

## **Saratoga Hospital**

# **Mandated Education Packet for New Employees**

This packet contains important information that employees who start work prior to orientation must complete. Please review the information and complete the test at the end of the section. Return your answer sheet to Human Resources prior to your first day of work.

### **Instructions:**

1. Read the entire module.
2. Complete the Exam using the Answer Sheet.
3. A score of 80% or above is considered a passing grade.

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# SECTION I: OUR HOSPITAL

## 1.1 Mission, Vision and Values

### Mission

To serve the people of the Saratoga region by providing them access to excellence in healthcare in a supportive and caring environment.

### Vision

Saratoga Hospital will be the preeminent provider of the highest quality healthcare for Saratoga region residents.

- *We will be a regional provider for certain service lines and, as an organization, will occupy a niche between traditional community hospitals and tertiary medical centers.*
- *We will be both a high quality and high service provider, and known for our timely acquisition of cutting edge technology.*
- *We will increase inpatient capacity to keep pace with our growing region. Eventually, all inpatient rooms will be private to help provide the privacy and dignity that all patients deserve.*
- *We will develop, over time, the Saratoga Medical Park at Malta into an integrated healthcare campus to serve the growing needs of the Saratoga Region.*
- *We will continue to expand outpatient services, choosing the most convenient locations possible. Our goal is for the majority of Saratoga residents to be within 10 minutes of a Saratoga Hospital affiliated facility.*
- *We will recruit and retain highly skilled physicians. We will build relationships with physicians and other providers to help ensure their long-term commitment to the Saratoga region.*
- *We will be recognized as a community leader. Employees will be encouraged to assume leadership roles in community based organizations. The hospital will partner with other worthy organizations whose goals are to improve the communities we serve.*
- *We will be known as an innovative organization – one that is always looking for a better way to provide a service or meet a community need.*
- *We will generate sufficient operating margin to allow it to meet community needs.*

### Values

#### QUALITY:

- *Saratoga Hospital continuously evaluates and monitors our quality against performance benchmarks from regional and national organizations.*
- *Saratoga Hospital continuously cultivates a culture of quality whereby every employee is always focused on the delivery of high quality care and encouraged to make suggestions when improvements are possible.*

#### SERVICE:

- *Saratoga Hospital places the highest priority on providing outstanding customer service to our patients, physicians, and visitors. Service excellence is part of the culture at Saratoga Hospital and the organization is committed to constantly enhancing the patient experience.*

#### **PEOPLE:**

- *Saratoga Hospital understands that people are our most valued resource and, as such, every employee, physician, and volunteer deserves respect.*
- *Saratoga Hospital offers a caring and supportive environment for its employees and one that cultivates leadership development.*

#### **GROWTH:**

- *Saratoga Hospital remains ready to meet the needs of a growing Saratoga region, through expansion of existing services or the development of new services and sites when justified.*

#### **FINANCE:**

- *Saratoga Hospital maintains financial strength in order to provide resources for a growing Saratoga region.*
- *Saratoga Hospital recognizes the important role that our community plays in philanthropic support. We nurture the partnership between Saratoga Hospital and the community to meet the growing healthcare needs of the Saratoga region.*

## **1.2 Guiding Principles**

The **guiding principles** of Saratoga Hospital are:

- ❖ ***Integrity...the foundation of our values.***
- ❖ ***Superior Quality...***the key to our success. We will continuously evaluate and monitor our performance to ensure clinical and service excellence.
- ❖ ***Patients and Their Families...***the focus of everything we do. We are committed to meeting their needs and exceeding their expectations.
- ❖ ***Employee Participation...***in decision-making is actively sought and valued. We function as a team and take pride in our organization.
- ❖ ***Community Based...***governed as a not-for-profit local organization.
- ❖ ***Philanthropy...***a community tradition that will continue to be an important source of support for the growth of our health care services.

## **1.3 Magnet and Nursing Philosophy**

Saratoga Hospital has been awarded *Magnet Status*, a national designation that recognizes health care organizations for providing the highest levels of quality patient care and nursing excellence.. Our hospital was the first in the Capital Region to receive this designation by the American Nurses Credentialing Center (ANCC). Approximately 3% of hospitals nationwide have achieved this prestigious distinction.

The major benefits associated with achieving Magnet Status are:

- ❖ Recognition of nurses' worth within the organization
- ❖ Improved nursing recruitment and retention
- ❖ Increased consumer confidence in the organization
- ❖ Increased ability to attract high quality physicians and specialists
- ❖ Increased teamwork throughout the organization
- ❖ Improved patient quality outcomes



In keeping with the Magnet philosophy, the Patient Care Services division developed a **Nursing Philosophy** that defines how nursing is practiced at Saratoga Hospital. It reads as follows:

*The nursing philosophy at Saratoga Hospital is driven by our commitment to successfully combine art and science to provide patients and their families comfort, dignity, and respect through clinical excellence, utilizing current knowledge and technology.*

*We join with patients and families to plan, implement, and evaluate individualized care to meet their unique physical, developmental, emotional, cultural, and spiritual needs based on established nursing standards.*

*We believe each member of our nursing staff possesses a value system incorporating the highest levels of judgment, ethics, confidentiality, compassion, and empathy that support holistic care.*

*We recognize the responsibility, authority, and accountability of the professional nurse for the clinical management of nursing practice in a safe and therapeutic environment. We believe in creating a climate that supports and nurtures clinical expertise, ongoing learning, shared governance (see organizational Professional Practice Model), and research while fostering recruitment and retention of practitioners who demonstrate integrity, competency, and professionalism.*

*Finally, we believe the quality of nursing care is enhanced by community involvement, continuing education, fiscal responsibility, and evidenced-based practice to improve patient outcomes across the continuum of care.*

## **SECTION 2: OUR PATIENTS**

### **2.1 Patient Rights**

Patients in New York State hospitals have certain rights and protections guaranteed by state and federal laws. These regulations exist to help ensure the quality and safety of the patients' hospital care.

If patients have concerns, problems, or complaints related to an aspect of care during their hospital stay and the hospital staff cannot resolve it, the patient may contact the New York

State Department of Health (NYSDOH). The hospital must provide the patient with the phone number of the local office of the NYSDOH.

Because patients have to make decisions about treatment, and in some cases they have to make decisions for a parent, child, etc., who is a patient, it is important that patients and/or guardians are familiar with their rights. Knowing these rights can help patients make better and more informed decisions.

Upon admission to the hospital, each patient or his/her designee is given a copy of their rights as a hospital patient in New York State as follows:

### **Patient's Bill of Rights**

- 1) Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter\*.
- 2) Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment.
- 3) Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- 4) Receive emergency care if you need it.
- 5) Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
- 6) Know the names, positions, and functions of any hospital staff involved in your care and refuse their treatment, examination, or observation.
- 7) A no smoking room.
- 8) Receive complete information about your diagnosis, treatment, and prognosis.
- 9) Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- 10) Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders – A Guide for Patients and Families."
- 11) Refuse treatment and be told what effects this may have on your health.
- 12) Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
- 13) Privacy while in the hospital and confidentiality of all information and records regarding your care.
- 14) Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
- 15) Review your medical record without charge and obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- 16) Receive an itemized bill and explanation of all charges.
- 17) Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are

not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the Health Department telephone number.

18) Authorize those family members and other adults who will be given priority to visit, consistent with your ability to receive visitors.

19) Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

\* All healthcare organizations are required to provide interpreters for patients with limited English proficiency (LEP) and persons skilled in communicating with vision or hearing impaired individuals or mental, developmental, and/or physically disabled individuals. Interpretive services should be available within 20 minutes to meet inpatient or outpatient needs and within 10 minutes for emergencies. The Language Line is the primary interpretive service used for LEP patients. Since reliable and accurate information is essential for treatment, patients' family members should not be used, and minors must never be used to communicate medical information or to obtain consent.

Saratoga Hospital serves the people of our community by responding to their health needs with a commitment to provide the highest quality of care. As stated in the above NY State Bill of Rights, our patients have a right to receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, gender identity or source of payment. We accomplish this by continuously monitoring and evaluating our performance to ensure clinical and service excellence. Our commitment is endorsed by The Joint Commission Gold Seal of approval.

