scalpels.
- Never attempt to re-open a closed sharps container.



IV Bags & IV tubing spike

An IV tubing spike is considered a **sharp**. The tubing and IV bag must be disposed in a sharps container.

- Drain IV fluid from IV bag.
- Place empty IV bag and tubing spike in sharps container in soiled utility room.



Disposal of Hazardous Waste

- **Hazardous drugs** are to be disposed of in **BLACK** Universal Pharmaceutical Waste (UPW) bins.

Note: Chemotherapy is different from other hazardous waste, so items used for its administration are handled differently.

- A syringe used to prepare or give hazardous drugs must be disposed of in **BLACK** UPW bins.
- **All other items** that may have come in contact with hazardous medication (IV bags, tubing, minibags, etc.) should be disposed of in their regular waste receptacles.



Biohazardous Waste Disposal



Step 1 Biohazardous waste will be placed in appropriately labeled red bags at the point of origin. Bag shall not be filled more than 2/3 full.



Step 2 Twist biohazardous waste bag at the top.



Step 3 Flip down the twisted top of the bag.



Step 4

Use tie-back to securely tie bag. Tie-backs are inside Soiled Utility room cabinets.



Step 5

Biohazardous bag is securely closed.

Reminder: Always wear gloves when handling biohazardous waste. Never push waste down with your hands or feet. Always carry waste away from your body and properly separate regular waste from bio-waste and chemo waste at the point of origin. **The bag should never touch the floor!**

Handling/Containing Biomedical Waste (BMW)

- BMW by definition is “waste that poses a threat of infection to humans.”
- Always use universal precautions when handling waste.
- Wear appropriate PPE (gloves, gown, safety glasses, mask).
- Perform hand hygiene after removing gloves.



Infection Prevention

Basic Information

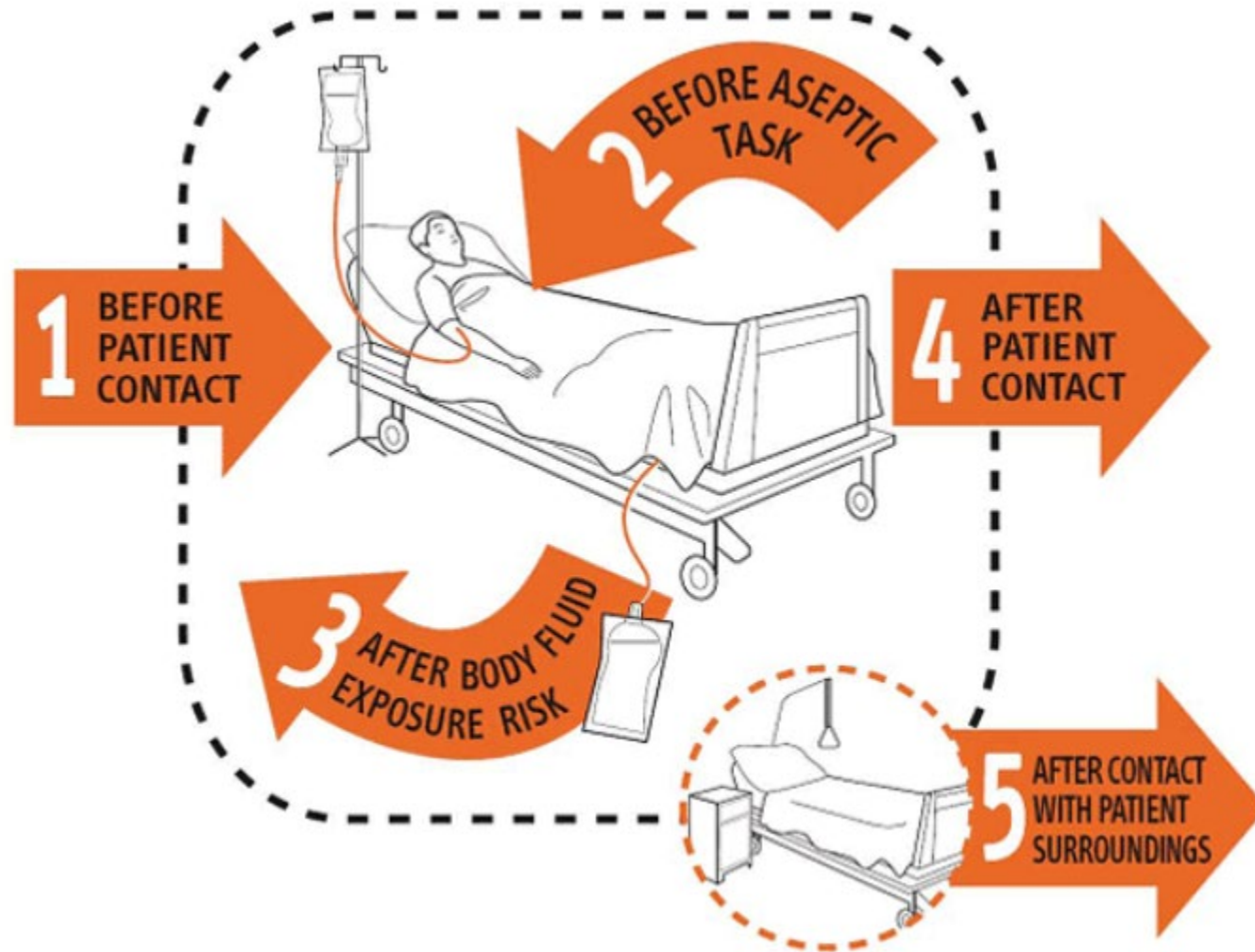
- Infection Prevention
 - Office: 850-431-6152
 - After Hours Pager:
850-489-0990
- Colleague Health
 - Office: 850-431-6183
 - Go to Emergency Center if injured and clinic closed
- Infection Prevention Policies and Procedures may be located on the intranet (SPARK)

