

# GENERAL ORIENTATION

*For Students and Instructors*



# TABLE OF CONTENTS

Welcome & Contact Information	3
General Orientation Objectives	4
About TMH	5
SPARK	9
Human Resources & Joint Commission	10
Diversity	13
Patient Rights & Responsibilities	14
Patient Experience	17
Patient- & Family-Centered Care	18
Risk Management	20
Emergency Preparedness Codes	26
Department Contact List	39
Code of Conduct & Business Practice Guide	40
HIPAA	47
Infection Prevention	51
Customer Service	52
Colleague Parking & Maps	53
IT Login Information	55

## Introduction

Welcome to Tallahassee Memorial HealthCare! Your contribution to the continued success of TMH becoming a recognized world-class organization is appreciated.

Please read your handbook carefully and keep for future reference. Remember, policies and procedures may change. To ensure you have the most recent policy information, please refer to the TMH SPARK Intranet.

## Contact Information

### **TMH Education Center:**

850-431-5405  
1623 Medical Drive, Suite 3  
Tallahassee, FL 32308

### **Human Resources, Academic Liaison**

850-431-5786  
Center for Healthcare Careers  
Tallahassee Memorial HealthCare  
1623 Medical Drive  
Tallahassee, FL 32308  
[academic.info@tmh.org](mailto:academic.info@tmh.org)

### **Epic Training**

TMH Support Services Center  
1860 Capital Circle NE  
Tallahassee, FL 32308  
[epictraining@tmh.org](mailto:epictraining@tmh.org)

## Objectives

After completion of general orientation, you will be able to apply knowledge of Tallahassee Memorial HealthCare policies and procedures, and Joint Commission requirements in your professional practice at TMH.

After completion of general orientation, you will be able to:

- State the vision, mission, and five ICARE Values of Tallahassee Memorial HealthCare
- List various HR policies and procedures, including:
  - Professional appearance expectations
  - Tobacco free environment
  - Cell phones, pagers, and other electronic devices
  - Sexual harassment and discrimination
- Review TMH's parking policies
- Conduct business in compliance with laws, regulations, and standards in the Corporate Compliance: Code of Conduct and Business Practice Guide
- Discuss the importance of protecting confidential information stated in the HIPAA Privacy and Security Act
- Perform proper hand hygiene
- Apply the S.T.A.R.T. with Heart and Respond with H.E.A.R.T. customer service model in your role

## About Tallahassee Memorial HealthCare

Founded in 1948, Tallahassee Memorial HealthCare (TMH) is a private, not-for-profit community healthcare system committed to transforming care, advancing health, and improving lives.

We deliver care to a 121-county region in North Florida and South Georgia through numerous healthcare facilities, including:

- 772-bed acute care hospital
- Surgery and adult ICU center
- Psychiatric hospital
- Multiple specialty care centers
- Three physician residency programs
- 38 TMH Physician Partner Practices

We also collaborate with other hospitals and education leaders throughout our community and state to bring the most advanced care here to Tallahassee. Our partners include:

*Apalachee Center*

*Calhoun Liberty Hospital*

*Capital Health Plan*

*Doctors' Memorial Hospital*

*Florida State University College of Medicine*

*Radiology Associates*

*University of Florida Health*

*Weems Memorial Hospital*

*Wolfson Children's Hospital of Jacksonville*

### TMH Vision Statement

To be known as the most engaged and supportive organization in America.

### TMH Mission Statement

Transforming Care  
Advancing Health  
Improving Lives

### Measuring Success

There are several measures we will use to determine our rank against other leading hospitals.

They are:

- Patient outcomes
- Patient satisfaction
- Physician satisfaction
- Financial performance
- Employee satisfaction
- Community survey results

### ICARE Service Standards

**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



### Tallahassee Memorial's Core Services

TMH has established nine clinical **service lines**, each with its own administrator, to focus on that one patient population. The service lines are:

- Behavioral Health
- Emergency Services
- Heart and Vascular Services
- Medicine Services
- Neurology/Orthopedic Service
- Oncology Services
- Rehab Center, Outpatient Neuro Clinic, Sleep Medicine
- Surgical Services
- Women's and Children's Services

### Special Accreditations and Designation

- 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

### Spiritual Care

To contact a chaplain for Spiritual Care or for Spiritual Care general information please contact Wendy Wyche at [wendy.wyche@tmh.org](mailto:wendy.wyche@tmh.org) or 850-431-5518.

Chaplains are available on site 24 hours for colleagues, patients, and their loved ones.



## STRATEGIC PLAN



### PHYSICIAN STRUCTURES

We will provide the physicians and services needed to care for our community.



### ACADEMIC HEALTH CENTER

We will strive to become an Academic Health Center, focused on developing our future physicians and expanding research.



### FINANCE AND OPERATIONS

We will focus on projects that move us toward our goals and develop the processes and people to help us get there.



### CULTURE

We will embody our ICARE values in the care of both our colleagues and our patients.



### SERVICE LINE GROWTH

We will provide key services, technology and programs to elevate healthcare in our region.



### QUALITY, SAFETY AND RELIABILITY

We will provide evidence-based care focused on quality and patient safety.



### STRATEGIC PARTNERSHIPS

We will work with key community partners to accelerate our vision.





## TMH SPARK Intranet

SPARK is TMH's intranet system and is only accessible via TMH computers, by TMH colleagues. On SPARK, you can view policies and procedures, search for and find helpful resources, access HealthStream, view cafeteria menus, navigate to your email account, see important communication updates, and more. If you need access to SPARK, ask a colleague for assistance.

Click [here](#) to learn how to navigate SPARK.

## Human Resources

TMH Human Resources division includes the following areas:

- Employment
- Compensation
- Benefits
- Colleague Relations
- Colleague Health Services
- Training/Education
- Childcare Centers
- Colleague Activities

## Tobacco Free Environment

Recognizing the health, safety, and comfort benefits of smoke-free air, and as a healthcare provider, the special responsibility that TMH has in establishing, maintaining, and promoting a healthy and safe environment for our community. All facilities, premises, and Tallahassee Memorial HealthCare, Inc. campuses are tobacco-free environments, where the use of tobacco products (including but not limited to: cigarettes, cigars, pipes, smokeless tobacco, chew, snuff, and dip) is **strictly prohibited**, with exceptions for patients made only by order of attending physicians.

### Professional Appearance Expectations

The personal appearance and hygiene of each representative of Tallahassee Memorial HealthCare is crucial to the public relations and professional image of our organization.

- All representatives of TMH are to dress in a manner that reflects our dedication to providing high quality patient care, while inspiring the respect and confidence of patients, visitors, and fellow employees.
- TMH expects each representative to demonstrate appropriate personal appearance and hygiene standards, including apparel, hairstyle, cleanliness, makeup, and/or any other application or attire.
- TMH leaders at all levels are accountable for the enforcement and fair administration of the professional appearance expectations of TMH and have the discretion to define what is and is not professional, acceptable, and consistent with the content of this policy.
- TMH representatives failing to comply with this policy may be asked to remedy the infraction which may include being sent home. Repeated violations of this policy may result in corrective action.
- Please see the full policy regarding expectations for clothes, footwear, and accessories, the standards for nails, eyelashes, hair, piercings, tattoos, cosmetics, fragrances, and the rule for casual and “dress down” days.

### Harassment and Discrimination

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

It is imperative that every complaint or concern of harassment and/or discrimination and/or any knowledge of behaviors/incidents that may be harassing or discriminatory be presented to the Director of Employee Relations or the Vice President, Chief Human Resource Officer immediately. Once reported, representatives of the TMH Human Resources department will conduct an investigation.

### TMH HR Policies & Procedures

Understanding the TMH HR Policies is your responsibility!  
Access all policies on [SPARK](#).



### Cell Phones, Pagers, and Other Electronic Devices

TMH leadership may require that some members of the staff carry pagers and/or mobile telephones.

To ensure that attention is focused upon our patients, visitors, and colleagues, while on duty, colleagues may only use mobile telephones and pagers issued by Tallahassee Memorial HealthCare and must not use personal pagers, mobile telephones, or other electronic devices on duty.

