



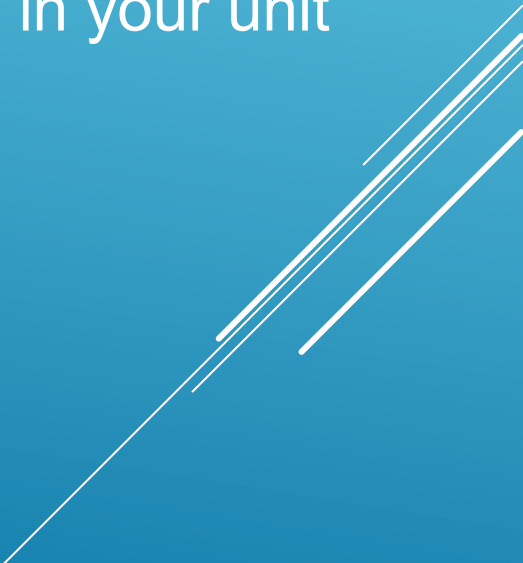
Begin your **Journey to Excellence**



Southwest
Medical Center

Onboarding

INSTRUCTIONS FOR THIS ONBOARDING PROCESS

- Complete the following onboarding. You will need a blue or black pen to answer the questions at the end of the training.
 - If you need additional information about a topic, write down the policy number and schedule time in your unit specific orientation to view that topic.
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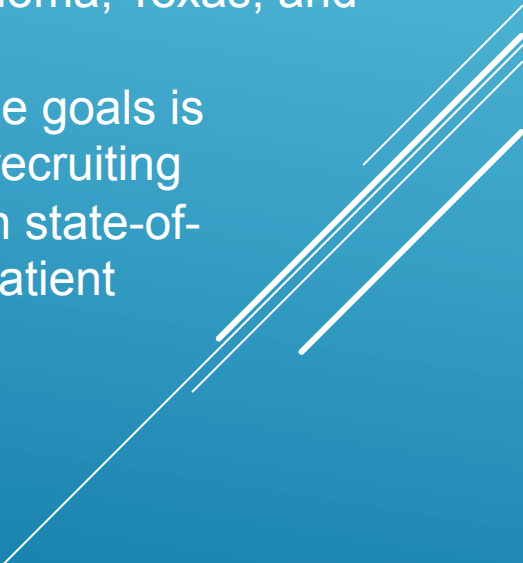
ABOUT SWMC

Located in Liberal, Kansas, Southwest Medical Center (SWMC) operates as a 101 bed not-for-profit acute care hospital. Southwest Medical Center is a business entity governed by a Board of Trustees appointed by the Board of County Commissioners of Seward County, Kansas.

No taxes are levied by the Board of County Commissioners of Seward County, Kansas, for operating, maintaining, equipping, and improving the hospital.

Through the years SWMC has become a regional medical center serving patients from a five-state region of Kansas, Colorado, Oklahoma, Texas, and New Mexico.

As the hospital evolves in a changing industry one of the goals is —Keeping Quality Healthcare Close to Home. This means recruiting and retaining highly skilled physicians and staff, investing in state-of-the-art medical technology, and providing compassionate patient service.



ABOUT SWMC

Oversight

- The Board of Trustees appoints the **Chief Executive Officer (CEO)**.
- The CEO directs a **Management Team** that leads the operations of each department.
- The **Department Manager/Director** oversees each department and its employees.
- Every **Employee** is accountable to their manager and personally responsible for their own conduct.
- **Physicians** apply for privileges to practice medicine at SWMC through a Medical Staff credentialing procedure. The Medical Staff is directed by a five member **Medical Executive Committee**.

ABOUT SWMC

MISSION, VISION, & VALUES

- Our Mission: **WE CARE**
- Our Vision: **To be the regional healthcare provider of choice for Southwest Kansas and the surrounding region.**
- Our Values:
 - **W**orth and dignity of all individuals.
 - **E**xcellence in providing care and service.
 - **C**ompassion in providing care.
 - **A**ccountable for quality care & continuous improvement.
 - **R**espectful of others.
 - **E**ffective stewardship of community Resources.

ABOUT SWMC

Southwest Medical Center is pleased to offer many different healthcare services, both in the inpatient and outpatient settings.