### **Patient Bill of Rights in a Diagnostic & Treatment Center:**

The Patient Bill of Rights in a Diagnostic and Treatment Center outlines to individuals their rights as a patient in a Diagnostic and Treatment Center in New York State, consistent with the law. A copy is offered to the patient at the time of registration and is posted in the lobby and in patient rooms.

## **2.2 Advance Directives**

The purpose of an Advance Directive is to establish a decision making process to allow competent adults to plan in advance for their medical treatment in the event they lose decision making capacity.

All Saratoga Hospital patients and residents should be asked if they have an Advance Directive and if not, should be encouraged to complete one prior to a devastating illness when they may become incapacitated. All hospital in-patients receive information regarding Advance Directives and Health Care Proxy forms upon admission.

There are several different types of advance directives, including a "Do Not Resuscitate Order", a Health Care Proxy, and a Living Will.

A "Do Not Resuscitate Order" or "DNR" means the patient/resident is refusing the use of cardiopulmonary resuscitation if their heart stops or they stop breathing.

A Health Care Proxy can be anyone chosen by the patient/resident to act as an agent on their behalf should they become incapacitated and unable to communicate. Once the patient/resident is incapacitated, the health care proxy's decisions are honored as if he or she is the patient/resident. Appointing someone to be a health care proxy is an excellent way to ensure that patient/resident wishes are followed.

A Living Will is a statement in the patient/resident's own words of what their health care instructions are in the case they are incapacitated and cannot communicate. A living will may help provide clear and convincing evidence of patient/resident wishes and may guide their doctors and/or health care proxy agent in making end-of-life decisions.

## 2.3 Confidentiality

Personal or medical details of a patient's condition and treatment may not be needlessly disclosed to others at any time. In most cases, the patient must give permission before anyone not directly involved in their case can be given information about their case.

As health care workers, we are exposed to confidential information as part of our jobs. Since we become accustomed to witnessing confidential information, it can be easy to forget the importance of privacy. **Protecting patient confidentiality requires a conscious effort by every staff member to keep private all personal information that may reveal the identity of our patients/residents.** This information may include the patient's: identity, physical or psychological condition, emotional status and/or financial situation. To protect confidentiality, medical information should be accessible only to those who **"need to know"** in order to deliver effective care. Never discuss confidential patient information in common areas where others can overhear your conversation, such as hallways and elevators. *Additionally, staff with access to patient information are not permitted to access the medical records of relatives or friends unless they are directly involved in providing care.*

Computers and fax machines provide access to information often necessary for providing patients with optimal care. Unfortunately, this information is also potentially accessible to a number of people not involved in the care of the patient. Therefore, please keep computerized information confidential, just like any other medical record. Make sure to sign off your computer when you leave your work station.

Ensure confidential information is destroyed in accordance with Saratoga Hospital policy that states all confidential information must be discarded in **locked** recycling bins.

## HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law enacted in 1996 that, among other things, protects patient's rights to privacy. Health care providers, health insurers, and every person or organization that has access to patient's health information must comply with this legislation.

HIPAA privacy and security regulations are concerned with controlling the use and disclosure of patient health information that could reveal a patient's identity. This includes information such as name, address, phone number, social security number, health care information, or payment information. This type of information is known as "Protected Health Information" or

“PHI.” Essentially, PHI is anything you hear or see that lets you know about the health of a specific patient. Healthcare organizations must be concerned with PHI in many forms including patient charts and records, electronic data, and billing information to name a few. Even after a patient’s death we are still held to protecting the confidentiality of PHI and although the patient has died, their information is still protected by HIPAA Privacy laws.

The Security Rule specifically covers PHI that is in electronic form. This includes electronic protected health information (EPHI) that is created, received, maintained or transmitted. EPHI may be transmitted over the internet, stored on a computer, CD, disk, magnetic tape, or other related means.

Violation of HIPAA privacy or security rules can result in civil or criminal penalties against the individual or organization that disclosed the PHI. An unintentional violation that does not produce personal gain will incur a fine of up to \$25,000. Criminal penalties can include monetary fines and imprisonment for intentional violations. Selling PHI can lead to extended imprisonment of up to 10 years and monetary fines of up to \$250,000.

Here are some steps you can take to ensure compliance with HIPAA regulations:

- Attend all mandatory training regarding HIPAA.
- Do not leave patient-identifiable health information face-up or otherwise unattended in publicly accessible areas.
- Keep your voice low when communicating to or about patients in waiting areas, hallways, and other publicly accessible locations.
- Always log off when you walk away from a computer terminal.
- Do not share your computer password with anyone.
- Make sure all medical records are locked during off-hours.
- Make sure to dispose of all PHI in a locked bin.
- Never access a patient’s file, including your own, unless you have a legitimate, work-related reason to do so.

HIPAA regulations cover everyone who has direct or indirect relationships with patients. So, regardless of job title, we are all responsible and accountable for protecting our patient’s privacy.

## **2.4 Informed Consent**

Patients must give permission for all tests, surgeries, medications, and treatments they are to receive. Before giving consent, their physician must fully explain to them, in language they understand, the procedure or treatment, any risks and/or side effects, possible results of treatment, alternative treatments and possible side effects, consequences of no treatment, and how long recovery should take.

### **Right To Know**

Patients must be provided complete, up-to-date information about their condition, treatment, and outlook for recovery. If a patient cannot understand this information, it must be given to their health care proxy or legal guardian. Patients also have the right to know the name of the physician in charge of their care.

## **Respectful Care**

Every employee needs to demonstrate respect for patients' dignity and be courteous and sensitive to their needs. Treatment must be provided regardless of the patient's race, religion, national origin, and ability to pay or, in emergencies.

## **2.5 EMTALA (Emergency Medical Treatment and Labor Act)**

EMTALA is a federal regulation requiring hospitals and emergency departments to provide care and treatment to any person presenting with an emergency medical condition. EMTALA applies to all individuals located anywhere on hospital property who request assistance or appear to need assistance. They must, at a minimum, receive a medical screening exam by a qualified medical professional (MD, DO, PA, Certified Nurse Midwife, or Nurse Practitioner on the medical staff) regardless of health insurance or ability to pay. Under EMTALA, patients may not be transferred to another facility without being "sufficiently stabilized for transfer" and accepted by the receiving hospital. The patient may not be discharged until the emergency medical condition is stabilized. Failure to comply with EMTALA rules can result in significant financial penalties for the hospital.

Any hospital employee or volunteer may report a suspected EMTALA violation by contacting, as soon as possible after the occurrence, the Medical or Nursing Director of the Emergency Department and the Director of Quality Support Services who will conduct an immediate investigation. There is also an option of reporting violations directly to the New York State Department of Health at 518-408-5329, or to the Center for Medicaid Services at 212-616-2483. The Hospital maintains a policy of no retaliation towards those who report suspected EMTALA infractions.

## **2.6 Ethics**

The Ethics Consultation Process is available to promote collaborative decision-making by persons dealing with difficult ethical issues pertaining to patient or resident care. Any person involved in the care of the patient including caregivers, the patient, the patient's health care proxy or the patient's family may request an Ethics Consultation.

Ethics Consultation requests are to be directed to the Director of Pastoral Care Services either by telephone or beeper. On weekends, requests should be directed to the Administrative Supervisor, who will forward the request to the Director of Pastoral Care Services.

The Director of Pastoral Care Services or another member of the Ethics Consultation Subcommittee will evaluate the request within 24 hours to determine the necessity of an ethics consultation. If further consultation is needed, the matter will be referred to the Ethics Consultation Subcommittee.

## **2.7 Abuse Prevention, Identification and Reporting**

Saratoga Hospital prohibits abuse, neglect, involuntary seclusion, exploitation, and misappropriation of property of all patients and residents. In addition, this facility encourages reporting of any potential violation to administration who will take immediate action to correct

occurrences. This organization has four policies relating to abuse that can be found in the Meditech library cabinets and in the Nursing Home.

Abuse can take many forms:

Physical: includes hitting, punching, slapping, shaking, use of weapons or any action that causes or threatens to cause physical harm. It can also include mistreatment such as inappropriate use of medications, physical or chemical restraints, or isolation.

Psychological: verbal or mental abuse such as humiliation, harassment, threats of punishment or deprivation, or written threats.

Sexual Abuse: forced, manipulated, or coerced sexual activity including rape, incest, same sex assault, acquaintance rape, and marital rape. It can also include sexual harassment.