### Joint Commission Communication

The Joint Commission accredits Tallahassee Memorial HealthCare (TMH). If you have a complaint about the quality of care at TMH, The Joint Commission wants to know about it. Submit your complaint online or send it by mail, fax, or email providing your name or anonymously. It is The Joint Commission's policy to treat your name as confidential information and not to disclose it to any other party. The Joint Commission policy forbids accredited organizations from taking retaliatory actions against employees for having reported quality of care concerns to The Joint Commission.

**E-Mail:** [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

**Fax:** Office of Quality Monitoring, 630-792-5636

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

If you have questions about how to file your complaint, you may contact The Joint Commission at their toll free U.S. telephone number, 1-800-994-6610, 8:30 a.m. to 5:00 p.m., Central Time, weekdays.

## Serving a Culturally Diverse Population

In a diverse patient population, our sensitivity to cultural values can:

- Improve medical outcomes
- Enhance patient and family satisfaction
- Facilitate patient adaptation to illness/injury

The patient's cultural background can affect:

- Genetic traits and disorders, susceptibility to disease
- Communication patterns (self-disclosure, eye contact, facial expressions, touch, emotional expression)
- Personal space needs
- Perceptions of time, perception and communication of pain
- Communication and decision-making patterns within the family
- Beliefs about health and the cause of illnesses
- Response to health care practitioners
- Use of alternative healing approaches
- How prescribed therapeutic regimens are followed
- Care of the individual at the time of birth, death, and during health crises
- Application of ethical principles

## Developing Cultural Sensitivity

Some suggestions that will assist in developing cultural sensitivity include:

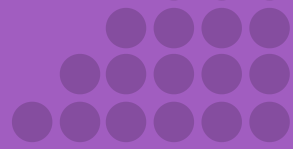
- **Avoid stereotypes:** Don't assume that your values and those of your patient are the same. Orientations are not fixed and cannot be assumed.
- **Don't be afraid to ask:** If you are unsure about the appropriateness of specific actions or behaviors, ask, and let the patient or family teach you. They will respect your sensitivity.
- **Start from common ground:** Although the process may be different, all people experience common emotions such as grief, joy, etc.
- **Respect modesty and privacy:** Most individuals, regardless of culture or religion, value modesty and expect their health providers to respect their privacy. One of the greatest gifts we can give another individual is acceptance of that individual's ways of living.
- **Handle religious objects with care:** When disagreements between patients, families and staff arise, consider the cultural factors that could be adding to the problems.

## Patient Rights

Tallahassee Memorial HealthCare recognizes the rights you have as a patient receiving medical care or undergoing treatment at our hospital. Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

### **You, as a patient, have the right...**

- To be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your need for privacy.
- To a prompt and reasonable response to questions and requests.
- To know who is providing medical services and who is responsible for your care.
- To know what patient support services are available, including whether an interpreter is available if you do not speak English, or if you are hearing impaired.
- To know what rules and regulations apply to your conduct.
- To refuse any treatment, except as otherwise provided by law.
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- If eligible for Medicare, the right to know upon request and in advance of treatment whether the health care provider or health care facility accepts the Medicare assignment rate.
- To receive, upon request and prior to treatment, a reasonable estimate of charges for medical care.
- To receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have the charges explained.
- To impartial access to medical treatment or accommodations regardless of race, national origin, religion, physical handicap, or source of payment.
- To treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research.
- To express grievances regarding any violation of your rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility that served you and to the appropriate state licensing agency.
- To be given by your health care provider information concerning diagnosis, planned and unplanned outcomes in the course of treatment, alternatives, risks and prognosis.
- To have your pain treated, to be taught about pain and how your pain can be relieved, and to have your complaint of pain addressed.
- To be free from restraint unless the restraint is needed to protect you or others from harm.



## Patient Responsibilities

**You as a patient are responsible for...**

- Providing to your health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
- Reporting unexpected changes in your condition to your health care provider.
- Reporting to your health care provider whether you comprehend a contemplated course of action and what is expected of you.
- Following the treatment plan recommended by your health care provider.
- Keeping appointments and, when you are unable to do so for any reason, for notifying the health care provider or health care facility.
- Your actions if you refuse treatment or do not follow the health care provider's instructions.
- Assuring that the financial obligations of your health care are fulfilled as promptly as possible.
- Following health care facility rules and regulations affecting patient care and conduct.
- Proper conduct, including no violence toward other patients, visitors, or staff.

## Availability of a Medical Ethicist

Recognizing the stress and indecision that may accompany any illness, Tallahassee Memorial retains a Medical Ethicist who may assist patients and families to better understand a variety of choices or decisions that may arise during the course of an illness. You may contact the Medical Staff Office at (850) 431-5122.

## Access to Patient Advocacy Groups

- **Suspected abuse or neglect of a child, elderly person or a disabled person:** 800-962-2873 – Abuse Registry Hotline
- **Suspected sexual abuse or partner abuse:** 850-681-2111 – Refuge House
- **Suspected violation of Residents Rights at Long Term Care:** 850-921-4703 – Long Term Care Ombudsman

The Medical Ethicist will assist you if you need help in calling or contacting one of these groups. Contact the Medical Staff Office at 850-431-5122.

## Your Feedback

Patients, families, and visitors are encouraged to speak directly with the manager of the care unit or department in which they have a complaint. In addition, concerns may be shared by dialing "85" from any hospital telephone or by filling out a comment card, located throughout the hospital. A hospital representative will contact you to discuss your concern.

In addition, TMH sends patient satisfaction surveys to a sample portion of our patients. If you receive a survey, please fill it out and return it. In this way, we can make improvements based on your feedback.

## Your Concerns

If the above channels are not satisfactory and you have a complaint against the hospital or ambulatory surgical center, call the Consumer Assistance Unit at 1-888-419-3456 (press 1) or write to:

**Agency for Health Care Administration**  
**Consumer Assistance Unit**  
**2727 Mahan Drive/Bldg. 1**  
**Tallahassee, FL 32308**

If you have a complaint against a health care professional and want to receive a complaint form, call the Consumer Services Unit at 1-888-419-3456 (press 1) or write to:

**Agency for Health Care Administration**  
**Consumer Services Unit**  
**P.O. Box 14000**  
**Tallahassee, FL 32317-4000**

*Para obtener una copia en Español de "Sus Derechos y Responsabilidades Como Paciente," haga el favor de preguntarle a su enfermera.*



## Patient Experience Department

The mission of the Patient Experience Department is to ensure compassionate patient- and family-centered care is delivered with the exceptional service promised by TMH's ICARE Values. The department helps patients, family, and visitors as they navigate the health care experience. The department provides a variety of resources including a safe space for patients and families to share feedback and work with colleagues to achieve a resolution. Patient Experience oversees the Press Ganey Patient Survey process and distributes data on patient experience measurement for improvements. The team also assists with Language Line Communication resources for patients requiring interpretation services for foreign languages and ASL. Additional services and resources include TMH CareLink virtual visits between patients and families, lost & found, and much more.

For Patient Experience support, call 850-431-5488 or ext. 15488.

The Patient Experience Specialists and Patient Experience Advocates:

- Are a valuable resource to TMH colleagues as a referral source for patient and family issues and needs
- Visit newly admitted patients to welcome them to our facility as well as patients who have been at TMH for multiple days
- Respond to patient concerns with empathy and compassion and collaborate to find solutions with care



## Partners in Care

At Tallahassee Memorial, we strive to deliver the highest level of patient- and family-centered care by engaging our patients, their families, and our colleagues in shared decision-making.

We understand that family members know their loved ones better than anyone else. While we provide information patients and families need to make educated decisions about treatment, we also recognize that involved patients and families have their own information to contribute that can help us make even better care decisions. Involving families in a patient's care supports the healing process and can improve their outcome and experience.

As we deliver patient- and family-centered care here at TMH, we aim to:

- Offer a welcoming, supportive environment
- Recognize that each patient and family is unique
- Provide honest, open communication
- Involve the patient and family in the planning and delivery of healthcare
- Provide expert and timely care

At TMH, our patients define what “family” is to them. Family can nurture, give care and participate in the healing process. We respect and value them as integral care partners.