These services include:

General Medicine
General Surgery
Pediatrics
Internal Medicine
Intensive Care
Obstetrical Care
Newborn Care
Surgical Services
Orthopedics
Anesthesia
Services

Emergency Services
Skilled Nursing
Radiology Services
Cardiopulmonary Services
Sleep Lab
Inpatient Pharmacy
Inpatient Physical Therapy
Outpatient Physical Therapy
Full Service Laboratory
Social Services
Visiting Physicians Clinic

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ABOUT SWMC

Southwest Medical Center is accredited by the Joint Commission (JC).

Accreditation is an indicator that **safe, quality** patient care is provided at SWMC.

SWMC maintains a continuous state of readiness to meet accreditation standards.

The JC conducts unannounced surveys at least every three years.



About SWMC

At SWMC, our focus is on the Four Aims:

- Improve Patient Outcomes **We dedicate ourselves to improve patient lives Through elite-level health care**
- Enhance the Patient Experience **We understand, listen, and heal; this is our Commitment to every patient, every time**
- Care for the Caregiver **We nurture our work family through mutual respect, service to others, and lifting each other up**
- Reduce the Cost of Care **We hold ourselves accountable to be wise stewards of resources through action and integrity**


GENERAL INFORMATION

Dress & Grooming (Personnel Policy #0021)

- **NO shirts with writing, graphic messages/pictures**
- **NO jeans, except on jeans day.**
- **NO extreme in hair color or style.**
- **NO caps.**
- **NO visible body piercings**
- **Tattoos must be covered if offensive, sexual in nature, or gang related**
- **Heels 3 inches or less.**
- **Skirts 2 inches above knee or longer, but no longer than ankle length.**
- **Your SWMC ID badge or student ID badge must be visible and readable, worn on the left shoulder at all times.**

GENERAL INFORMATION

CELL PHONES & ELECTRONICS

- Cell phones & electronics are to be turned off except during break times unless permitted by your specific job. Ask your Manager if you are unsure about what is permitted in your specific job.
 - Ear buds are NOT allowed.
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Social Networking / Communication

(Personnel Policy #0028)

Employees, volunteers, students, contract staff and physicians are prohibited from:

- Using any personal, internet based mail service from any workstation that is connected to SWMC network within the facility or remotely. There should be no expectation of privacy when communicating via SWMC equipment.
- Participating in any non-work related social networking during working hours except for breaks and lunch. This includes, but is not limited to, any such activity that is conducted by computer, or cell phone.
- Disclosing personal health information or any other proprietary nonpublic or confidential information to which they have access.
- Publicly commenting about the care of a patient, whether or not the patient is identified by name. Any such disclosure will lead to corrective action.
- Posting any photos of other employees, clients, patients ,or anyone engaged in SWMC business or SWMC related events.
- Using social networking sites to harass, threaten, disparage or discriminate against anyone associated with or doing business with SWMC.

Social Networking / Communication

(Personnel Policy #0028)

- SWMC is not responsible for the views expressed by an employee, volunteer, contract staff or physician.
- The employee, volunteer, contract staff or physician will be held personally responsible, and may be held legally responsible, for any written communication made in violation of the Social Networking/Communication policy.
- The goal at SWMC is to positively uphold its Mission, Vision, and Values. Therefore, SWMC will not permit postings or other written communication that negatively impacts morale of SWMC.

Any employee, volunteer, contract staff or employed physician who acts in violation of this policy, will be subject to disciplinary action up to and including termination.

The Joint Commission (JC) & You

During a JC survey, you may be asked questions about:

- What you may and may not do according to your job description at SWMC. If you are shadowing, you cannot provide direct patient care.
- What your responsibility is during a fire drill—for example:
 - Where the closest fire extinguisher is.
 - How you would evacuate people in your area.
- What your responsibilities are in various emergency code situations.

Your answers will contribute to the accreditation success of SWMC.

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Contacting the Joint Commission (JC)

When you have concerns about quality of care, safety, etc. your Department Manager should be your first contact in the Chain of Command.

However, if your concerns are not addressed, you may report these directly to the Joint Commission (JC) without fear of retaliation or disciplinary action being taken.