Hand Hygiene



Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of standard precautions.

Five Moments for Hand Hygiene



Hand Hygiene

When do you perform hand hygiene?

Hand hygiene should be performed **before and after** patient care, eating, using restroom facilities, glove removal, contact with environmental surfaces in the immediate vicinity of patients, lifting or transporting a patient, and whenever hands may become contaminated.



Hand Hygiene

How to Perform Hand Hygiene

- Alcohol-based hand gels are the most efficacious agent for reducing bacteria on the hands. Alcohol based gels are NOT appropriate for use with **suspected or confirmed Clostridium Difficile (C. Dif)**.

For patient's with **suspected or confirmed C. Dif**, hand-washing is mandatory every time when hand hygiene is warranted.

- Patient care colleagues may NOT wear artificial fingernails or extenders and MUST keep natural fingernails $\frac{1}{4}$ inch or less in length.
- Moisturizing hands helps to maintain skin integrity; only a lotion approved by Infection Control or Colleague Health Services should be used.

Some lotions/ products may contain petroleum which can cause microscopic deterioration of gloves, reducing the effectiveness.

Hand Hygiene

Alcohol-based Hand Gel Procedure

- Apply an adequate amount of hand gel to allow for adequate coverage of ALL hand surfaces.
- Run all over hand surfaces and **allow to dry thoroughly** without wiping them with a paper towel.





Hand Hygiene

Hand Washing Procedure

- Turn water on to a warm temperature.
- Wet hands and dispense a small amount of soap. Using friction and keeping hands lower than the elbows, work soap into a lather paying special attention to the areas between the fingers and the nail beds.
- **Wash for 15 seconds** or sing two happy birthdays to time this activity.
- Rinse hands well.
- Using paper towels dry hands.
- Use paper towel to turn off faucets.



Isolation

- Standard Precautions
- Types of Isolation
 - Contact Isolation
 - Airborne Isolation
 - Droplet Isolation
- Respiratory Hygiene/ Cough Etiquette 
- In the census, a star () indicates in PowerChart that a patient is on isolation.
- Dedicated patient equipment is preferred.

If non-dedicated equipment to be used, use hospital approved disinfectant between patients.