### The Four Core Principles of Patient- and Family-Centered Care

**Respect & Dignity:** Patient- and family-centered care requires mutual trust and respect. To achieve that, we always strive to:

- Listen and honor our patient and family perspectives, choices, and backgrounds.
- Identify strengths in every patient and family.
- Be flexible by tailoring care to the needs, beliefs, and religious and cultural values of each person.

**Information Sharing:** Information sharing helps patients and families make choices and assume responsibility for their own care. To achieve that, we make every effort to share complete, accurate, and timely information with patients and families.

**Participation:** We aim to offer patients and families choices when it comes to how we approach their care. We also support them at the level of decision-making and participation they choose.

**Collaboration:** We strive to partner with patients and families in the plan of care. We respect and value the understanding families bring to this partnership. We also try to involve patients and families when we create and evaluate new policies, processes, and facility design.

## Risk Management Information

In the State of Florida, risk management programs are regulated by the Agency for Health Care Administration (AHCA). In a **culture of patient safety**, we focus on harm, not error. Our culture is a culture of safety and no blame; it looks at systems/process failures. It is not about “who did it?” but “what happened and why?” Safety is a way of life at TMH, not a project.

## Some Safety Terms to Remember

- **Error** – an unintended act of omission or commission that does not achieve its intended outcome.
- **Sentinel event** – a serious, unexpected negative event or problem that could have led to an undesirable outcome.
- **Near miss** – (close calls) a variation in the process which did not affect the outcome but could have resulted in an accident, injury or illness, but did not do so, are stopped either by chance or through timely intervention.
- **Hazardous conditions** – a set of circumstances which significantly increase the likelihood of a serious adverse outcome.

Sentinel or adverse events are reported to the Agency for Health Care Administration and/or The Joint Commission. The hospital conducts detailed analyses and follow ups so that we focus our attention on the underlying cause(s) of the event, to increase our knowledge of why things happen, implement plans to prevent further occurrences, and improve patient care.

When an adverse event occurs: **stop, think, remain calm, and stabilize the situation.**

**Remember that the patient is the first priority and save all physical evidence** – it may help to reconstruct what happened and document accurately, and notify Risk Management.

A root cause analysis is the process used to follow up on a sentinel or adverse event. This process: includes all involved parties looking at the circumstances/systems surrounding the event to figure out why this event occurred and develop action plans to prevent recurrence.

### Patient Safety Concerns

TMH representatives should report their concerns about safety or quality to their supervisor or Risk Management. If these concerns are not resolved, you may report concerns to The Joint Commission at 1-800-994-6610 or email [complaint@jointcommission.org](mailto:complaint@jointcommission.org). Should colleagues or representatives use any of these options, they will not be subject to any disciplinary action by TMH.

### Patient Identification

In accordance with the Patient Identification Administrative Policy and Procedure #070.100.027, every patient undergoing a procedure, test, or treatment must have an identification bracelet. The patient identification bracelet, which includes at least 2 identifiers, will be the primary method used to identify the patient in the inpatient setting and a few ambulatory care settings.

The patient's name and financial number are used as the two primary patient identifiers in the hospital.

When a patient is received in any department, the person receiving the patient will check the patient's medical record or face sheet against the patient's identification bracelet to make certain the identification matches.

### Safety Event Reporting

The Safety Event Form can be accessed by clicking the light blue "Submit Safety Event" icon on the home page of SPARK. You can also click on the Resources, Risk Management link. Select "Submit Safety Event or Adverse Event." The majority of reports are classified and entered as safety event reports.



Only specific events are defined as adverse events, i.e. surgery on wrong patient, wrong site surgery, surgery to remove unplanned foreign objects, etc. You must contact Risk Management prior to completing an Adverse Incident Report. Safety events are to be completed at the time the event occurred.

### Sexual Assault or Abuse

The definition of sexual abuse is: a means or act of a sexual nature committed for the sexual gratification of anyone, upon or in the presence of a minor or a vulnerable adult, without the adult's informed consent; includes, but is not limited to, the acts of fondling, exposure of a vulnerable adult's or minor's sexual organs, or the use of the vulnerable adult or minor to solicit for or engage in prostitution or sexual performance. Sexual abuse does not include any act intended for a valid medical purpose or any act involved in normal care giving.

When an allegation of known or suspected sexual assault or sexual abuse of a patient, employee, or visitor to the premises is brought to the attention of any TMH employee, it should be reported immediately and an examination with consent will be conducted. Risk Management must be notified. Employees can report information to the Abuse Registry (1-800-96-ABUSE).

### Workplace Violence

Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the workplace setting. TMH encourages colleagues to report incidents of workplace violence by completing a Safety Event Report, whether it is violence by strangers, patients, coworkers, physicians, or personal relations. Leadership is committed to a zero tolerance for workplace violence. A "Code Grey" is called for violence or a security event.

If you need assistance or training, contact Security at 431-5184 or Risk Management at 431-5364.

### Safety Events

It is everyone's responsibility to communicate events that occur to Risk Management. You are all risk managers, and it is your responsibility to ensure the safety of staff, patients, families, physicians, and visitors in your area.

#### **When to Complete an Incident Report?**

Complete the safety event immediately after the event is discovered. The longer you wait before completing the report, the less clear the facts will be. As a basic guide, you should complete a safety event for any event where there is potential for clinical error, harm, injury, or damage has occurred.

#### **How Do We Report an Event?**

We use the Portal on our Intranet to report safety events to Risk Management.

#### **Who Completes a Safety Event?**

- The staff member involved in the event
- The staff member who discovered the event
- The staff member to whom the event was reported

**DO NOT MAKE OR PROVIDE A COPY OF A SAFETY EVENT TO ANYONE!**

#### **Reminders:**

- Stop, think, and remain calm
- Stabilize the situation
- The patient is the first priority
- Secure any syringes, IV bags, and equipment that may be involved in an event
- Ensure adequate and accurate facts of the event are documented
- Complete a Safety Event Form

### Safety Events (Cont)

An event involving a patient and/or affecting a patient's care is documented in the medical record.

Appropriate documentation includes:

- Type of event and event facts
- Any assessment and any treatment or intervention
- Notification to physician and follow-up plan of care
- Do not mention the filing of a Safety Event in the medical record

**YOU ARE A REPORTER OF FACTS.**

**Others determine whether an incident is a reportable event to regulatory Agencies.**





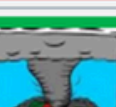




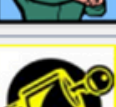

If you are unsure if an event should be placed in the Safety Management System, please ask your supervisor, charge nurse, manager, or leader. You may also contact Risk Management.



### General Safety Reminders

- No storage in the exit corridors. Park temporary carts on one side of the corridor.
- Smoke and fire doors will not be blocked or propped open.
- Fire hose cabinets, fire extinguishers, or any component of a fire alarm system will not be blocked.
- Only approved ladders will be used to work overhead.
- Storage areas will be kept free of debris and clutter.
- All flammable liquids/materials will be stored in approved containers and cabinets.
- To prevent slips/falls keep floors clean and dry. Any spill will be cleaned up promptly.
- Safety Data Sheets (SDS) are available for all hazardous materials in the workplace.
- An 18" clearance between storage and sprinkler heads will be maintained at all times.
- Compressed gas cylinders will be in approved holders that are chained or safely secured. Gas cylinders will never be left free standing.
- Extension cords provided by Plant Engineering will be used only in temporary emergency situations. Use tape, not staples, tacks, or nails to attach cords to walls or floor.
- Worn, tattered or bubbled carpet will be repaired or replaced in a timely manner. All staff will report these deficiencies to Plant Engineering.
- Storage in file cabinets will be evenly distributed to maintain balance.
- Do not leave file drawers open.
- Do not use top of file cabinets for storage.
- All staff will have a role in safety/hazard surveillance.
- When driving vehicles on TMH property, please obey Security directives.
- All staff will yield to patients being transported throughout any facility.
- Patient transport equipment such as wheelchairs and stretchers will be left in a secure position when not in use.
- All medical equipment is inspected and dated annually.
- Do not use defective equipment, please remove from service.
- When lifting heavy objects, let your legs, not your back, do the lifting.
- All corridor intersections will be approached with caution.
- All staff will be held accountable for following and enforcing safety rules of TMH and those established by their department/service.