Neglect: abuse that relates mainly to children and elders such as failure to provide services, treatment or care in a timely, safe and consistent manner.

Exploitation: taking advantage of another for one's own benefit. Examples include financial exploitation, misappropriation of property, and taking and selling photos.

### **Adult Abuse (Domestic Violence)**

Domestic violence is a pattern of coercive behavior that may include physical, sexual, economic, emotional and/or psychological abuse exerted by one person over another. It is the major cause of injury to women in the United States, with more than six million women attacked in their homes annually.

Physical signs and behaviors related to domestic violence may include:

- Injuries sustained to the face, neck, throat, chest, abdomen, and/or genitals.
- Evidence of sexual assault.
- Chronic pain.
- Injuries sustained during pregnancy.
- Substantial delay between onset of injury and presentation for treatment.
- Multiple injuries in various stages of healing.
- Extent or type of injury is inconsistent with patient's explanation.
- Repeated use of emergency services and/or psychosomatic complaints.
- Evidence of alcohol or drug abuse.
- Suicide attempts or ideation.
- An overly attentive or aggressive partner accompanying the patient.

New York State law requires that victims of suspected or confirmed adult domestic violence be given a pre-printed notice that outlines her/his rights as a victim.

Medical care providers are not mandated to report cases of domestic violence to the police with the exception of gunshot and stab wounds. Failure to do so could result in the arrest of the healthcare worker on Class A misdemeanor charges. With the exception of gunshot and stab wounds, police should only be contacted with patient consent. Adult patients have the right to refuse any or all interventions or referrals.

### **Child Abuse**

An abused child is defined as someone less than eighteen (18) years of age whose parent or legal guardian responsible for their care:

- Inflicts or allows to be inflicted upon the child serious physical injury **and/or**
- Creates or allows to be created a substantial risk of physical injury **and/or**
- Commits or allows to be committed against the child a sexual offense as defined in the penal law

A maltreated child is defined as someone less than eighteen (18) years of age whose physical, mental or emotional condition has been impaired or is in danger of becoming impaired as a result of the failure of his/her parent or legal guardian to exercise a minimum degree of care in:

- Supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to, offered financial assistance or other reasonable means to do so **and/or**
- Providing the child with proper supervision or guardianship by unreasonably inflicting or allowing to be inflicted harm **and/or**
- Abandoning the child.

Following are some ways to identify abusive parents or caretakers:

#### A. Parent/Caretaker History

- Parent abused or neglected as a child
- Lack of friendships, emotional support, marital problems, adolescent parents
- Physical/mental problems, irrational behavior (alcohol/substance abuse)
- Life crisis: financial debt, unemployment, homelessness, etc.

#### B. Parent-Child History

- Parent's unrealistic expectations of child's physical and emotional needs
- Absence of nurturing child-rearing skills
- Delay or failure in seeking health care for child's injury, illness, routine checkups, and immunizations.

Following is a list of some physical abuse indicators:

Note: Special attention should be paid to injuries that are unexplained or are inconsistent with the parent(s)/caretaker's explanation and/or the developmental stage of the child.

- Bruises, welts, and bite marks
- Lacerations or abrasions
- Burns
- Fractures
- Head Injuries
- Symptoms suggestive of parentally-induced or fabricated illness, sometimes known as Munchausen Syndrome by Proxy.

Following is a list of some maltreatment and neglect physical indicators:

- Failure to thrive (physically and emotionally)

- Lags in physical development; Speech disorders
- Consistent hunger, poor hygiene, inappropriate dress for the season
- Consistent lack of supervision
- Unattended physical problems or medical need
- Chronic truancy; Abandonment

## Reporting Child Abuse

The following persons are **MANDATED** to report abuse in New York State:

- Physician
- Osteopath
- Resident
- Dentist
- Podiatrist
- Registered Nurse
- LPN
- School Official
- Mental Health Professional
- Psychologist
- Christian Science Practitioner
- Hospital personnel engaged in the admission, examination, care, or treatment of patients
- Any other Child Care or Foster Care Worker
- Surgeon
- Chiropractor
- Medical Examiner
- Optometrist
- Intern
- Dental Hygienist
- Coroner
- Peace /Police Officer
- Provider of family or group day care
- Psychiatrist
- Social Service Worker
- Employee or volunteer in a Residential Care Facility defined by §412 (7)
- District Attorney or Assistant District Attorney Investigator

## Situations in Which Reports Are Required

1. When a mandated reporter has reasonable cause to *suspect* a child who the reporter sees in his/her *professional or official capacity* is abused or maltreated;
2. When a mandated reporter has reasonable cause to *suspect* a child is abused or maltreated where the parent or person legally responsible for such a child comes before them in his/her professional capacity as a staff member of medial, public or private institution, school, facility, or agency, (s)he shall immediately notify the person in charge of that school, facility, institution or his/her designated agent who will also become responsible for reporting or causing a child abuse report to be made to the County Child Protective Service.

## Reporting Procedures

1. When
  - Immediately, by telephone, 24/7 (24 hours a day, seven days a week)
  - Additionally, a written report must be filed within 48 hours of an oral report
2. To Whom
  - Telephone reports should be made to New York State Central Register of Child Abuse and Maltreatment (SCR) by calling the statewide, toll-free telephone number: **1-800-635-1522**
3. Legal Protection
  - To encourage prompt and complete reporting of suspected child abuse and maltreatment, any persons, officials, or institutions who in good faith make a report, take photographs and/or take protective custody, have immunity from any liability, civil or criminal, that might result of such actions.
4. Confidentiality
  - The Commissioner of Social Services and the local department of social services are not permitted to release to the subject of a report the identity of the person who made the report unless such person has given written permission for the central register to do so.
5. Consequences for Failing to Report
  - Any person, official, or institution required by the law to report a case of suspected child abuse or maltreatment who willfully fails to do so:
    - a. May be guilty of a Class A misdemeanor
    - b. May be civilly liable for the damages caused by such failure

## Elder Abuse

Elder abuse is defined as inappropriate contact with a patient or resident, 65 years and older, which harms them in any way. This covers any behavior causing fear or intimidation, or physically or mentally harms an older person. This includes, but is not limited to physical mistreatment or assault, psychological mistreatment, exploitation, violation of rights, neglect, sexual molestation or rape, deprivation or isolation.

Signs and symptoms that elder abuse is occurring may include:

- Decreased appetite
- Loss of interest in normal activities
- Guarded interactions
- Inconsistent explanation of injuries
- Unusual bruising
- Abuser acting overly protective by not leaving elder alone with others or speaking for the patient/resident

If you notice unusual behavior, or suspect a patient or resident is being abused, you must immediately report that suspicion to your supervisor. Just as in adult abuse cases, an elder has the right to refuse any or all interventions. Consent must be obtained before contacting any authorities. However, there is an exception in the case of residents in nursing homes. ***It is a New York State Department of Health mandate that all cases of abuse occurring in a nursing home be reported to the following hotline number: 888-201-4563.*** This number is also posted at the nursing stations in the nursing home.

## 2.8 Population Specific Considerations

Every staff member plays an important role in respecting patient's and resident's needs and meeting the Joint Commission standards for accreditation. Each patient and customer at Saratoga Hospital is unique. Employees must keep in mind that ***growth and development follow general patterns, but each person grows and develops in a unique way.***

Following are age categories and some general guidelines for each:

### **Newborn (up to 28 days)**

#### **Infants (1 month to 12 months)**

- Communicate by crying.
- Parents should assist in care giving as appropriate, especially by holding the child.
- Keep child warm and do not leave unattended.
- Ensure child's safety and comfort (keep crib rails up, scheduled feeding, talk in soothing tones).
- Approach the child slowly to avoid startling.

### **Toddler (1 to 5 years of age)**

- Communicate by crying and making simple sounds and gestures.
- Let the child touch equipment or demonstrate the procedure on a stuffed animal or doll first.
- Never leave unattended.
- If possible, keep children with parents during procedures. Perform the least threatening parts of the examination first.
- Give the child simple choices when possible.

### **School Age (ages 6 – 12 years)**

- More active; developing strength and coordination.
- Need explanations of procedures just before they are performed.
- Needs to express feelings and ask questions.

- Allow opportunity for child to handle equipment, as appropriate.
- Provide praise and give rewards for cooperative behavior.