Address:

Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181


Phone:

1.800.944.6610

Email:

complaint@jointcommission.org

On the job injuries

- If you are injured during your work time at SWMC, you must report the injury as soon as possible. Persons you can report the injury to include your preceptor, manager, House Coordinator, or Employee Health Nurse. Employee Injury Report must be filled out in Expanse. These must be completed before you leave from that shift.
 - SWMC has an Employee Health RN who does follow up to insure the best possible outcome.
 - Outside of regular business hours, The House Coordinator (pager #0020) should be contacted.
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Employee Illness

(Policy IC149)

To provide a safe environment and to minimize the transmission of communicable diseases from staff to patients, visitors, and other staff, the following guidelines should be observed for calling in ill.

You should not come to work if:


- You have a temperature about 100.4 F. You may return to work after you have had no temperature for 24 hours without taking antipyretics such as Tylenol or Aspirin.
- You have coughing and/or a sore throat and body aches.
- You have reddened, mattering eyes (conjunctivitis). You may return to work after you have been on an antibiotic for conjunctivitis for 24 hours.
- You have nausea, vomiting, or diarrhea associated with a temperature above 100.4F. You may return to work when you have had no vomiting, diarrhea, or temperature for 24 hours.

You may come to work if you have a common cold with runny nose, light cough, and/or scratch throat without aches and fever.

To call-in, please contact your manager or the House Coordinator as soon as you know you will not be able to work that shift. At least one hour prior to the day shift begins or three hours prior to any other shift (per policy HR0015).

Parking

For patient and visitor convenience, areas closest to the SWMC buildings and entrances are designated for patient and visitor parking. Therefore, unless you qualify for handicap parking, please park in the rows farthest from the hospital entrances in areas delineated by white lines.

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Behaviors that Undermine a Culture of Safety

(Personnel Policy #0029)

Safety and Quality of patient care is dependent on teamwork, communication, and a collaborative work environment.

Intimidating & disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and preventable adverse outcomes, increase cost of care, and cause qualified clinicians, managers, and administrators to seek new positions in a more professional environment.

Therefore, SWMC strives to maintain an environment where people:


- work cooperatively;
- treat one another with respect, courtesy, dignity; and
- conduct themselves in a professional manner.

Personnel Policy #0029 continued

Examples of behavior that undermine a Culture of Safety include,
but are not limited to:

- Profanity; threatening, belittling, degrading or abusive language;
- Inappropriate physical contact that is threatening or intimidating;
- Public derogatory comments about the quality of care provided by any healthcare provider;
- Inappropriate medical record entries concerning the quality of care;
- Inappropriate destruction of medical record forms;
- Intimidating tactics, such as refusal to give an order or to work with certain health care team members;
- Refusal to provide care to certain patients or to accept assignments or responsibilities;
- Sexual harassment (see Personnel Policy #0002).

Personnel Policy #0029 continued

- To report behaviors that undermine a Culture of Safety, please refer to Personnel Policy #0029 which can be located on the SWMC Intranet/ or PolyStat.
 - All reports are investigated and dealt with on an individual bases.
 - Corrective / Disciplinary action can range from a verbal warning to termination of employment and will be based on the severity of the infraction.
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CORPORATE COMPLIANCE

(POLICY LD103)

Corporate Compliance is a program that :

- helps SWMC prevent unethical conduct.
- promotes honest and ethical behavior in the operation of the hospital.

The Corporate Compliance Officer at SWMC is the Chief Executive Officer.

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CORPORATE COMPLIANCE

(POLICY LD103)

Examples of non-compliance include:

- Billing for services not provided.
- Accepting tips or gifts from patients or visitors for the care or assistance that was provided at SWMC.
- Providing unnecessary services.
- Using codes that bill higher payments than allowed for the actual service provided.
- Billing more than once for one service.
- Transferring a patient based on their inability to pay.
- Violating anti-kickback laws by accepting incentives.

CORPORATE COMPLIANCE

(Policy LD103)

Applicable Laws

- **Stark Law** - regulates Physician / patient referral patterns and relationships.
- **Anti-kickback Law**- prohibits receiving anything of value for the purpose of enticing a referral, order, or purchase. Does not apply only to physicians. Violators can be imprisoned for up to five years and fined up to \$25,000.
- **False Claims Act** - prohibits knowingly submitting any false or misleading bill to Medicare or Medicaid.
- **Civil Money Penalty Law** - establishes substantial financial penalties for submitting bills that may result in payment violations by a person who should know that doing so is a violation.
- **Emergency Medical Treatment and Active Labor Act (EMTALA)** – requires SWMC to provide stabilizing treatment to any person who requests treatment for an emergency medical condition (including active labor) anywhere on the SWMC campus. Also requires SWMC to maintain a list of physicians who are on call to provide necessary stabilizing care to patients.