# EMERGENCY

	<b>CODE BLUE</b> <i>Cardiac Arrest</i> Dial 88
	<b>CODE BLACK</b> <i>Bomb Threat</i>
	<b>CODE BROWN</b> <i>Severe Weather</i>
	<b>CODE RED</b> <i>Fire</i> R.A.C.E / P.A.S.S.
	<b>CODE GREEN</b> <i>Internal</i> <i>/External Disaster</i>
	<b>CODE GREY</b> <i>Violence</i> <i>/Security Event</i>
	<b>CODE ORANGE</b> <i>Haz-Mat</i>
	<b>CODE PINK</b> <i>Infant / Child</i> <i>Abduction</i>
	<b>CODE SILVER</b> <i>Active Shooter</i>
	<b>CODE YELLOW</b> <i>Lockdown</i>
	<b>CODE WHITE</b> <i>Hostage</i>

### Code Blue – Cardiac Arrest

If your patient is having a cardiac or respiratory emergency, **Dial “88”** in the Main Hospital and tell the operator you have a **CODE BLUE**, the patient’s location, and name of attending physician. If the patient is under age 14, then ask the operator to page **CODE BLUE 13**. You will hear an overhead page stating “**CODE BLUE**/room number” and a stat page for the physician.

**Dial 911 for emergency response to an off TMH campus facility** (i.e. Behavioral Health, Urgent Care, Rehab)

### Stroke Alert – Call MET

If you think a patient, visitor, or co-worker is having a stroke, **call MET**. If the MET RN confirms the patient is having a stroke, he/she will call 88, tell the operator and give the person’s location. “**STROKE ALERT**” will be announced overhead and the emergency stroke team will respond. So what does that exactly mean?

1. Respiratory therapy, an IVT representative, and a physician will respond to the stroke alert with emergency equipment. The team will assess the patient, initiate the early stroke treatment initiatives, and begin the process of thoroughly evaluating the stroke victim if they believe the person truly is having a stroke
2. Radiology knows that this means they may receive a STAT CT order soon and they need to be prepared to clear the CT table for a stroke patient

There are two very important aspects in the acute treatment of stroke patients, which are early identification and early interventions.

**For the sudden onset of symptoms, use the FAST acronym:**

- **Face:** Does the patient have a crooked smile?
- **Arm:** Can the patient lift both arms and maintain the arm lift with their eyes closed?
- **Speech:** Does the person slur or drop words when trying to speak?
- **Time:** Call MET – Seeking immediate treatment can reduce long term disability.

## Code Black - Bomb Threat

### 1. If you receive a telephone bomb threat:

- Don't hang up
- Stay calm
- Keep the caller talking, but don't argue or try to negotiate
- Listen for accents, gender, age, or background noise (music, cars, voices, machinery)
- Write down unusual phrases or words
- Ask the caller "Where is the bomb?", "Describe the area", "Name?", "Knowledge of TMH?"

### 2. When the call is over, complete the Bomb Threat Card immediately

### 3. Dial the hospital operator:

- Notify your supervisor
- Identify yourself (name, location, phone number)
- Request Security
- Request **CODE BLACK** activation
- Remain by phone
- Provide Security all information and checklist

### 4. Begin departmental plans:

- Look for suspicious packages and strange items or people in your area
- Monitor overhead paging, intranet, phone pager, or your supervisor for possible evacuation advisory
- Evacuate using the route in your departmental emergency plan or, if directed, an alternate route

### If you discover a bomb or a suspicious item:

- Avoid the item. do not touch or examine
- Isolate the area and keep others away
- Notify the hospital operator by dialing 0 for a bomb threat
- Remove patients and personnel from immediate danger area
- Prepare for further evacuation, if necessary
- Use telephones for emergencies only
- Reassure patients

### Threat not to your area:

- Look for suspicious items
- Remain in your area until advised to evacuate
- Do not go to the threat area

## Code Brown – Severe Weather

### Severe Thunderstorm:

- Stay indoors

### Tornado Watch:

- Review department plans
- Check green bag supplies if assigned

### Tornado Warning:

- Colleagues initiate procedures for assuring safety for patients, visitors, and other colleagues
- Monitor utility systems

### Area Response:

- Move patients away from windows into halls, doorways, and small storage rooms with no windows or chemicals
- If time permits, move unsecured equipment and hazardous chemicals away from patients
- Do not shelter behind or under wide span external walls or ceilings. Always go to corners or reinforced areas of a building
- Do not open windows
- Cover all computers with water resistant cloth or plastic or move away from leaks or incoming water
- Place rolled towels on windowsills and the bottom of doors to absorb leaking water
- Clear hallways of non-essential items
- Connect all emergency equipment into red plugs and disconnect all non-essential equipment
- Reassure patients or visitors
- Report structural damage to Facilities Management (ext. 15282)
- Use alternate phone, cell phones, verbal, or written messages as necessary if phone service is not available

During the **CODE BROWN**, if weather becomes more severe, the Administrator in Charge may escalate the response and activate a **CODE GREEN ALERT** or a full **CODE GREEN**.

If **CODE GREEN** is activated, the Administrator in Charge or designee will assume the Incident Commander role and follow the **CODE GREEN** Response Plan to the appropriate level.

## Code Red – Fire

### Area Response: R.A.C.E.

- Rescue any person(s) in immediate danger
- Alarm by pulling the Manual Pull Station. Dial 0 and tell the operator the location of the fire
- Contain the fire by closing doors
- Extinguish with fire extinguisher
  
- Move patient charts if safe
- Account for all patients and staff

### General Response:

- Close all doors
- Review your evacuation options
  - Horizontal: next smoke/fire compartment
  - Vertical: next floor
- Discontinue all elevator usage
- Instruct all visitors and guests to remain in the area until the all clear is given
- Reassure patients and visitors they are safe

### To use the extinguisher: P.A.S.S.

- Pull the pin
- Aim the nozzle at the base of the fire
- Squeeze the handle
- Sweep at the base of the fire

### Readiness

- Maintain means of egress, keep hallways clear
- Know your exits and alternate exits

### Code Green – Internal/External Disaster

**CODE GREEN:** Any emergency or disaster situation, whether man-made or natural, internal or external to the organization, which may overwhelm the organization's resources and ability to care for patients

**CODE GREEN ALERT:** In the event of a pending disaster/emergency or when specifics are not known on the status of any situation that could lead to an internal or external disaster, a **CODE GREEN ALERT** may be called. An alert advises staff that an event/incident is underway that may cause an internal or external disaster. **CODE GREEN ALERT** assembles only the top tier of the Hospital Incident Command Staff (HICS)

#### Area Response:

- Activate Department Specific Emergency Plan
- Check in with department supervisor
- Assume pre-assigned roles
- Colleagues not having pre-assigned roles or responsibilities should register with the appropriate pool once released by supervisor
- ID badge is visible
- Evaluate all equipment for safe operation, battery function, emergency outlet connection, and need for continued operation
- Retrieve departmental disaster equipment if needed
- Continue patient care
- Count of patients, visitors, and colleagues in the area

#### Labor Pools:

- **Clinical Labor Pool** – Nursing Office
- **Non-Clinical Labor Pool** – Environmental Service Office
- **Medical Staff Labor Pool** – Physicians Training Room

#### Evacuation:

Evacuation will be activated by the Incident Commander. Do not evacuate individually, but in groups, and by notifying personnel/patient tracking unit leaders.