### **Adolescents (ages 13 – 17)**

- Provide privacy for procedures and testing.
- Use correct terms and visual aids.
- Encourage involvement in care and decisions.
- Avoid authoritarian approaches.
- Candidly report findings and norms of development.

### **Adults (ages 18 – 64 years)**

- Support the young adult in making health care decisions by providing education and support.
- Address questions and concerns in a timely, honest manner.
- Offer support systems (community, spiritual).
- Recognize physical, mental, and social abilities and or limitations.
- Allow patient to discuss worries, loss, and/or stressors.

### **Geriatric (65 years and over)**

- Provide a safe, comfortable environment (lights, temperature, mobility equipment).
- Allow time for rest.
- Speak clearly and avoid background noise. Do not rush.
- Use larger-print materials.
- Encourage patient and family to take an active role in care and decisions.
- Offer support systems.

## **2.9 Fall Prevention**

Approximately 35% to 40% of adults over age 65 fall each year. The fifth leading cause of death in older adults is unintentional injuries, and two-thirds of these injuries are a result of falls. It is estimated that 5% of older people who fall require hospitalization. In 2001, 388,000 were hospitalized and more than 11,600 people 65 years of age and older died.

In hospitals, falls are the largest single category of reported incidents and the second most frequent cause of patient harm. Two to four percent of all hospitalized patients fall during their stay, and 30% of those falls result in injury.

Forty percent of nursing home admissions are attributed to falls due to the resulting loss of function and independence experienced by older patients who have fallen.

Falls can be caused by a variety of factors including a patient's health status or disease, medications, lifestyle (alcohol consumption or inactivity), increasing age, and environmental factors such as wet floors or poor lighting.

All hospital staff is responsible to help minimize patient and visitors risk for falls by:

- Immediately removing objects from the floor that don't belong there
- Cleaning spills, wet or slick spots from the floor as soon as they are discovered. If you are unable to do this, block the area and call housekeeping.

- Notify engineering immediately if you see a rough piece of wood, wrinkled carpet, or light bulb that is out.

It only takes a second for a hazard to become a fall. No environmental risk factor should be allowed to remain in place.

## SECTION 3: OUR WORKPLACE

### 3.1 Customer Service

Regardless of job title, we each play a vital role as a customer service representative at Saratoga Hospital. In fact, every staff member of this organization, from the CEO to clinical and support staff is responsible for providing exceptional customer service to all our customers. Can you answer the “who, what, why, when, where, and how” of Customer Service?

**Who** is considered a customer of Saratoga Hospital? *A customer is anyone you come in contact with during your workday. That may include patients, families, vendors, students, physicians, volunteers, co-workers, or community members.*

**What** is customer service? *Customer service is simply meeting or exceeding customer expectations. It's also treating everyone – patients, visitors and co-workers – as you would like to be treated. This leads to satisfied customers.*

**Why** do we need to provide good customer service? When an organization provides good customer service the benefits are tremendous:

- It produces satisfied/happy patients who are easier to work with and more likely to return for services and recommend Saratoga Hospital to others.
- It produces satisfied/happy employees who are more likely to stay in their positions.
- Happy/satisfied customers contribute to a more financially stable organization, which results in job security for you.

In other words, EVERYBODY WINS!!!

**When and where** should employees focus on customer service? All the time and everywhere!

**How** do we know if we are delivering great customer service? We use surveys to measure satisfaction.

We use a company called Press Ganey to mail patient satisfaction surveys to patients in every care area including: Inpatient, Outpatient Services, Emergency Department, Ambulatory Surgery, Urgent Care, the Nursing Home and the Family Health Centers.

Patients are asked to rate us on a scale of 1 to 5 where 1 is Very Poor and 5 is Very Good – a perfect score would be all 5's. Ratings are converted to a 100 point scale (see table on the

next page). Press Ganey receives and analyzes all returned surveys and provides regular reports on our progress.

Rating	Scale	Score
Very Good	5	100 points
Good	4	75 points
Fair	3	50 points
Poor	2	25 points
Very Poor	1	0 points

So, if every patient rated us 4 or “Good” our score would be 75, but we would really rather have a score of 100. We want every department and service to rate highly with our patients and their families so we should always strive for 5’s.

The best way to get 5’s is to think about your job and department. Ask yourself if the care you provide is “Good”, or “Very Good”? If it’s not already worthy of a 5, what can you do differently that would really impress your patients? Share your ideas for Very Good service with your manager and peers.

Have you seen the patient satisfaction scores for your work area? If not, ask your manager to share them with you!

It’s also important to know that we are no longer measuring our performance to simply collect information on patient satisfaction, monitor and keep to ourselves. Public reporting of certain survey questions are now a requirement of all hospitals. One area of public reporting or how well we do in service is measured through “The Hospital Consumer Assessment of Healthcare Providers and System, or HCAHPS.” This is essentially the first national, standardized, publically reported survey of patients’ perception of the quality of their care that links how they feel about the service we provide them with to how we as an organization are reimbursed. These survey questions that Press Ganey administers for us measure frequency rather than satisfaction. The scale is Never, Sometimes, Usually or Always with only the answer ALWAYS counting in scoring. There is no partial credit awarded when customers answer the survey questions with Never, Sometimes or Usually answers.

***How can I provide exceptional customer service?*** Our returned surveys indicate that communication is a key piece of good customer service. Here are some elements patients say are very important:

- Be respectful of patient’s privacy by closing curtains and speaking softly
- Keep patients and family members informed about any delays
- Respond promptly to any concerns or complaints
- Be aware of patient’s emotional needs
- Keep patients involved and informed regarding their treatment and testing

It is also important to:

\*

- Smile
- Be courteous & respectful
- Communicate clearly
- Be proactive: offer to help before being asked.
- Have a professional appearance
- Give prompt, efficient service
- Report problems immediately

### 3.2 Service Recovery... LAFF: “Listen, Apologize, Fix It, and Follow-up.”

It is the responsibility of every member of the Saratoga Hospital team to turn a potentially negative customer situation into a positive outcome. *Service Recovery is proven to be effective.* Simply acknowledging a customer’s inconvenience makes a difference in the customer’s perception of service, and likelihood they will return and recommend Saratoga Hospital to family and friends.

Every department has a Service Recovery Toolkit; know what, where and how to use them. The most important step is ***the delivery*** of the service recovery:

- Listen with correct body language – make eye contact & nod your head.
- Apologize, even if it is not your fault, that we have not met their expectations or our level of excellence.
- Fix It personally or get someone else involved. Offer an appropriate Service Recovery.
- Follow-up to make sure the issue is resolved and be sure to THANK the customer for sharing their concern.

Additionally, when circumstances arise that have caused our customers to become dissatisfied (when it’s appropriate) all staff are authorized to provide tokens of appreciation which comes in the form of a coupon. Please see the Service Recovery Policy II-82.

### 3.3 Key Words At Key Times

*Key Words at Key Times* are carefully chosen words we use at Saratoga Hospital to align our words with our actions to give customers consistent experiences and messages. When we use *Key Words At Key Times* in our day-to-day interactions, we help patients, families and visitors better understand what we are doing to provide excellent service and treatment, and more importantly why we are doing them. It takes the guesswork out and lets people know we care about them as a person. For example, when a nurse leaves a patient’s room and pulls the curtain on the way out, the patient may think it was done to shut them out. However, if the nurse says, “I am pulling the curtain to protect your privacy”, it lets the patient know that the nurse is being attentive to their personal needs.

Some other examples of *Key Words At Key Times* are:

- “Do you have any other questions or concerns that I can answer for you today?”
- “I care about your privacy so I’m speaking softly.” (This can be used at a registration desk or in other areas where others can hear.)
- “We are trying to ensure a quiet environment so you can rest well during your stay. We have earplugs, headphones and eye covers for your comfort. Please let me know if there is anything else I can do for you.”

- “May I take you to where you are going?”

There are many proven benefits to using *Key Words At Key Times* consistently:

- They build relationships and create a feeling of safety for patients
- They relieve anxiety by helping patients understand their care better
- They align the behavior of staff to the needs of patients and customers
- They create and harvest wins for staff
- They decrease negative customer comments and increase patient satisfaction score
- They align staff with our Customer Service Standards through improved communication, commitment to insuring privacy and sense of ownership

### 3.4 Customer Caring Standards

The Saratoga Hospital Customer Caring Standards were developed by a representative group of employees based on input received from all employees at Employee Forums offered in January 2009. The standards are based on FAMILY values and state that we will, “treat everyone as you want your family treated.”