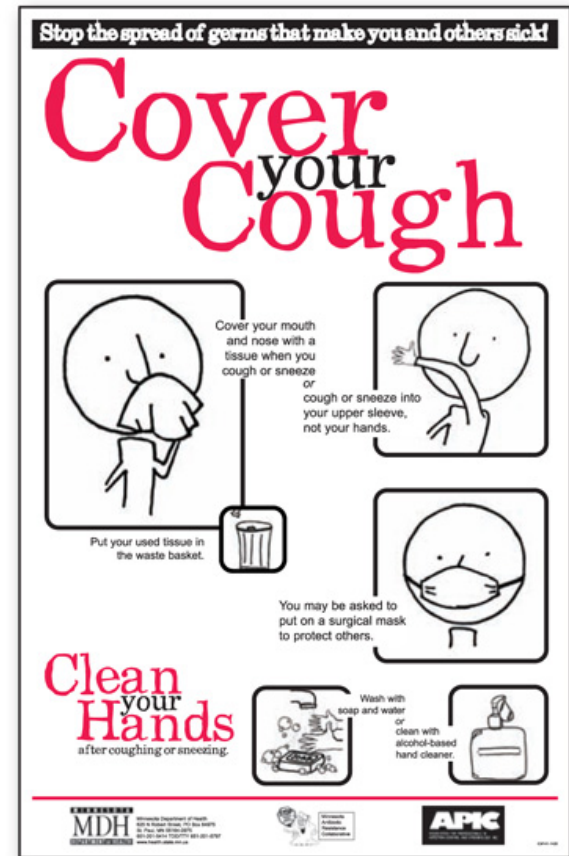


Figure 1. CDC's complimentary poster on cough etiquette designed for use in health care settings.

Dimensions of Dental Hygiene, June 2011

Standard Precautions



- Use for all aspects of care
- Remember **Personal Protective Equipment (PPE)** when anticipating splashes or sprays
- PPE includes
 - Gloves
 - Gowns or Aprons
 - Masks
 - Eye Protection
 - Resuscitation Devices
- Use hospital approved disinfectants (Cavicide and bleach products for C. Diff patients) to clean equipment between patients

Contact Isolation

Examples: MRSA, VRE



CONTACT ISOLATION

- Hand hygiene before donning gown/gloves and immediately after removing gown/gloves
- Wear gown and gloves to enter room
- When transporting patient, place clean gown and sheet on patient and notify receiving department
- Use dedicated patient care equipment only
- Use Standard Precautions for all other aspects of care

10/2014

Enteric Contact Isolation

Example: C-diff



ENTERIC CONTACT ISOLATION

- **Visitors are restricted.** Hand hygiene, gown and gloves to enter.
- Perform routine hand hygiene before donning gown/gloves and with **SOAP** and **WATER** immediately after removing gown/gloves
- Wear gown and gloves to enter room
- When transporting patient, place clean gown and sheet on patient and notify receiving department
- Use dedicated patient care equipment only
- Use Standard Precautions for all other aspects of care

12/2017

Enhanced Contact Isolation

Examples: CRE, MERS



ENHANCED CONTACT ISOLATION

- **Visitors are restricted.** Must wear gloves/gown to enter room.
- Hand hygiene before donning gown/gloves and immediately after removing gown/gloves
- Wear gown and gloves to enter room
- When transporting patient, place clean gown and sheet on patient and notify receiving department
- Use dedicated patient care equipment only
- Use Standard Precautions for all other aspects of care

12/2017

AIRBORNE ISOLATION

- Utilized to prevent transmission of tuberculosis due to *M. tuberculosis*, *M. bovis*, *M. africanum*, *Varicella*, *Measles*, *Variola*
- **For their safety, students should not be in this room as they are not fitted with the correct mask to wear!**

This is the N95 Mask and students are not fitted for these – only employees.



Airborne Isolation

Examples: TB, Measles, Chickenpox



N95



Surgical
Mask

AIRBORNE ISOLATION

- **Visitors are restricted.** Must wear a surgical mask to enter the room
- Colleagues wear N95 mask to enter room
- Keep door **closed** – this is a negative airflow room
- Limit patient transport to essential purposes only. Mask patient with surgical mask for transport and notify receiving department. Do not allow patient to wait in hallway before or after a procedure
- Use Standard Precautions for all other aspects of care
- Continue precautions for 30 minutes after patient has been discharged from a negative pressure room

12/2017

Droplet Isolation

Examples: Flu, Meningitis



DROPLET ISOLATION

- **Visitors are restricted.** Must wear surgical mask and eye shield
- Colleagues **must wear surgical mask** when entering the room
- Wear **eye protection**, gown, and gloves if within six (6) feet of the patient
- Limit patient transport to essential purposes only. Mask patient with surgical mask for transport and notify receiving department
- Use Standard Precautions for all other aspects of care
- Do not allow the patient to wait in a hallway before or after a procedure