- Review department specific plans
- Evacuate in groups only when safe. (Departmental Emergency Plans should be reviewed for specific evacuation needs)

### Code Grey - Violence or Threat of Violence

#### Area Response:

- Activate **CODE GREY** – Dial “0”
- Alert hospital operator
- Advise – Colleague name, location, type of threat, number of person(s) involved, number injured, if weapons are involved, and physical description of violent or threatening person
- Assess surroundings for threats
- Assure actions for safety of self, patients, visitors, and other colleagues
- Avoid open areas such as hallways or lobbies
- Keep all patient rooms, offices, and other doors closed
- Turn patient room lights off

#### General Response:

- Remain in your area
- Close all doors
- Restrict traffic
- Advise all visitor, guest, patients, etc. that we are in an emergency response situation, and they need to stay in the area until all clear is given

**ALWAYS FOLLOW LAW ENFORCEMENT INSTRUCTIONS!**



## Code Orange – Hazardous Material Incident

### Chemical/Radioactive Hazard

Information regarding hazardous materials can be found in the Material Safety Data Sheets accessible through the hospital Intranet or by calling 1-800-451-8346.

It is the individual department's responsibility to ensure proper handling, storage, use, and disposal of the hazardous substance used in the department.

### Chemical Spills – “Think C.L.E.A.N. Plan”:

- Contain the spill
  - Leave the area
  - Emergency: Eye wash, Shower, Medical Care
  - Access MSDS
  - Notify hospital operator by dialing “0”. Give colleague name, location of spill and material spilled if known. Then, notify your supervisor.
- 
- Spill kits and respirators may be used by trained departmental staff for minor spills. A minor chemical spill is a volume which does not exceed the capacity of a standard spill kit.

### Basic Decontamination:

- Remove outer layer of clothing (including shoes), jewelry and any constrictive items. Be sure to remove undergarments.
- Irrigate with COPIOUS amounts of water, paying close attention to the eyes, hair, ears, skin folds, groin, and feet.
- The groin and underarm areas are the most skin absorbent areas of the body and failure to do so can result in fatal toxicity.

### Radioactive Spill – DECON:

- Decontamination will be completed under the supervision of the Radiation Safety Officer (RSO) and survey readings will be documented
- The RSO will survey the extent of the contamination and approve that the area and personnel are decontaminated
- If the event escalates and there is an increased risk to patients, colleagues or visitors, the Administrator in Charge may increase the response and activate a **CODE GREEN ALERT** or a full **CODE GREEN**

NOTE: All spills are to be contained according to OSHA guidelines (refer to the MSDS). Spill pillows, Personal Protective Equipment (PPE), and other supplies should be stocked in the department. A spill report should be completed by entering the information in Clarity. To locate Clarity, go to TMH Intranet, click on Departmental Information, click Risk Management, then click Submit Incident Report.

## Code Pink – Infant/Child Abduction

### Unit Response:

- Notify the hospital operator to page a **CODE PINK** giving the location, age, race, and sex of the abducted infant/child
- Report the child's age, race and sex

### All colleagues will be alert to:

- A person physically carrying an infant/child rather than transporting the child in a bassinet or in a wheelchair with a colleague escort
- A person carrying a large package (gym bag, duffel bag, etc.) especially if the person is “cradling” or “talking” to the bag
- Any unusual behavior

### Departments on the ground and first floors:

- Immediately send available staff to monitor all stairwells and exits near their departments. If additional staff is needed, notify Security immediately.

### Colleagues monitoring exits should:

- Stop anyone with an infant/child until a positive identification is made or until an “all clear” is called.
- Explain the situation as, “We are having a **CODE PINK** Drill, for the safety of our infants and children, I need to check your bag or the ID of your child.”
- Call Security in the event a suspicious person is noted.
- Once it is determined that a person you have stopped is not involved in the abduction, and they want to leave, direct them to exit through the Atrium or Magnolia Lobby.
- Remember, there are infants and children who are treated throughout the facility, not just in the Women's Pavilion. All colleagues in every department should be on the alert when a **CODE PINK** is paged.

## Code Silver – Active Shooter

Any colleague can activate **CODE SILVER**.

### Use **R.A.I.N.**:

- **Recognize:** Observe as much information as possible without placing yourself at any risk.
  - **Avoid:** Do not try to resolve or negotiate with the shooter. This is dangerous and should be left to trained professionals.
  - **Isolate:** Communicate safe procedures to patients, visitors and colleagues.
  - **Notify:** Hospital operator dial “0” and provide as much information about the event as possible.
- 
- Assure colleagues’, visitors’, and patients’ safety in the area
  - Remain calm and collected
  - Do not argue or threaten
  - Be observant
  - Leave the area as soon as possible
  - Discontinue travel by colleagues, visitors, or patients to the area
  - Monitor Intranet, pagers, phones for instructions
  - Monitor for other codes that may be added
  - Perform safety procedures for patients, visitors, and other colleagues
  - Record number of patients, visitors, colleagues, and others in your area
  - Keep patients and visitors in patient rooms with doors closed
  - Review evacuation procedures in the event patients must be moved from the area

**ALWAYS FOLLOW LAW ENFORCEMENT INSTRUCTIONS!**

### Code Yellow – Lockdown

A **CODE YELLOW** will be activated whenever there is an internal or external hospital wide risk or threat to the colleagues, patients, or visitors at Tallahassee Memorial Hospital

When **CODE YELLOW** is in effect, access into the facility will be limited to the Atrium entrance unless deemed unsafe. Security will advise of an alternate area.

#### Area Response:

- Communicate to colleagues, visitors and patients' instructions and updates as soon as available
- Restrict access in and out of hospital departments
- If the **CODE YELLOW** escalates and there is increased risk to patients, colleagues, or visitors, the Administrator in Charge may activate a **CODE GREEN ALERT** or a full **CODE GREEN**
- Remain in your areas until the “all clear” has been given

## Code White – Hostage Situation

Any colleague can activate **CODE WHITE**

### Use **R.A.I.N.**:

- **Recognize:** Observe as much information as possible without placing yourself at any risk.
  - **Avoid:** Do not try to resolve or negotiate with the shooter. This is dangerous and should be left to trained professionals.
  - **Isolate:** Communicate safe procedures to patients, visitors and colleagues.
  - **Notify:** Hospital operator dial “0” and provide as much information about the event as possible.
- 
- Assure colleagues, visitors, and patients’ safety in the area
  - Remain calm and collected
  - Do not argue or threaten
  - Be observant
  - Leave the area as soon as possible
  - Discontinue travel by colleagues, visitors or patients to the area
  - Monitor intranet, pagers, phones for instructions
  - Monitor for other codes that may be added
  - Perform safety procedures for patients, visitors and other colleagues
  - Record number of patients, visitors, colleagues and others in your area
  - Keep patients and visitors in patient rooms with doors closed
  - Review evacuation procedures in the event patients must be moved from the area

**ALWAYS FOLLOW LAW ENFORCEMENT INSTRUCTIONS**

## Important Numbers

Administration Office.....	431-5380
Administrator on Call.....	Switchboard 0
Body Fluid Exposure.....	Beeper 551-9909
Cardiac Arrest/Stroke Alert (Code Blue).....	88
Emergency Management.....	431-5184 or Beeper 551-9948
Facilities.....	431-5282 or Switchboard 0
Fire (Code Red).....	Pull Station/Switchboard 0
Haz-Mat (Code Orange).....	431-5419
Infection Prevention.....	431-6152 or Beeper after hours 489-0990
Medical Equipment.....	431-5854 or Beeper after hours 551-0329
Nursing Supervisor.....	431-4983/4984
Patient Advocacy.....	431-5488
Patient Safety Officer.....	431-2522 or Beeper 551-7855
Radiation Safety Officer (RSO).....	431-5539
Risk Management.....	431-5364 or 431-2010
Safety Officer.....	431-5184 or Beeper 551-9948
Security.....	431-5186 or Switchboard 0

# DEPARTMENT CONTACT LIST

## Who Should You Call?

What do you need help with?	Call...
Bed repair	Stryker
Carpentry (doors and walls)	Plant Engineering
Cleaning	EVS
Coffee machines	Dietary
Computers	IT
Copiers	IT
Door access	Security
Electrical	Plant Engineering
Elevators	Plant Engineering (if after hours, call Security)
Furniture repair and upholstery	Supply Chain
Heat and air	Plant Engineering
Medical equipment and monitors	Trimedx
Moving furniture	Project Management
Nurse call/pillow speakers	Plant Engineering
Phones	IT
Painting	Plant Engineering
Pneumatic tube system	Plant Engineering
Printers	IT
Shredded paper bins	Shred It
Stretcher repair	Stryker
Trash removal	EVS
Vending machines	Dietary
WOWs	IT