- ☺ **Friendly:** Create a warm, welcoming atmosphere & have a positive attitude
- ☺ **Above & Beyond:** Exceed the customer’s expectations
- ☺ **Mutual Respect:** Appreciate and value everyone
- ☺ **Integrity:** Take personal and professional responsibility
- ☺ **Listen with Compassion:** Hear your customers and maintain eye contact
- ☺ **Your Personal Touch:** Believe you make a difference

All staff is accountable to uphold these standards at all times.

### 3.5 Cultural Diversity

The U.S. Census Bureau estimates that, by the year 2040, 50% of the population will be a diverse mixture of many different ethnicities and nationalities. The implication for health care settings is far-reaching and obvious: we need to be sensitive to cultural variations within the patient populations we serve. Failure to do so could result in misunderstandings and miscommunications that lead to compromised care or even death.

There are approximately 160 different cultures represented in the U.S. today. Thirty-six of them are Hispanic in origin (e.g., Mexican, Cuban, Puerto Rican, Spanish, etc.). The remainder consists of a mixture of African, Asian, Middle Eastern, European, and Australian. Within each culture and sub-culture, there are wide variations in a number of areas that affect health care including:

Communication	Family Roles	Physical Contact
Gender Roles	Time Orientation	Birth
Pain Management	Death and Dying	Folk Medicine
Customs & Traditions	Dietary Practices	Religious Beliefs

While it is impossible to know the values and practices of every culture, it is important to be aware that differences do exist and that, as health care practitioners, we must strive to incorporate cultural sensitivity into the care we provide. **It is essential that all patients be assessed for cultural factors that could impact their care. This assessment is to be documented in their chart.**

It is equally important to recognize that cultural differences exist with colleagues as well. Tensions that arise from cultural variations with coworkers can compromise workplace harmony as well as patient care. Following are general guidelines to use when dealing with culturally diverse patients or coworkers:

- Avoid generalizing – all people within a culture are not necessarily alike.
- Keep an open mind – don't assume your way of doing something is the only correct way.
- Ask questions when you don't understand a particular practice.
- Take cues from the patient.
- Never negate another's cultural norms.
- Make every effort to preserve and accommodate cultural values and practices when they don't compromise care.

### **3.6 Corporate Compliance**

Saratoga Hospital has developed a Compliance Program and Code of Conduct to ensure we conduct business in accordance with all Local, State and Federal laws that apply to us. This program ensures that our business dealings with patients, families, physicians, volunteers, employees, and vendors are conducted ethically, legally, and with integrity, which is the foundation of our core values.

The goals of the Corporate Compliance program are to:

- Build upon our mission and values;
- Provide a common understanding of Saratoga Hospital's expectations for proper conduct;
- Provide an outlet for addressing concerns;
- Provide a framework for dealing with difficult, complex or confusing issues;
- Ensure that all regulatory guidelines are followed.

Saratoga Hospital's Compliance Program is based on guidelines from the Office of the Inspector General (OIG) of the United States Department of Health and Human Services, and on NY State Office of Medicare Inspector General (OMIG). The guiding principles are:

- A. Reporting of Noncompliance: If an individual suspects unethical or illegal behavior on the part of Saratoga Hospital or any of its agents (employees, physicians, volunteers, vendors, board members, etc.) they should immediately contact their supervisor, the Compliance Hotline at 580-2600 or the Compliance Officer at 583-8312. Reports can be made in person, by phone, or by completing a form found in the I-72 policy, Compliance and Reporting Response. Individuals that ask questions or report concerns are protected from retaliation under this program.
- B. Compliance Standards and Procedures: Saratoga Hospital has written standards of conduct and has other policies and procedures in place, which demonstrate our commitment to compliance. These policies address specific areas of risk such as accurate billing, handling and disposal of medical waste, patient confidentiality, and conflict of interest.
- C. Compliance Education and Training: Training programs have been developed to educate staff about our compliance program and other areas where specific laws or regulations apply.
- D. Audits and Reviews: The Compliance Officer or his designee will conduct periodic audits and reviews to monitor adherence to our policies pertaining to corporate compliance.

Employees, volunteers, and medical staff are the “eyes and ears” of Saratoga Hospital and therefore, we expect everyone to promptly ask questions or report concerns if they suspect any unethical or illegal activity at work. We need your help in letting us know if we're making mistakes so we have an opportunity to correct them.

Our associates work hard to ensure that we create accurate and truthful patient bills and submit accurate claims for payment from any payer, including Medicare and Medicaid, commercial insurance or our patients. It's the right thing to do, and federal and state laws require accuracy in health care billing. The federal False Claims Act makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. Our corporate responsibility program supports compliance with the False Claims Act by protecting our associates from adverse action when they do the right thing and report any genuine concern. In short, *corporate compliance is all about doing the right thing because it is the right thing to do!*

### **3.7 Discrimination and Harassment**

Saratoga Hospital strongly believes that staff has the right to work in an environment that is free from discrimination and harassment. This includes discrimination or harassment based on gender, age, race, national origin, religion, sexual preference, sexual orientation, gender identity, marital status, color, citizenship, disability, financial status, or other unlawful criteria.

Sexual harassment is any unwanted verbal or physical advances, sexually explicit derogatory statements, or sexually discriminating remarks made by someone in the workplace which are

offensive or objectionable to the recipient, cause the recipient discomfort or humiliation, or interferes with the recipient's job performance. To prevent sexual harassment, be professional at all times. NEVER IGNORE SEXUAL HARASSMENT. TAKE ACTION TO STOP IT.

### **3.8 Risk Management**

Every employee and volunteer is a risk manager. We are responsible for keeping our eyes open for potential hazards to patients, families, employees, and anyone who interacts with Saratoga Hospital. However, occasionally an event occurs that is inconsistent with routine care of a patient or facility operation. In those instances, a **variance report** should be completed immediately and forwarded to Quality Support Services within 24 hours. If a patient is involved, there should be no documentation in the chart that a variance report was completed. However, the occurrence and any effects to the patients are to be recorded in the medical record, with care taken to ensure the entry is objective and factual. This same information is to be included on the variance report. A supervisor, manager or director will conduct an investigation of the occurrence and Action Plans will be developed as necessary.

A **sentinel event** is an unexpected occurrence that results in unanticipated death of a patient or serious physical or psychological injury resulting in loss of function. Additionally, the following events are also considered sentinel events:

- Infant abduction or discharge to the wrong family
- Rape by another patient or employee
- Hemolytic transfusion reaction
- Surgery performed on the wrong patient
- Surgery performed on the wrong body part.

Sentinel events must be immediately reported to the Department Director or Manager. An immediate investigation will take place followed by a detailed root cause analysis to identify systems and processes that need to be changed to prevent future occurrences.

### **3.9 Quality Improvement**

The key elements of our Quality Improvement Program are:

- Planning
- Monitoring
- Continuous Improvement

Saratoga Hospital is committed to providing quality patient care in a clean and safe environment. We focus on:

### **Doing the right thing and doing the right thing well.**

To ensure we are doing the right thing and doing it well, the **Quality Patient Safety Council** was formed as an oversight body for Quality Improvement activities. The Council:

- Approves departmental Quality Improvement Plans
- Reviews all departmental quality activities
- Recommends quality improvement educational and training needs for the organization
- Evaluates the effectiveness of quality improvement activities within the organization.

We are all responsible for quality assurance and improvement. It is a team effort to ensure we provide quality patient care in a clean and safe environment. Each department has their own quality plan and conducts activities on a monthly basis. Results are shared with staff on an on-going basis and staff is responsible to review the information, ask questions as appropriate, work on any opportunities for improvement and to serve as members of quality improvement teams.

Quality improvement teams are formed when an opportunity for improvement is identified. The team uses the FOCUS PDSA model to identify issues and develop a plan for improvement:

**F**ind the process to improve  
**O**rganize to improve the process  
**C**larify current knowledge of the process  
**U**nderstand sources of process variation  
**S**elect the process improvement opportunity

**P**lan the improvement and data collection  
**D**o the improvement and data collection  
**S**tudy the results of the implementation  
**A**ct to hold the gain and continue to improve

If you would like to become more involved in the quality improvement process, notify your supervisor, manager or director. Occasionally your supervisor will ask for staff assistance to conduct reviews or participate on a team. This is a great way to get involved!