12/2017

Donning PPE

Type of PPE used will vary based on the level of precautions required, e.g., Standard and Contact, Droplet or Airborne Isolation Precautions

GOWN

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



MASK OR RESPIRATOR

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



Donning PPE

GLOVES

- Extend to cover wrist of isolation gown



SAFE WORK PRACTICES

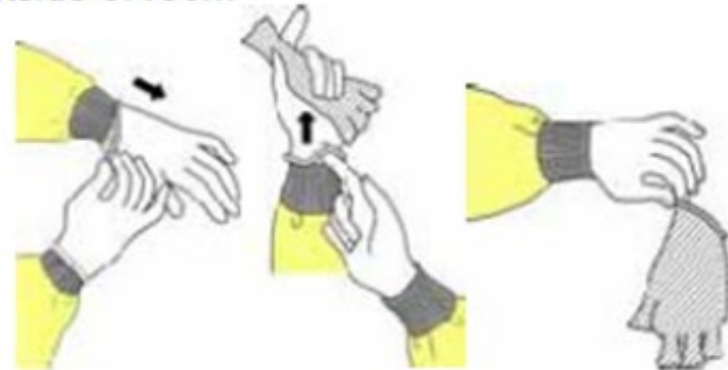
- Keep hands away from face
- Limit surfaces touched
- Change PPE torn or heavily contaminated
- Perform hand hygiene

Removing PPE

Remove PPE at doorway before leaving patient room or in anteroom; remove respirator outside of room

GLOVES

- Outside of gloves are contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist



GOGGLES/FACE SHIELD

- Outside of goggles or face shield are contaminated!
- To remove, handle by “clean” head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



Removing PPE

GOWN

- Gown front and sleeves are contaminated!
- Unfasten neck, the waist ties
- Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
- Gown will turn inside out
- Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle



MASK OR RESPIRATOR

- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp bottom then top ties/elastics and remove
- Discard in waste container



HAND HYGIENE

Perform immediately after removing all PPE

Fall Prevention

Fall Prevention for the Adult Patient

Definition

A sudden, unintentional descent that results in the patient coming to rest on the floor, on or against some other surface, on another person, or on an object (e.g., trash can)

Goals

- Falls and/or complications related to falls are prevented.
- A safe environment is maintained for the patient.



TMH 3 Step Prevention Program

- Fall Risk Assessment
- Tailored Fall Prevention Care planning
- Consistent Implementation of the Tailored Care Plan






















Falls Risk Assessment

- Done on admission and periodically throughout stay (with changes in condition or level of care)
- Morse Score = adults
Morse Score of 55 or greater is considered a high risk for falls
- Humpty Dumpty = pediatrics
- Risk score not a definitive predictor for fall risk
- Remember risk factors
 - History of recent falls
 - 2 or more diagnoses
 - Use of walking aid to move
 - IV therapy (attached to equipment)
 - Gait
 - Mental Status



Fall Prevention Patient Engagement Poster

- Filled out with Patient and Family
- Posted in Patient's Room
- Updated every shift and as needed

 Patient Name: _____		Date: _____	
 Increased Risk of Harm If You Fall <input type="checkbox"/>		Fall Interventions <i>(Circle selection based on color)</i>	
Fall Risks <i>(Check all that apply)</i>		Communicate Recent Fall and/or Risk of Harm	
 History of Falls <input type="checkbox"/>	 Medication Side Effects <input type="checkbox"/>	 	Walking Aids    Crutches Cane Walker
 Walking Aid <input type="checkbox"/>	 IV Pole or Equipment <input type="checkbox"/>	IV Assistance When Walking 	Toileting Schedule: Every _____ hours    Bed Pan Assist to Commode Assist to Bathroom
 Unsteady Walk <input type="checkbox"/>	 May Forget or Choose Not to Call <input type="checkbox"/>	Bed Alarm On 	Assistance Out of Bed    Bed Rest 1 person 2 people
<small>Fall TIPS ©Brigham & Women's Hospital 2016; do not alter without written permission.</small>			

Fall Precautions

Universal – for all patients

- Position of the call bell and possessions is within reach
- Proactive hourly rounds
- Assessment of ability to ambulate and how much assistance needed
- BSC placed near bed and assistive devices nearby
- Non-skid footwear
- Assess medication effects
- Prompt response to call light