Department	Contact Information
Dietary	Ext. 19755
EVS	Ext. 15419
IT Service Desk	Ext. 15272 IT Help on SPARK home page
Plant Engineering	Monday - Friday, 7:00 am – 3:00 pm: ext. 15857 3:30 pm – 7:00 am and weekends: dial 0 Request Maintenance on SPARK home page
Project Management	Ext. 15469
Security	Ext. 15186 or dial 0 Online Security Door Access Form – fax to 16366 or email to bob.varble@tmh.org
Shred It	Ext. 17473
Stryker (Brandon Graham)	850-728-4302 or 1-800-Stryker
Supply Chain	Ext. 15277 supplychain@tmh.org Furniture Repair Request Form on SPARK
Trimedx	Ext. 13182 Request Maintenance on SPARK home page

## Code of Conduct and Business Practice Guide

- You signed the acknowledgement form as part of your intake
- Read the following standards

Every student and instructor must commit to the following standards:

### Provide Quality Care and Services

**We are committed to providing quality care and services to our patients, their families, visitors, and the community by:**

- Providing treatment and medical services without discrimination.
- Listening and doing our best to understand the needs of our patients, families, and visitors by promptly addressing any issues or complaints.
- Including patients in decisions regarding their medical care by providing complete and unbiased information with patients and families in ways that are affirming and useful.
- Ensuring clinical duties are performed by properly trained, licensed, or credentialed individuals. We will conduct appropriate background checks on all potential employees and also verify credentials and qualifications of licensed health care professionals providing services at our facilities.
- Ensuring patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- Acknowledging that patients and their families are to be informed about the outcomes of care and associated risks.
- Providing the patient a choice from the available home health agencies, durable medical equipment (DME) suppliers, long-term care providers, ambulance services, and rehabilitation providers.
- Providing appropriate medical screening and necessary stabilizing treatment to all individuals who come to the hospital seeking emergency care, without delay, to inquire about method of payment.



## Promote Fair Employee Treatment

**We are committed to providing a work environment throughout the organization that promotes fair treatment and complies with laws in all matters relating to employment at TMH by:**

- Demonstrating appropriate respect and consideration for one another.
- Applying all Human Resources Policies & Procedures fairly, equitably, and consistently, regardless of position.
- Hiring, training, promoting, and compensating on the basis of personal competence and potential for advancement without regard for race, religion, gender, national origin, age, marital status, creed, citizenship or disability, or other classification protected by law.
- Maintaining an environment free of harassment, disruption, intimidation, or hostility.
- Encouraging open expression of concerns and use of the problem-solving process.
- Protecting an employee's job status, working conditions or employment relationship if he/she, in good faith, follows the Problem Resolution Procedure or contacts the Compliance Office.

## Comply with the Law in All Business Practices

**We will provide health care services and otherwise conduct our business in compliance with laws, regulations and standards that apply to the services provided by TMH by:**

- Pursuing only those business opportunities that are both legal and ethical.
- Refraining from engaging in illegal business practices including bribery, kick-backs, or payoffs intended to influence the decisions of TMH colleagues or any external representative.
- Marketing and advertising truthfully and accurately.
- Ensuring that every contract payment or other benefit paid to physicians is for specifically defined services at fair market value.
- Maintaining company business records accurately and truthfully and discarding them only according to retention guidelines.
- Recording financial transactions in accordance with generally accepted accounting principles, established accounting policies and internal control policies.

## Comply with the Law in All Business Practices (cont)

- Ensuring that contracts are approved by legal counsel as and when required by TMH policies and signed only by authorized agents of TMH.
- Acting in good faith in contractual relationships.
- Complying with copyright laws for materials such as software, printed and audiovisual works.
- Complying with Risk Management reporting requirements.

## Respect and Protect Confidential Information

**We will ensure the responsible use of patient, visitor, employee, business or other confidential information by:**

- Maintaining the confidentiality of protected health information concerning our patients and TMH by using and sharing it according to established Privacy and other guidelines.
- Limiting access to confidential information to only those who need to know.
- Refraining from discussing confidential information in public areas.
- Preventing others from examining, making copies of or sharing confidential documents or information without authorization.
- Not disclosing to any outside party any restricted nonpublic business information, plans, or data acquired during employment with TMH, unless specifically authorized to do so by management.
- TMH is committed to ensure compliance with HIPAA's security and privacy standards.

## Code, Bill, and Collect in Accordance with Applicable Guidelines

**We are committed to integrity in our coding, billing and collection practices by:**

- Maintaining honest and accurate records of all services provided to patients. We will submit charges for services and products in accordance with applicable laws and regulations.
- Ensuring bills submitted for payment are properly coded, documented, and billed in accordance with applicable laws and regulations.
- Ensuring that medical information is properly documented in patient records.
- Using codes that accurately describe the services that were appropriately ordered by physicians or health affiliates and actually provided to patients.
- Preventing the submission of claims for payment or reimbursement of any kind that are fraudulent, abusive, inaccurate, or medically unnecessary including, but not limited to, the following:
  - Billing for items or services not provided to patients
  - Upcoding for higher reimbursement than is supported by documentation
  - Submission of claims for outpatient services that are required to be included with an inpatient stay
  - Submission of duplicate bills (more than one claim for the same service)
  - Unbundling claims (submission of bills in a fragmented fashion to maximize reimbursement if guidelines require the services be billed together)
  - Inclusion of costs that are not allowable to be reimbursed in a cost report
  - Billing for a patient discharge when it is appropriate to bill the claim as a patient transfer
- If a billing error is discovered, we will take immediate steps to correct the error and promptly refund or collect any payments due and owed in accordance with TMH Policies and Procedures.

## Avoid Conflicts of Interest

**We will conduct ourselves with integrity, honesty, and fairness to avoid any conflict between personal interests and the interests of TMH by:**

- Graciously declining any offers of money from patients, their families, visitors and others which are not intended for the benefit of TMH and refer such offers to the TMH Foundation.
- Not providing, or appearing to provide, payment or other benefits for referrals of patients.
- Not accepting gifts/gratuities offered in exchange for favorable treatment.
- Not using any proprietary or nonpublic information acquired as a result of employment with TMH for personal gain or the gain of another organization.
- Not accepting educational activities grants that create the appearance of a conflict of interest or exchange for favorable treatment.
- Following the Conflict of Interest Policy in reporting any circumstances that could cause a conflict of interest.
- Conducting all fundraising ethically, within the guidelines, and in support of TMH and the TMH Foundation.
- Not contributing or donating TMH funds, products, services, or other resources to any political cause, party, or candidate without the advance approval of the General Counsel.

## Safeguard Assets, Property, and Information

**We will use our resources wisely and will be accountable for their proper use by:**

- Maintaining, preserving and being personally responsible for TMH assets, property, facilities, equipment and supplies, as well as the property of others.
- Reporting time records accurately and using time at work responsibly for work-related activities.
- Ensuring that property is disposed of in accordance with TMH Policies and Procedures.
- Using E-mail, Voice-mail, Intranet, Internet and other present and future electronic communications responsibly and for limited personal use in accordance with TMH policies and procedures.

## Maintain a Safe Environment

**We are committed to providing a safe environment for our patients, staff and visitors by:**

- Recognizing, correcting and/or reporting unsafe practices, conditions or potential hazards that may violate any rule, regulation or TMH policy and procedure.
- Refraining from any threats or acts of violence. Immediately reporting such acts or threats to a supervisor and/or Security.
- Using TMH equipment, property and medical products appropriately.
- Using care in the handling and disposal of medical waste or other hazardous materials.
- Eliminating or minimizing hazards to the health and safety of employees, patients and visitors.
- Refraining from using illegal drugs either on or off the job, using non-prescribed controlled substances, or reporting to work under the influence of alcohol.
- Not manufacturing, distributing or possessing a controlled substance or drug not medically authorized.