### **3.10 Staff Concerns**

Any employee or volunteer concerned about safety or the quality of care provided at Saratoga Hospital may report their concerns directly to the Joint Commission. While we hope staff feels comfortable reporting quality and safety concerns to their supervisor or other member of the leadership team first, under no circumstances will Saratoga Hospital take disciplinary action against an employee who reports safety or quality of care concerns to the Joint Commission.

### 3.11 The Joint Commission

*Who is the Joint Commission?* The Joint Commission is an independent, not for profit organization that sets the standards by which healthcare quality and safety is measured in America and across the world.

*What does the Joint Commission do?*

- Assess the safety and quality of care provided by more than 15,000 healthcare organizations in the United States.
- Visit at least every 3 years for an on-site assessment, or survey.
- Give their “seal of approval”.

*What does their approval mean?*

- It is recognized nationwide as a symbol of quality that reflects an organization’s commitment to provide quality care in a safe environment.
- It gives us the ability to participate with Medicare, Medicaid, and other insurance companies.

*How do they do it?*

- The Joint Commission sets over 200 standards that we must adhere to.
- They review our care by using the “Tracer Methodology”. This method follows the patient’s footsteps from the time they are admitted, treated, and discharged.

*What are standards?*

- Rules, laws, and guidelines that all healthcare organizations are to follow.

*What are examples of National Patient Safety Goals?*

The Joint Commission establishes nationwide patient safety goals to promote specific improvements in healthcare settings. While they may change annually, this list represents a number of patient safety goals set by the Joint Commission:

- Improve the accuracy of patient identification
- Improve the effectiveness of communication among caregivers
- Improve the safety of using medications
- Reduce the risk of health care-associated infections
- Accurately and completely reconcile medications across the continuum of care
- Reduce the risk of patient harm resulting from falls
- Encourage patients’ active involvement in their own care as a patient safety strategy
- Identify safety risks inherent in the patient population
- Improve recognition and response to changes in a patient’s condition
- Reduce the risk of influenza and pneumococcal disease in institutionalized older adults
- Reduce the risk of surgical fires
- Prevent health care associated pressure ulcers

*Who has to follow the standards?* **EVERYONE!**

### 3.12 Impaired Provider

All employees have an obligation to protect patients, coworkers, practitioners, and others from harm. Therefore, it is important that all staff have the knowledge and ability to recognize and report impairment issues specific to licensed independent practitioners who practice medicine at Saratoga Hospital. The purpose of the process is to help with rehabilitation, rather than discipline, and to aid a practitioner in retaining and regaining optimal professional functioning consistent with safe patient care. The recovery rate for impaired physicians who enter treatment has been reported to be 85% or higher.

If you have a reasonable suspicion that a practitioner is physically or mentally impaired, or impaired due to drug or alcohol use, report your suspicion either orally or in writing to the Chief Medical Officer, Joyce Peabody, MD. The report must be factual but does not need to include proof of impairment. When requested, the identity of the individual submitting the report will be kept confidential. Common signs and symptoms of an impaired provider may include the following:

- Increase in sick days, often after weekends
- Deterioration of language in charting
- Poor judgment or slow decision making
- Technical errors
- Forgetfulness
- Inappropriate grooming
- Frequent mood swings with irritability or temper tantrums
- Physical confrontations over trivial matters
- Unexplained absences or last minute changes in schedule
- Failure to meet deadlines or do reliable work
- Disintegration of marriage or friendships
- Bizarre behavior that might be caused by surreptitious drug taking.

### **3.13 Computer Use**

Employees and volunteers at Saratoga Hospital have access to computers and devices for the purpose of serving patients or supporting patient care in the most efficient way possible. It is important that computer systems owned or installed by Saratoga Hospital be used ONLY in accordance with our policies and solely for work-related purposes. There are security risks from unauthorized software and unauthorized use that can result in problems ranging from lost productivity to unauthorized access to delays in patient care. Therefore it is essential to follow these guidelines:

- Refrain from using the Internet for personal or recreational purposes.
- Be cautious about receiving email attachments and links that ask you to click on them. If you suspect a message is not legitimate, do not open it or the attachments it provides, simply delete it.
- Never attempt to install software without I.S. department support.
- Never share your password or other authenticated access to any systems with other employees.
- Never use personally owned devices to store or access Saratoga Hospital patient or private data unless you are authorized to do so.

- Never transmit EPHI using email or removable storage without proper encryption in place.

Please be aware that internet and e-mail traffic are routinely monitored and violations are reported to employees' supervisors. For access to all policies related to computer use, please refer to IS Policies and Procedures and Administrative Policy Manuals 1 and 3.

### **3.14 Tobacco Free Campus**

For the health and safety of our patients, visitors and staff, Saratoga Hospital became tobacco free, inside and outside, on all of its properties as of January 1, 2007. As a result, no one may use tobacco products within five hundred feet of any Saratoga Hospital property, except that staff may smoke in their vehicles parked in the Green lot only. If an employee sees someone smoking where they shouldn't be, they are responsible to approach the person and politely inform them of the policy and ask them to extinguish the tobacco product.

## **Section 4: Safety and Security**

### **Safety is everyone's responsibility.**

Saratoga Hospital's safety officer is John DiNovo. He can be reached through the operator or at extension 8744. If you have a safety issue, fill out a department safety communication form, which can be found in Meditech.

### **4.1 Back Care**

Lower back pain is an occupational hazard for many workers. Even if your back feels fine, you could be at risk for a back injury if you:

- Have poor posture
- Are out of shape or have a sedentary lifestyle
- Are overweight, poor nutrition or smoke
- Use incorrect body mechanics or lifting techniques

These strains add up until one day a simple act like bending over can bring you to your knees. To know your spine is to respect it. This complex and hard working structure will serve you well if you take good care of it.

#### **Back care tips:**

- Wear appropriate and supportive footwear for the job.
- Adjust working heights.
- Shift weight frequently.
- Change position when possible.
- Stretch before and after activity.
- Prevent or relieve fatigue and strain.
- Relax shoulders and neck muscles.

#### **Safe lifting:**

- Assess or test the load before you lift.
- When you are not sure, always get help.
- Stand close to the object.

- Have firm footing.
- Squat down and straddle the load as best you can.
- Keep back straight.
- Grasp object firmly with a sure grip.
- Chin up and look straight ahead with exerting force. This will help you keep your back straight.
- Lift with legs, slowly straightening them.
- After legs are straight, bring back to a vertical position.
- Hold object firmly against your body.

## 4.2 Codes

The following codes identify emergency situations. You are responsible to know each one or carry the list in your pocket for quick reference. In the event of a code, the operator will make the announcement three (3) times with the location. Check with your supervisor to find out your specific job during every emergency situation.

Amber-----	Infant or child abduction
Aqua-----	Ambulance arriving with patient in full arrest
Black-----	Weather emergency
Blue-----	Cardiac or respiratory arrest
Brown-----	Disruption of utilities
Gold-----	Release of radiation from Knolls Atomic Power Laboratory
Green-----	Incident requiring immediate medical assistance
Hazel-----	Area needs to be evacuated
Pink-----	Pediatric cardiac/respiratory arrest
Platinum-----	Missing patient or resident
Purple-----	Agitated patient/visitor needing de-escalation
Red-----	Fire
Silver-----	Chemical spill
White-----	Public Safety needed STAT
Code "D"-----	Disaster Level 1, 2, 3, or 4
Code "L"-----	Lockout
Code "W"-----	Active Shooter
Code "250" -----	Person suffering a medical emergency within 250 yards of Saratoga Hospital property

### 4.3 Emergency Preparedness

An emergency event or disaster is defined as any situation that produces excessive numbers of casualties which cannot be handled with normal staffing or a situation in which the normal operation of the hospital is altered by structural damage or injured personnel. This may include an event within the hospital such as fire, collapse of parts of the building, explosions, or threat of impending disaster such as a nearby fire (internal), or an event in the community such as industrial or transportation accidents, epidemics, nuclear accidents or natural disasters (external).