Fall Precautions – High Risk

Morse > 55 or Humpty Dumpty > 12

- Signage on door
- Scheduled toileting every 2-3 hours
- Keep bed in lowest position when patient in bed
- Remain within arms length when patient OOB
- BSC to be hidden in bathroom when not in use
- Bed and chair alarms set
- Use “Family Pass” when patient alone



Fall Precautions – High Risk

- Program bed alarms
 - Zone II for anyone high risk
 - Ibed awareness
- Side rails up x 3
- Bed in locked position
- Patient and family education
 - Stress that patient is high risk and give specific risk factors
 - Highlight family role in fall prevention
 - Use Teach Back method



Patient Safety: NO PASS ZONE

- N - Never pass by a call light or alarm
- O - Observe the patient's privacy
- P - Provide the help they request OR
- A - Assess who can help
- S - Scope of Practice: Safety First
- S - Smile and use AIDET

Customer Service: AIDET

Always practice AIDET with patients, guests, and colleagues.

A - Acknowledge

I - Introduce

D - Duration

E - Explain

T - Thank

Conclusion

We at TMH want our patients, families, colleagues, and other representatives, such as students and volunteers, to be safe at all times!





**TALLAHASSEE
MEMORIAL**
HEALTHCARE

Corporate Compliance Orientation

Corporate Compliance

The following information will be covered.

- Compliance Program
- HIPAA Privacy
- HIPAA Security
- Questions and Answers

*Doing the Right
Things...*

The

Right

Way...

Each & Every Time!

Compliance Program Purpose

- The Compliance Program represents a means for health care organizations to demonstrate that they are making those “reasonable efforts to avoid and detect any misbehavior.”
- The Compliance Program is a comprehensive strategy to ensure that organizations and individuals comply with all applicable laws, rules, and regulations related to TMH business activities.
- For TMH, it is based upon the values, ethics, and moral standards under which TMH chooses to operate as documented in the TMH Code of Conduct.

Compliance With Who and What

- Medicare
- Medicaid
- IRS
- Labor laws
- Health, safety, & environmental regulations
- Licensing & credentialing
- Patient rights
- Americans with Disabilities Act
- EMTALA
- Federal Family Medical Leave Act
- ERISA
- Federal regulations
- State regulations
- EEOC
- Stark Anti-Referral Law
- Federal Anti-Kickback Statute
- OSHA
- EPA
- HIPAA
- HIPAA Omnibus Final Rule
- The Joint Commission (Deemed Status)
- Patient confidentiality
- Federal False Claims Act
- Conflict of interest
- Records retention
- FDA
- Antitrust
- Radiation Control Bureau
- AHCA
- American Recovery and Reinvestment Act of 2009 (ARRA)
- HITECH Act
- Patient Protection and Affordable Care Act (ACA)

Reporting

If you have a compliance or privacy concern, you should talk to your preceptor or contact the following.

- The Compliance Department at ext. 15339

-OR-

- For anonymous reporting, call the Compliance Helpline at 877-772-6723

-OR-

- Enter a Safety Event in the Risk Management Portal on SPARK

Reporting

- **Whistleblower Protection**

The False Claims Act and many state acts contain a section designed to prevent retaliation against whistleblowers by their employers as a result of their reporting fraud.

- **Responsibility to Report**

Employees that report their concerns in good faith are protected from any retribution or retaliation by peers or leaders.

Inpatient Patient Care Responsibilities

Your Commitment is to

“Do the right thing, the right way, each and every time.”

- **The Right Thing:** Follow clinical policy and procedure; know the procedures for your role and follow them.
- **The Right Way:** With COMPASSION. Treat our patients and your teammates with respect.
- **Every Time:** Consistency brings positive outcomes. *Errors* may happen and can be handled, but *failure* happens when we are consistently **NOT** doing the right things.

Lack of compassion and poor quality care are symptoms when we fail our patients.

Inpatient Patient Care Responsibilities

Licensure

The first step to providing quality care is knowing which services you are eligible to provide. Know those rules that affect your position.

- Hospital Policies & Procedures
- Medicare Regulations
- Commercial Insurer Regulations
- State Practice Act

These requirements support QUALITY because we have the right PEOPLE providing the right CARE.