## What to do When You Believe There May Be a Problem

- Refer to TMH's Compliance Program and/or Policies and Procedures for additional information.
- Contact your department manager or, if necessary, up to the appropriate Vice President or Senior/Executive Vice President.
- Contact Human Resources for employment-related matters to begin the Problem Resolution Procedure as outlined in the TMH Personnel Policy and Procedures Manual.
- Contact the Compliance Office at 12667 or the Compliance Hotline at 877-772-6723 to seek additional information or report improper conduct.
- Submit a Compliance or Privacy concern to the HealthCare Safety Zone Portal.

You are encouraged to resolve issues, whenever possible, by utilizing TMH's existing Policies & Procedures or by contacting your department manager or, if necessary, other appropriate Vice President or Senior/Executive Vice President. If you are unsuccessful in using this approach, the Compliance Hotline is available to you 24 hours per day.

When calling the Compliance Hotline, you may remain anonymous. Should you choose to identify yourself, your identity will be protected to the limit of the law. Concerns brought to TMH attention through the Compliance Hotline will be promptly and thoroughly evaluated and investigated for proper resolution.

## Important Terms to Know

**Abusive/Abuse** – 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 our day-to-day operations, 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.

**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.

**Credentialed/Credentialing** – 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 of the bill is submitted to more than one primary payer at the same time.

**Fraudulent/Fraud** – 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.

**Good Faith Reporting** – Reporting an act of known or suspected non-compliance based upon facts or observations that the individual making the report considers to be true to the best of their 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. Informed consent is 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.

**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 patients.

## What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996. HIPAA calls for:

- Standardization of electronic patient health, administrative and financial data
- Privacy Regulations – protection and identification of confidential information
- Security Regulations – how confidential information is secured

## Confidentiality Awareness Tips

- Ensure that confidential information is disposed of properly.
- NEVER share passwords.
- Do not discuss patient information on elevators, hallways, or other public areas.
- Always log out of your PC when you leave.
- Downloading files from the Internet to hospital PC's is strictly prohibited.

## 5 Keys to Security Success

- Password control
- Never share passwords
- Change passwords frequently
- Do not use obvious passwords, i.e. children's names, dogs, etc.
- Never write down your password

## Patient Privacy

Refers to the right to have physical privacy.

## Patient Confidentiality

Refers to a patient's trust that personal health information will only be shared with those who have a need to know and in order to provide appropriate level of care.

## Security Regulations

Protects patient's personal and medical information.

- Protects the confidentiality, integrity, and availability of all ePHI (created, received, maintained, or transmitted).
- Protects against any reasonable threats or hazards to the security and integrity of ePHI.
- Protects against any reasonably anticipated uses or disclosures of ePHI.
- Ensures compliance of these rules by its workforce.

## Administrative Safeguards

Are carried out by teams, managers and the designated HIPAA Security Officer who has the ultimate responsibility for TMH's security program.

- All colleagues must sign confidentiality agreement and attend awareness training
- No group passwords allowed
- Never open an email attachment unless you know who sent it
- Report security issues to Helpdesk @ 15272
- Never share your password
- Log-off terminals when not in use
- Request termination of system access when colleague leaves
- Report security incident
- Sanctions for failing to comply with security guidelines (termination of access privileges to dismissal – depending on infraction)



### Physical Safeguards

Address the protection of physical things such as computer systems and high-tech equipment as well as the facility where ePHI is stored.

- Log-off your workstations when you leave your desk.
- Workstations view located away from public areas.
- Stop unidentified person from following you into area.
- Report lost keys to secure areas.
- Wireless technology poses a security risk to ePHI.
- Always display your ID, especially in restricted areas.
- Secure sensitive information (lock offices, etc.)
- Follow facility rules about access to wireless technology.
- PIN numbers and telephone call back procedures for dial-up modems accessing information systems.

### Technical Safeguards

Include all the technology that makes physical safeguards possible.

- Do not open any unknown attachments or unrecognizable e-mails. Report spam issues to the Helpdesk.
- Never send ePHI in an e-mail until further notice.
- You should not have access to or use anyone else's username and password.
- Never give your username or password.
- Never load unapproved programs or software on your work computer without IT approval.
- If you are authorized to take ePHI outside TMH for business purposes, remember that many of the security precautions in-house are no longer present. You need to take additional precautions.

### Laptops and PDA's

- Never save ePHI on non-TMH owned wireless devices.
- Protect access to your TMH wireless with a password.
- Never keep passwords and access codes on your PDA or laptop under any circumstances.
- Consider how data will be backed up from your portable device and work with the IT department to ensure and protect backups.
- Encryption is a must on any form of data transmission outside the organization.

### What are the Risks?

- Human nature
- Targeted threats
- Acts of God
- Random threats
- Intentional or accidental disclosures
- Loss
- Corruption
- Internal (current or former disgruntled employees, customers, plan member)
- External (competitors, hackers, identity thieves)

### Sanctions

Failure to adequately ensure the security of ePHI can result in disciplinary action against you, up to and including dismissal, termination of business contract, and reporting the violation to licensing agencies and law enforcement officials.

This is not meant to intimidate, but simply emphasize that your security responsibilities are important.

#### **Federal Penalties for Non-Compliance:**

You may be fined and/or serve prison time for knowingly disclosing PHI.

#### **Remember:**

Security compliance requires a change in our culture. We will have to think differently. No matter how many policies we have in place, none will work without you. Be vigilant and use your professional judgment to protect ePHI.

For care to be appropriate, authorized health-care staff need full access to a patient's medical records. However, patients may withhold important information if they fear it won't be kept private and confidential.

## General Information

- The Infection Prevention Team is available 24/7.
- Please call 850-431-6152, Monday – Friday, during normal business hours.
- Office location is 1401 Centerville Road, Azalea Building Suite 502.

## Policies & Procedures

Search “*Infection Prevention and Control Policies*” on SPARK to view policies and procedures.

## Demographics

- **Infection Prevention Office:**
  - 850-431-6152
  - 1401 Centerville Rd, Azalea Building Suite 502
- **Walk-In Clinic:** 7 am – 5 pm
- **Infection Prevention:** 16152, after hours beeper is 489-0990
- **Colleague Health:** 16183, after hours beeper is 551-9909
- Go to **Emergency Center** when injured if clinic is closed

## Responsibilities of Infection Prevention

- Detect, prevent, and control the spread of disease and infections
- Outbreak investigations
- Education and training
- Hand hygiene observations/audits

## Hand Hygiene

- Hand hygiene is the most effective way to prevent infections
- Alcohol based hand rub – preferred method
- Soap and water – when hands are visibly soiled, after bathroom, before & after eating
- Maintain minimal nail length, no artificial nails, no intricate rings/jewelry

## Customer Service at TMH

At Tallahassee Memorial, we strive to provide the highest quality of care and service to further our vision of **being known as the most engaged and supportive organization in America.**

Creating a positive patient experience involves the help of every colleague and goes beyond our education and technical knowledge. When we provide high quality care and service, we see increased patient satisfaction, increased colleague satisfaction, and decreased medical errors.

We provide excellent service by employing our ICARE values and by adopting recommendations from The Cleveland Clinic's Communicate with H.E.A.R.T. model.