CORPORATE COMPLIANCE

(Policy LD103)

Penalties for Violation

Violations are a federal offense.

Penalties may include:

- Fines;
- Jail time;
- Loss of income;
- Difficulty finding future employment.

**Do what is RIGHT,
Not just what is REQUIRED!!!**

Confidentiality

SWMC is committed to protecting patient
confidentiality & privacy

Confidentiality (Policy RI123)


HIPAA (RI130)

Medical care is among the most personal services rendered in our society.

To receive quality care, patients must feel free to reveal personal information.

To deliver quality care, healthcare providers must have access to personal patient information.

Therefore, **all** SWMC personnel have an obligation and duty to regard all information that pertains to the patient as confidential.

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Confidentiality

(Policy RI125)


Do not discuss any patient's Protected Health Information (PHI) in:

- Hallways
- Elevators
- Cafeteria
- Waiting rooms
 - Lobby
- Smoking areas
 - Parking lots
 - Public places
(Wal-Mart, church, school)
- Social networking sites
(Facebook, Twitter, etc.)

CONFIDENTIALITY

(POLICY RI125)

Protected Health Information (PHI) includes:

- Any medical information obtained from or about the patient
 - Name
 - Address
 - Employer
 - Relatives' names
 - Date of birth
 - Social Security number
 - Phone or fax numbers
 - Email addresses
 - Account numbers
 - Photos
 - Fingerprints
 - Voice prints
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HIPAA

Health Insurance Portability & Accountability Act of 1996

HIPAA is a set of policies, procedures, and guidelines for:

- maintaining the privacy and security of individually identifiable health information;
- defining numerous offenses relating to health care;
- outlining sets of civil and criminal penalties for violations.

HIPAA is comprised of five rules including:

- The Privacy Rule.
 - The Security Rule.
 - The Transactions & Code Sets Rule.
 - The Unique Identifiers Rule.
 - The Enforcement Rule.
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HIPAA

The Privacy Rule

- Regulates the use and disclosure of PHI
 - May disclose PHI to facilitate treatment, payment, or healthcare operations without a patient's authorization.
 - When PHI is disclosed, reasonable effort must be made to disclose only the minimum necessary information required to achieve the purpose.
 - Any other disclosures require a written authorization from the individual.
 - Reasonable steps must be taken to ensure the confidentiality of all communications with individuals.
 - Individuals who believe HIPAA is not being upheld can file a complaint with the DHHS OCR.


HIPAA

The Security Rule

- Pertains to all PHI including paper and electronic, but deals specifically with Electronic Protected Health Information (EPHI) by addressing:
 - Administrative Safeguards.
 - Physical Safeguards.
 - Technical Safeguards.
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The Security Rule continued

Administrative Safeguards include:

- Implementing written security procedures;
 - Designating a privacy officer;
 - Developing procedures for EPHI access by employees;
 - Ongoing training programs that address handling of PHI;
 - Ensuring that vendors also comply with HIPAA requirements;
 - Developing contingency plans for responding to emergencies;
 - Assuring that procedures address access authorization, establishment, modification, and termination.;
 - Establishing internal audit procedures to identify potential security violations;
 - Developing procedures for addressing and responding to security breaches.
- 

The Security Rule continued

Physical Safeguards include:

Controlling physical access to protect against inappropriate access to protected data;

- Controlling the introduction and removal of hardware & software;
- Monitoring and controlling access to equipment containing PHI;
- Limiting access to hardware and software;
- Implementing access control such as facility security plan, maintenance records, and visitor sign-in and escorts;
- Addressing proper workstation use;
- Ensuring other covered entities are fully trained on their physical access responsibilities.

The Security Rule continued

Technical Safeguards include:

- Controlling access to computer systems and enabling covered entities to protect communications containing PHI transmitted electronically over open networks from being intercepted by anyone other than the intended recipient.



MANAGEMENT OF INFORMATION

HIPAA--The Transaction & Code Sets Rule

- Simplifies healthcare transactions by requiring all health plans to engage in healthcare transactions in a standardized way.