Inpatient Patient Care Responsibilities

Issues

- What if quality standards are not being followed at your location?
- Going along with questionable, unethical, or illegal practices impacts the quality of care. It also places your license and livelihood in jeopardy.
- When you are aware of patient care issues, your preceptor or manager should be your first point of contact. If your preceptor or manager is your concern, or they do not address your concerns, contact your Divisional Leadership or the Compliance Department.

Inpatient Patient Care Responsibilities

Expectations

- Often our patients and their families do not know what to expect when they come to us.
- Communication is key to establishing realistic and attainable expectations.
- Take the time to **explain** the care provided.
- When we **listen** to patients and their families it helps to avoid misunderstandings in their care.



YOU MUST

Maintain the Privacy and Confidentiality of all Patient Information (PHI).

- Clinical (health care services / medical records)

AND

- Demographic (payment activities / patient accounts)
 - Social Security Number
 - date of birth
 - phone number, etc.

Electronic, Written, & Oral

There must be a NEED TO KNOW....

...to share patient information with another person or entity

OR

...to access patient information yourself

(TPO – Treatment/Payment/Operations)

**You may NOT access
your own patient information
or your family members’.**

Contact Medical Records or Patient Financial Services for
your own or a family member’s PHI.

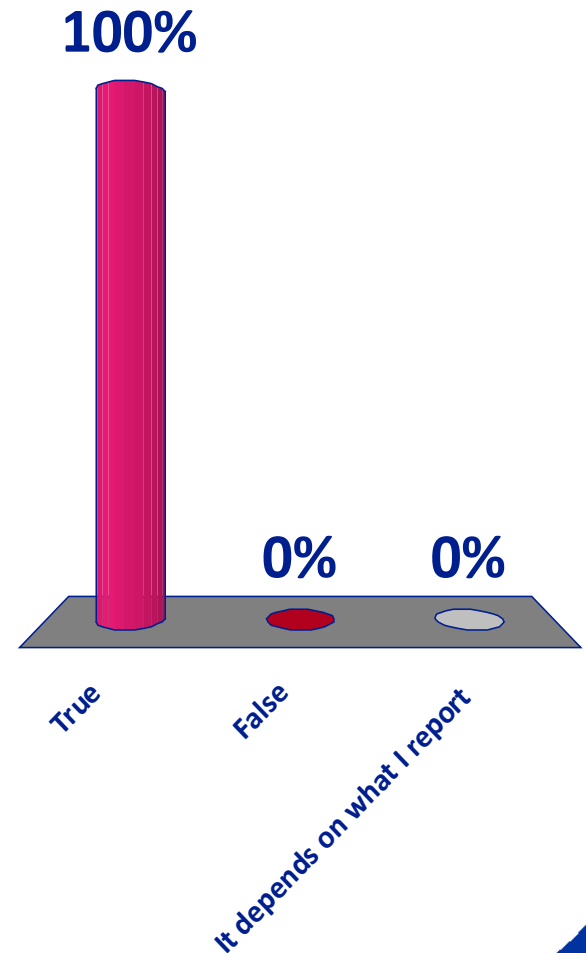
SCENARIO 1

You work in Patient Financial Services and are responsible for following up on patient accounts. As part of your job you may access 15–20 accounts each day to determine the status of collections. One day while walking through the Radiology Department you notice a patient on a stretcher who looks like your next door neighbor. When you get back to your office, you enter your neighbor's name into the patient accounts system and determine that, in fact, he was admitted last night.

SCENARIO 1

Is this a violation of HIPAA?