## Communicate with H.E.A.R.T.

When we Communicate with H.E.A.R.T., we first **S.T.A.R.T. with Heart:**

Smile and greet warmly

Tell your name, role, and what to expect

Actively listen and assist

Rapport and relationship building

Thank the person

When a patient or visitor comes to us with a concern or complaint, we will perform service recovery to attempt to mend the relationship. To more effectively perform service recovery, we will **Respond with H.E.A.R.T.:**

Hear

Empathize

Apologize

Respond

Thank

## Designated Parking Areas for Colleagues/Students

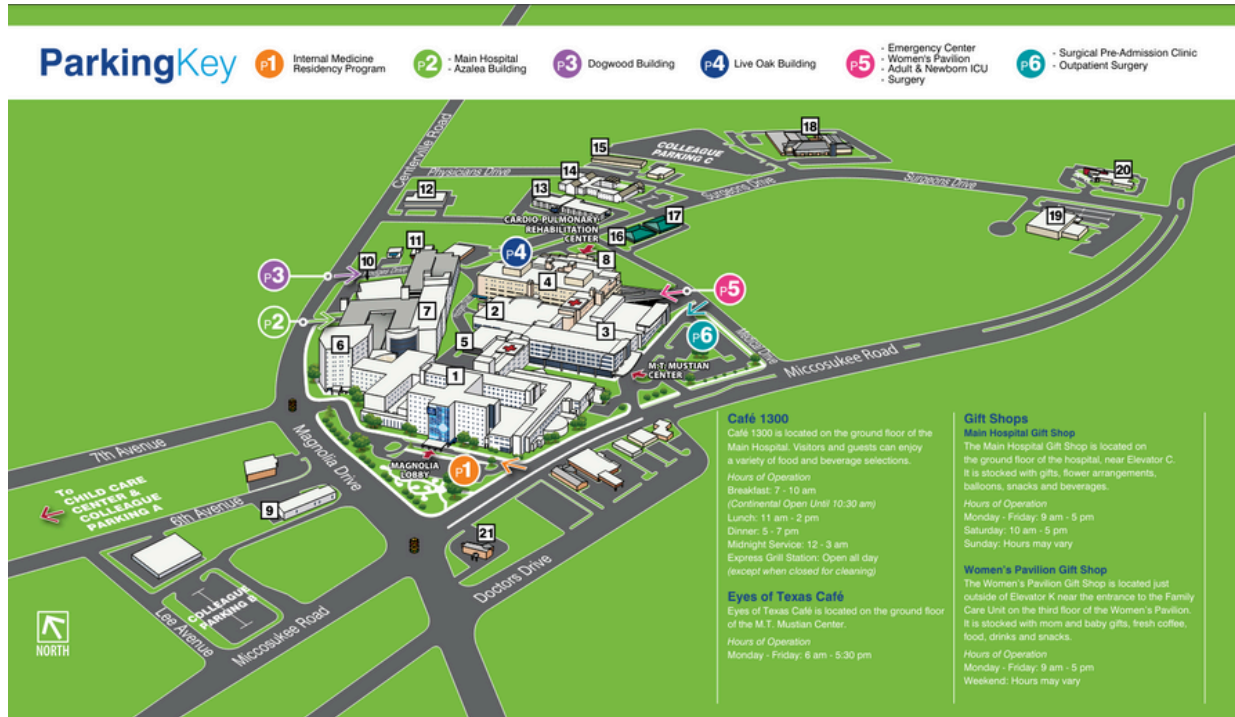
M-F Colleague	Parking lots A, B, C
2nd or 3rd Shift	P2 or P3, general parking, levels 2-5
Weekend Shifts	P2 or P3, general parking, levels 2-5
Recognized TMH Holiday	P2 or P3, general parking, levels 2-5

Colleagues are **not allowed** to park in parking decks P4 and P5 unless the colleague has been issued a special parking pass by the Public Safety Department.

TMH provides a **shuttle service** to transport colleagues from the lots to the hospital and return them when necessary. The shuttle buses run continually during the day and are on call after hours.

Restricted parking for customers of Human Resources, Occupational Health, Education, and Permit only: HR/Education Building 1623 Medical Drive. Colleagues working their designated shift must park in Parking Lot C.

# COLLEAGUE PARKING & MAPS (CONT)



## CampusKey

### Hospital

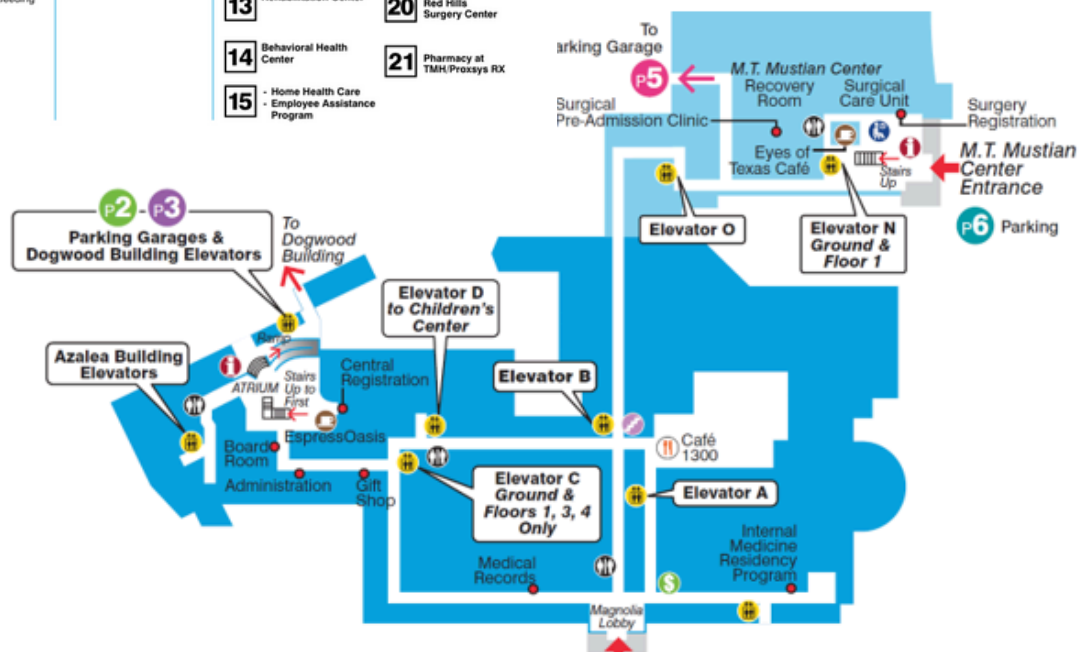
- 1** Tallahassee Memorial Hospital
- 2** Emergency Center  
- Boler Trauma & Emergency Center
- 3** M.T. Mustian Center  
- Adult ICU  
- Surgery  
- Surgical Pre-Admission Clinic
- 4** Labor & Delivery  
- Newborn ICU  
- Alexander D. Brickler, MD  
- Women's Pavilion  
- La Belle Breastfeeding Boutique
- 5** Auditorium

### Professional Office Buildings

- 6** Azalea Building
- 7** Dogwood Building
- 8** Live Oak Building

### Additional Locations

- 9** TMH Foundation
- 10** Family Medicine Residency Program
- 11** Marketing and Communications
- 12** - Colleague Health Services  
- Human Resources  
- Education Center
- 13** Rehabilitation Center
- 14** Behavioral Health Center
- 15** - Home Health Care  
- Employee Assistance Program
- 16** Urgent Care Center
- 17** Wound Healing Center
- 18** Tallahassee Community College - Ghazvini Center For Healthcare Education
- 19** Cancer Center
- 20** Red Hills Surgery Center
- 21** Pharmacy at TMH/Proxys RX



## Username and Password

Your username and initial password are specific to you and no one else.

**Username:** the 5- or 6-digit employee ID number in the upper right corner of your TMH ID badge, with the following:

- Put “E0” in front of the number if it is **5 digits** (colleagues)
- Put “N” in front of the number if it is **6 digits** (contractors or students)

**Password:** your initial password is as follows:

1. The first two characters of your first name, with the first character capitalized
2. The last two characters of your last name, both lower case
3. The last four numbers of your employee ID
4. Pound sign/hashtag, #

For example, John Doe with an employee ID of 10406 would have the following username and password:

- Username: E010406
- Password: Joee0406#

## Changing your Network Password

It is imperative that you change your network password, as the initial password is generated for all users and could allow someone else to gain access to your account. Remember: your password is like a toothbrush – you don’t share it with others and you change it every 180 days.

**The new password must contain a minimum of 9 characters and at least 3 of the following:**

- An uppercase letter
- A lowercase letter
- A number 0-9
- A special character (!@#\$\$%^&\* \_+={[]}/.?,)

Your password is CaSe SeNsItIvE, and cannot contain any demographic information such as your birthday, username, or similar easy-to-guess information.