Saratoga Hospital's Emergency Preparedness Plan outlines the roles and responsibilities for responding to both internal and external disasters. This Plan can be found on the Saratoga Hospital intranet site, Sharepoint. The organization annually conducts drills so staff will learn how to respond to internal and external disasters. The paging designation of an emergency event is "Code D" for large mass casualty incidents. If we get advance notice of a possible disaster situation, such as a weather report of a coming severe storm, you may hear a "Code D Alert" paged. This allows us to gather the disaster team and plan ahead for what may be coming. "Code D Alert" may also be used to respond to a smaller internal disaster.

If a "Code D" or "Code D Alert" is paged and your department director or manager is not on duty, someone else from your department should report to the command center, usually in the Board Room, to get further information and instructions.

Each department is responsible to maintain an employee notification system to recall staff as needed to provide patient care and assistance in the event of a disaster. Directors and others on the list should have a copy of this list in a safe place at home so that they know who to call if required to do so.

### 4.4 Fire Safety "CODE RED = FIRE"

It is important everyone do his or her part when it comes to fire prevention. Employees are in an excellent position to prevent fires in the health care setting. Alert staff can easily spot fire hazards. Then they must do something about the fire hazard. If you are unable to correct a hazardous situation on your own, report the problem to your supervisor so appropriate corrections can be made. Inspect all electrical equipment for damage prior to use. Do not leave microwaves or toasters unattended. Microwaves and toasters are the biggest source of false alarms!!!! Always be careful when cooking!

You are required to know the location of the Emergency Condition Manual in your department. The Hospital Fire Life Safety Policies and Procedures on how to respond to a fire are included in the manual. Department specific procedures are also located in the manual. Check the table of contents for your department and **your role** during a fire. Also outlined in the manual are specific evacuation plans for each area. It is important to know what you should do if the operator announces "**CODE RED**" and you are not in your department. If you are on a patient floor performing a procedure on a patient, please finish the procedure you are performing then call back to your department to check in. If you do not have a specific job you are to return to your department immediately. Do not use the elevators during a fire or fire drill. Also make sure visitors are not walking through the halls.

If you discover a fire in your department:

**R**emove everyone in the room and call out “**CODE RED**”

**A**ctivate the fire alarm and call the operator at 777 to give location and nature of the fire. Off-site locations should dial 911.

**C**lose remaining doors and windows.

**E**vacuate as directed by person in charge (supervisor or fireman).

When you hear the fire alarm system activated, pause a moment to clearly understand the location of the fire.

1. If it is clear the fire is not in your area, begin checking patient rooms assuring patients everything is fine and you are closing their door to ensure their safety and that you will check on them shortly.
2. If the fire is in your area but you are unsure of the location, **thoroughly** check all patient rooms before closing the door assuring patients that everything is fine and that you are closing the door to make sure they are safe and you will be back to check on them shortly. After all patient rooms have been thoroughly checked, begin checking all common rooms until the source of the alarm activation is discovered. By this time, Public Safety or Engineering will be there to help identify the cause of the alarm.
3. If the alarm is in your area and it is clear where the source is, quickly proceed to the room, identify the cause, call out “**CODE RED**” while evacuating the room, **thoroughly checking possible places for people to hide in a patient room such as under the bed, in the closet and in the bathroom.** After the room has been evacuated, close the door to the fire room and tape it with the red tape located in the fire extinguisher cabinet.

**Red Tape & Evacuated Room Tags:** Both are located in the fire extinguisher cabinets. The red tape is used to mark the fire room door after it has been thoroughly checked for occupants and evacuated. The evacuated room tags are used for the remaining doors in the area to indicate that the room has been thoroughly checked and evacuated. This procedure would be used if an evacuation has been ordered by the charge nurse for that area. This helps differentiate the fire room from the other rooms in the area.

If a fire is small you may quickly attempt to put it out with an extinguisher. Always keep your back to the escape route. Fire extinguishers in Saratoga Hospital can be used on any type of fire. To use the extinguisher remember PASS:

**P**ull the pin

**A**im the nozzle at the base of the fire

**S**queeze the handle

**S**weep the nozzle back and forth at the base of the fire

## 4.5 Gas Cylinder Safety

Employees involved in using and/or transporting compressed gas must do so in a safe manner. All oxygen cylinders used for transport are to be secured in a cylinder cart/holder. Large tanks ("H") can only be transported on a hand truck with a valve protection cap or regulator in place. All full and empty cylinders will be stored securely upright and in a rack, cart, hand truck, or chained to the wall. Employees involved with the use and transport of compressed gas must be trained in the proper handling of cylinders, cylinder trucks and supports, and cylinder-valve protection caps. Cylinders must be clearly labeled with the name of the contents. Tanks with wired on tags or color code only are not acceptable. Hand trucks or dollies must be used in moving cylinders. Cylinders on beds, stretchers, or wheelchairs must be in a holder or cart. Do not roll, hand carry, or drag cylinders. Do not attempt to repair damaged cylinders or force frozen cylinder valves. Do not use broken equipment (hand trucks, regulators, flow meters, etc.); remove from service, identify with a Red Tag and notify Respiratory Care Services.

## 4.6 Hazardous Materials

Each department in Saratoga Hospital that works with hazardous materials (chemicals) has a **yellow** binder containing Safety Data Sheets (SDS) – formerly called the MSDS. The SDS for a particular chemical explains the:

- Health hazards related to exposure
- Course of treatment when exposed
- Clean up procedure for a chemical spill

If an employee is exposed to a hazardous chemical the manager or director should be contacted immediately and the MSDS for that chemical should be obtained and referenced. The administrative supervisor will assist on evenings, nights, and weekends.

Saratoga Hospital has contracted with the 3E Company to provide "MSDS on Demand". In addition to the SDS's, 3E also provides a Spill Hotline, and Poison and Exposure Hotline. These services are available 24-hours a day, 365 days a year, by calling toll free (800) 451-8346. A yellow, black, and white phone number sticker is affixed to all telephones as a reminder.

This service is to be used primarily for getting SDS's for chemicals that come into the hospital through non-procurement channels. An MSDS should be present in the SDS book for every chemical used or present in the department. The presence of those chemicals and the location of the SDS book should be communicated by department directors to new employees during department orientation and any other time a new chemical is introduced into the workplace.

SDS's may be obtained by anyone in the organization by logging onto the Saratoga Hospital Intranet website and clicking the HazCom lookup on the menu of options to the left of the screen. Click on the **MSDS On Demand**. Click Search. Enter the product name, manufacturer, CAS#, or chemical name for which you want an SDS produced. The SDS can be printed and placed in your SDS book.

In the event of a spill:

- Notify Public Safety for chemical spills
- Notify Nuclear Medicine for radioactive material spills
- Notify Environmental Services for large/major blood spills
- Be aware of what personal protective equipment should be worn.

## 4.7 Infection Prevention

The word “nosocomial” is derived from the Greek for “in the hospital”. Therefore, nosocomial infections are those acquired in the hospital. The sick are especially prone to infection and those who are healthy can unknowingly spread infection. The most important word to remember is PREVENTION. We must make every effort to prevent infection, and be aware of any that may be present so that outbreaks may be detected and quickly contained. This requires constant monitoring of the hospital environment and all who enter it.

Infection control measures are required both by law and professional standards. Participation in the Infection Control Program at Saratoga Hospital is an unwritten part of everyone’s job description. The purpose of this program is to help our organization achieve the best possible infection control for the protection of our patients, visitors, and employees.

Important Points:

- Hand washing is the single most effective way of preventing the spread of infection to both patients and employees.
- All staff can access the Infection Control (IC) Policy Manual in the Meditech Library. The IC manual contains infection control policies and procedures that provide guidelines and standards to prevent infections to both employees and patients.
- The primary goals of the IC program are to:
  - 1) Prevent patients from acquiring infections while they are hospitalized, and,
  - 2) Prevent employees from being unnecessarily exposed to communicable or infectious diseases.
- Employee’s understanding of the IC Program is one of the key elements to controlling and reducing infections.
- All employee-related incidents including work-related incidents/injuries require completion of a variance report form. Examples include needle sticks, cuts from contaminated sources, splashing of blood or body fluids into eyes or mouth, blood or body fluid contact with broken skin. When the source is known, ALWAYS identify it on the form. Bloodborne pathogen exposure packets are available on all nursing units.
- Employee Health is responsible for all follow-up related to contaminated needle sticks and mucous membrane exposures.