- ★ 1. Yes
- 2. No
- 3. Not if I don't look at any medical information



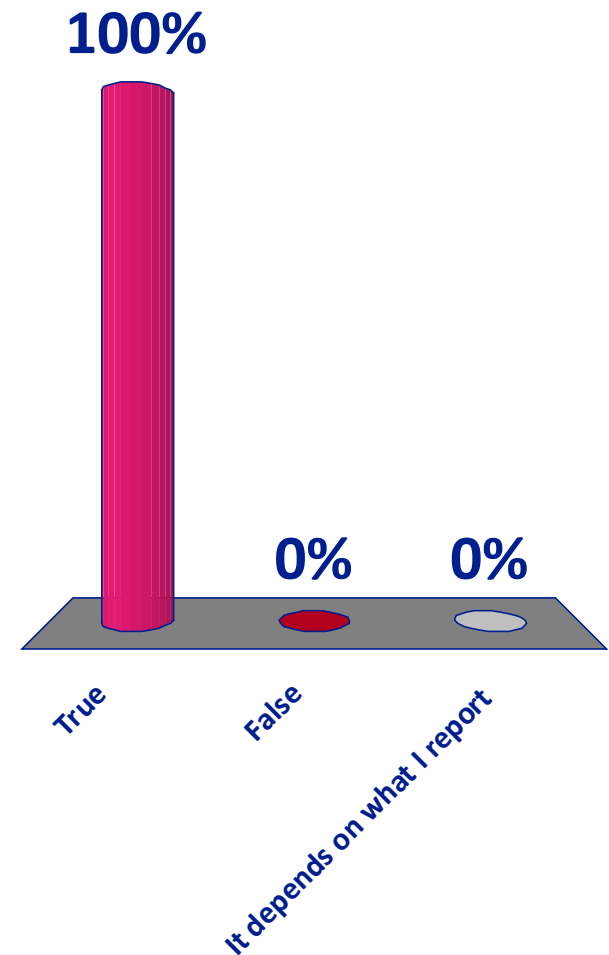
SCENARIO 2

You are an avid football fan. You attended the game on Saturday and saw the quarterback get injured and taken off the field by ambulance. When you get to work Sunday morning, you are curious and access the Cerner electronic medical record system to find out if the quarterback was admitted and how serious his injuries are.

SCENARIO 2

Is this a violation of HIPAA?

- ★ 1. Yes
- 2. No
- 3. Not if his medical condition was already reported in the Tallahassee Democrat



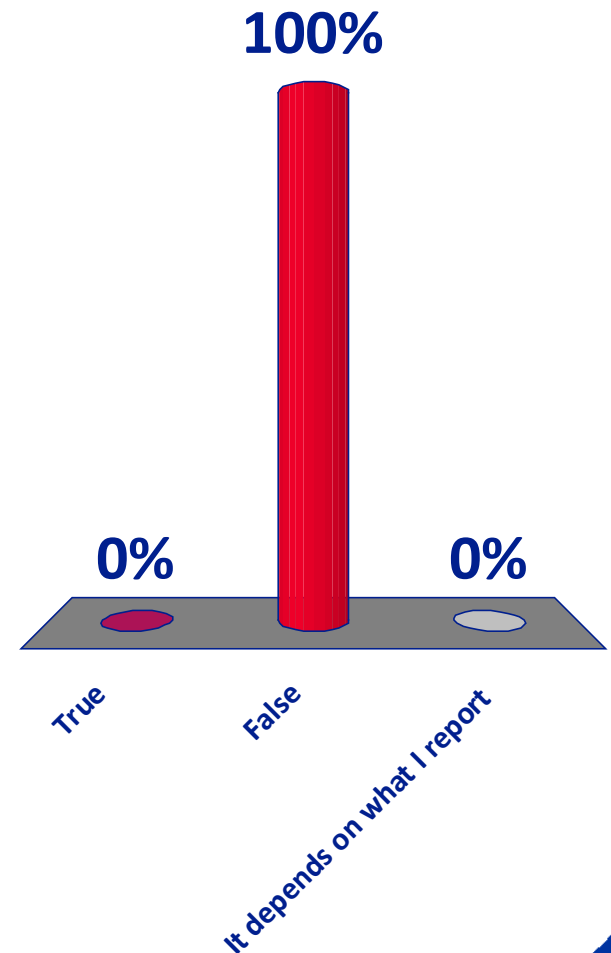
SCENARIO 3

I have a doctor appointment tomorrow and need to know the result of some lab work that was done when I came to the emergency room last month. Since these are my own records, I look at them in our Cerner computer system and write down the results.

SCENARIO 3

Is this OK?

1. Yes
2. No
3. Ok if I write down the results and do not print them



Information Security Policy Statement

What is the Information Security Policy Statement?

The Information Security Policy outlines your responsibilities while using TMH computers and systems. It is a requirement of all workforce members, vendors, and students to read and acknowledge that you understand and will adhere to the established TMH policies.



Information Security

Social Schemes

There have been incidents in the past in which healthcare workers were tricked into providing seemingly harmless information that should not have been provided.

- If you receive an email or phone call, please make sure you can identify who is making the request.
- If you receive a call or email from a person claiming to be a member of the IT service desk, they should only ask for your colleague ID# in response to a help desk ticket that you initiated. Thus, you should have the help desk person give you the ticket number for verification.



Information Security

Login and Password Security

- It is essential that your login and password be secure and not shared with anyone else. This includes your supervisor or manager.
- You are responsible for all activity occurring under your login.
- Do not post your username and password on a sticky note or other visible location.



Information Security

Information Security Company Use and Ownership

- TMH will hold users accountable for their individual behavior associated with the Tallahassee Memorial name and all their activity conducted with Tallahassee Memorial Corporate information assets.
- Electronic communications reside on corporate resources. Therefore, this information is the property of TMH and is to be used for valid business reasons only. Information is a critical corporate asset and, as such, must be protected from misuse, improper access, and delays in processing.
- By completing this training, you agree to follow the Information Access Security and Patient Confidentiality Agreement and the Internet Usage Policy, and abide by the rules and regulations in this training.

Information Security Policy Statement

Protect Our Patients

- Identity theft is one of the nation's fastest growing crimes. Too often, this crime is made possible by companies providing thieves easy access to documents that were not properly discarded.
- Take the necessary steps to protect our patients by following all policies and procedures associated with obtaining, using, and destroying personally identifiable information. This includes both financial and medical information.
- **Students are not to remove ANY patient information from the building.**



Standards of Conduct

Expectations of Work Place Behaviors

- Provide Quality Care and Services
- Promote Fair Employee Treatment
- Comply with the Law in All Business Practices
- Respect and Protect Confidential Information
- Code, Bill, and Collect in Accordance with Applicable Guidelines
- Avoid Conflicts of Interest
- Safeguard Assets, Property, and Information
- Maintain a Safe Environment

Code of Conduct Certification

- Every workforce member is required to read, understand and certify their intention to follow the TMH Code of Conduct.
- By completing this training, you acknowledge you have received a copy of the TMH Code of Conduct and agree to conduct your business in accordance with the Standards of Conduct outlined within the TMH Code of Conduct.
- Signing this is important and should have been in your orientation paperwork!
- The TMH Code of Conduct is listed on the TMH Intranet page under Compliance.
- You can view the TMH Code of Conduct at <https://www.tmh.org/about-us/corporate-compliance>.

Terms to Know

Abuse (Abusive) – inappropriate, consistent, or incorrect practices that directly or indirectly lead to incorrect payment for services; abusive acts may be committed without certainty of knowledge, willfulness, or intention

Billing for Services and Items Not Rendered – submitting a claim which represents that the provider performed a service, all or part of which was not performed

Colleagues – all TMH employees, medical staff members, temporary per diem personnel, volunteers, students, and others rendering paid or unpaid services to TMH, and all TMH agents

Compliance Program – a process designed to promote ethical and honest practices in day to day operations, and detect and prevent illegal activities by employees, physicians, vendors, and all others providing services and/or doing business within TMH

Conflicts of Interest – any situation in which the personal interest of any individual may conflict with the interest of the TMH System

Terms to Know

Copyright Laws – laws granting the legal right for exclusive publications, products, sale or distribution of material to the author or designated individual; material cannot be reproduced without written permission of the copyright holder

Credentialing (Credentialed) – the process of assessing qualifications and granting privileges to licensed health care professionals to treat patients

Duplicate Billing – submission of more than one claim for the same service or the bill is submitted to more than one primary payer at the same time

Upcoding – the practice of using billing codes that provide a higher payment rate than the billing code that actually reflects the service furnished to the patient

Fraud (fraudulent) – false statements, representation, or concealment of material facts to obtain a benefit or payment for which no entitlement exists; acts that are committed knowingly, willfully, and intentionally

Terms to Know

Good Faith Reporting – reporting an act of known or suspected noncompliance based upon facts or observations that the individual making the report considers to be true to the best of his/her knowledge and belief

Harassment – an inappropriate or unwelcome act or series of acts that significantly impacts the ability of another individual to perform his/her duties

Informed Consent – informed consent is a process which involves exchange of information between the patient and practitioner as well as permission, approval, or assent; consent given by the patient based on knowledge of the nature of the procedure to be performed and its risks, benefits, and alternatives, including neuroleptic drugs

TMH Agents – includes all persons and entities that have contracted with TMH to provide health care related services, equipment, or other goods or services



**TALLAHASSEE
MEMORIAL
HEALTHCARE**

You have now completed the orientation presentation. Please go to the orientation test to complete this assignment.