**Hand Hygiene:** The Centers for Disease Control (CDC) has released guidelines to improve adherence to hand hygiene in health care settings. In addition to traditional hand washing with soap and water, CDC recommends the use of alcohol-based hand rubs by healthcare personnel for patient care. Hand rubs are available in all patient care areas. Hand hygiene is indicated:

- When starting and ending work

- Before and after patient contact
- Before and after drinking, eating, and handling food
- After removing gloves
- After using the toilet, blowing your nose, or covering a sneeze
- Whenever your hands become soiled.

***Gloves are to be used as an adjunct to, and not as a substitute for hand washing!!!***

### **Isolation Precautions:**

Standard Precautions – Designed for the care of all patients, standard precautions are the first part of a two-tiered system. Standard precautions include use of gloves, gowns, and face coverings (masks and faceshields) if applicable. These items are available in all patient care areas. Since it is not always possible to know whether or not a substance is infectious, employees should protect themselves from contact with any blood or body fluid by practicing standard precautions.

Transmission-based Precautions – These are the second part of the two-tiered system used to prevent the spread of infection. Colored cards indicating the type of isolation and the necessary precautions are posted outside the patient room. There are three categories of transmission-based precautions: Airborne, Droplet, and Contact precautions. All employees must comply with the specific transmission-based isolation precautions in conjunction with standard precautions.

## **4.8 Latex Allergies**

Latex is a material used in over 40,000 common health care products such as gloves, band aids, tourniquets, blood pressure cuffs, and crutch tips. While some of these products, such as gloves, are available in latex-free form, some are not. This is a concern in healthcare because latex contains proteins and enzymes that may cause a reaction in susceptible individuals. A serious reaction could be deadly. Healthcare workers are considered to be at high risk for having reactions to latex products. Following are the three types of reactions people could have:

- Irritant Contact Dermatitis: Not a true allergy, but an irritation of the skin that could be related to any product that causes the development of dry, itchy, red, scaly skin. This condition can also be related to, or increased due to cold weather, washing hands in the wrong temperature water, or not drying hands thoroughly.
- Latex Sensitivity: Also known as Allergic Contact Dermatitis, is similar to a poison-ivy type rash and usually begins 24-48 hours after a latex exposure. A sensitivity may become a true latex allergy over time so individuals need to be treated as if allergic (as outlined below).
- Latex Allergy: Usually begins within minutes of exposure but can occur hours later. Signs can be as mild as itching, hives, coughing, sneezing, and nausea, or as serious as low blood pressure or airway tube constriction.

A person with a latex sensitivity or true allergy must not come into contact with any latex products. Therefore, we clearly identify any such patients with yellow Latex Alert wrist bands, and yellow Latex Alert signs outside their doors and above their beds. The yellow signs and

bands alert us that only latex-free materials and equipment may be used with these patients. A latex-free cart should be obtained from General Stores. If General Stores do not have a cart available, make your own 'cart'. If you are uncertain about a product, ask your supervisor. Staff should familiarize themselves with the Latex Allergy Management Policy in Administrative Manual II.

## **4.9 Utilities and Equipment Management**

Engineering Services maintains and repairs all aspects of the physical plant including electric, water, HVACR and boiler systems. If these utility services were interrupted for any reason, a "Code Brown" would be announced along with the affected utility. It is important for all employees to know the utilities and equipment in their area and how to respond in case of failure. This information can be found in the Emergency Preparedness Manual located in each department.

The Clinical Engineering Department provides complete medical equipment service and support for Saratoga Hospital. However, equipment safety is the responsibility of the user who should follow these guidelines:

- Make sure you have been properly trained on the equipment prior to use.
- Always check the power cord for fraying before plugging it in and ensure the cord has three prongs.
- Check for exterior damage to the equipment.
- If a unit is dropped, consider it broken and remove it from service. You do this by placing a Defective Sticker on it and notifying Clinical Engineering.
- If equipment was involved in a patient incident connected with serious illness, injury or death, immediately contact your supervisor and the Clinical Engineering Department. Secure the equipment and all disposables including packaging for further investigation.
- Operator Manuals for all medical equipment are located on each unit and in the Clinical Engineering Department.

## **4.10 Wheelchair Safety**

Saratoga Hospital is very proud of its wheelchair fleet that includes a sufficient supply of standard and large-sized chairs purchased for the safety and comfort of our patients and the convenience of staff. Everyone is responsible for their care and maintenance and for adhering to the following procedures:

- Always ask the person who uses a wheelchair or has a disability if he or she would like assistance before jumping in to assist. Your assistance may not be needed or wanted.
- Know wheelchair safety before assisting a patient – always use the brakes while guiding someone into or out of the chair, communicate with the patient, back a wheelchair into an elevator, and never leave a wheelchair by a fire door.
- Return wheelchairs to designated locations after use or if you notice any in halls or in the parking lots. Designated locations include the small alcove off the main lobby, small alcove in the Same Day Surgery entrance, Transportation Department, Emergency Department, and patient care units.
- Leg rests can be swung-away to make more room for the patient, but should never be removed from the chair as it renders them unusable.

- Tag a wheelchair and take it to Engineering if it is broken, missing parts, or needs cleaning.

## 4.11 Workplace Violence

Violence is defined as violent behavior including verbal or physical threats, carrying a potentially dangerous weapon, acts of verbal abuse, harassment, fights, and acts of physical assault.

It is increasingly difficult to isolate the workplace from the outside world. Visitors, intruders, patients, families, vendors, and even fellow employees may bring violence inside the facility. Hectic environments make detection and prevention more difficult. Violence can occur in any healthcare setting, at any time, in any department, in any location, and by anyone. There is not one single reason why people behave violently, but it may be triggered by any number of reasons including:

- Stress and frustration
- Revenge
- Personal problems
- Fear or confusion
- A feeling of invasion of privacy or personal space
- Being separated from family
- A drug reaction
- Pain

Remember that anyone can become violent. Do not assume who may or may not be a threat. There are three main interventions you should use if faced with a violent, or potentially violent situation in the workplace:

1. Verbal de-escalation techniques
  - Be supportive
  - Talk slowly and softly
  - Give the person choices
2. Self protection techniques
  - Activate Code Purple
  - Give the person what they want
  - Do not try to disarm
3. Critical incident debriefing and follow-up
  - Medical care
  - Support
  - Variance report
  - Debrief

Obviously the best action is prevention. Some things we can do to help decrease the possibility of a violent situation are:

- Treat everyone with respect
- Use good communication skills
- Check patient's records ahead of time
- Store objects that could be used as weapons in a safe place

- Wear your name badge
- Try to spot trouble before it starts
- Act quickly at the first sign of trouble
- Be prepared
- Report every incident of violence

## 4.12 Restraints

Saratoga Hospital provides each patient with considerate and respectful care designed to promote the patient's independence and dignity in a restraint free environment in keeping with the patient's physical and mental status. Anything that constricts a patient's freedom of action will be employed only to protect the health and safety of the patient and to assist the patient to attain and maintain optimum levels of physical and emotional functioning.

Chemical restraints are never used. Medical restraints are only used to directly support medical healing (i.e., IV fluids, feeding tubes, immobilization of hip post surgery). Behavioral restraints are employed only when necessary to prevent the patient from injuring self or others.

## 4.13 Bomb Threat/Suspicious Package

### Threats:

- All reported threats of bombs or explosives are to be taken seriously and acted upon immediately.
- Without alerting the caller, notify your nearest coworker or supervisor while staying on the phone with the caller.
- Complete the Bomb Threat Checklist (Form 9000).
- If a coworker informs you they are on the phone with a bomb threat, immediately and discreetly notify Public Safety.
- Public Safety will contact the appropriate hospital personnel.
- Public Safety will ensure the person receiving the threat has completed the Bomb Threat Checklist and take possession of the form.
- In the event a broadcast is made, a Code Hazel will be called for the suspected area and a Code D Alert will be announced.
- The department head will have a search made of their area by department employees, as they are familiar with their respective areas.
- Care should be taken to leave all doors and windows open to dissipate any explosive force.

Suspicious Package:

- If a suspicious package is located, a Code Hazel will be called for the suspected area and a Code D Alert will be announced.
- A suspicious package will not be touched or moved except by qualified responding authorities.
- The area will be cordoned off using a minimum 300-foot radius to prevent pedestrian or vehicular traffic.
- Limit use of two-way radios, overhead pages, and cordless phones in the immediate area. Cell phones should NOT be used.