HIPAA—The Unique Identifiers Rule

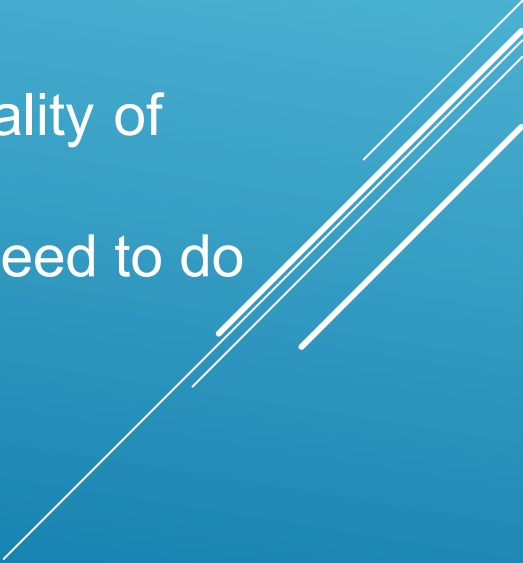
- Requires the use of a National Provider Identifier (NPI) to identify covered healthcare providers in standard transactions.

HIPAA--The Enforcement Rule

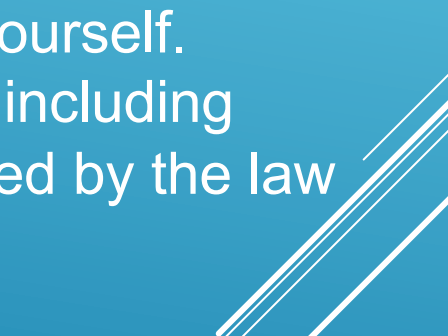
- Sets civil money penalties for violating HIPAA rules and establishes procedures for investigations and hearings for HIPAA violations.
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HIPAA

What does it mean for you???

- Only disclose the minimum necessary information to facilitate treatment, payment, or healthcare operations.
 - Obtain a written authorization from the individual to disclose information.
 - The HIPAA Privacy Officer is Director of HIS at ext. 6528. Concerns about breaches can also be reported on the HIPAA Hotline at (620) 629-6279.
 - Take all steps necessary to ensure the confidentiality of patients.
 - Be sure that you have only the access that you need to do your job.
- 

What does it mean for you, continued???

- Guard your password(s) to the computer you use. Do not display it on the computer. Do not give it to anyone else to use.
 - Do not release verbal or written PHI without the proper authorization. For Release of Information forms and/or information, contact the Health Information Services (HIS) Department at ext. 6230.
 - Do not use the computer to access any account that you do not have a legitimate work-related need to know. This includes those of your family, your friends, your co-workers, or yourself.
 - There are consequences for violations up to and including discharge as well as penalties that can be imposed by the law including monetary fines
 - **DON'T RISK IT!!!**
- 

Computer Use & Security

(MI110 & MI109)

- Computers at SWMC are for hospital business use only.
- Employees are prohibited from changing the configuration of a computer or loading other software onto the computer.
- Save all files on the appropriate network location, not on a local disk drive of the computer.
- All information created with hospital computers is the property of SWMC.
- Do not share passwords with others.
- The SWMC email system is for hospital business purposes only and not to be used for personal or non-business purposes.
- The SWMC email system is not private or confidential and may be monitored at the discretion of SWMC.
- No patient PHI should be sent using regular email to anyone outside of SWMC.
- Internet access is for hospital business purposes only.
- Use of the Internet is monitored and reviewed by SWMC.
- Violators of these policies will be subject to disciplinary action up to and including termination.



PERFORMANCE IMPROVEMENT AND RISK MANAGEMENT

PERFORMANCE IMPROVEMENT

(POLICY: PERFORMANCE IMPROVEMENT PLAN)

The objectives of the SWMC Performance Improvement (PI) Plan are to:

- Promote & preserve the quality of patient care;
- Promote continuous performance improvement;
- Enhance appropriate utilization of resources;
- Make improvements based on identified opportunities;
- Reduce or eliminate unnecessary risks within the facility;
- Increase staff knowledge about performance improvement.

The PDCA method of performance improvement is utilized by SWMC.

This method includes the steps of:

P—Plan

D—Do

C—Check

A—Act

PERFORMANCE IMPROVEMENT

Plan—Identify an opportunity and plan for improvement/change

Do—Implement the change.

Check—Use data to analyze the results of the change & determine whether it made a difference.

Act--If the change was successful, standardize the process change & continuously assess your results. If the change did not work, begin the cycle again.

PDCA



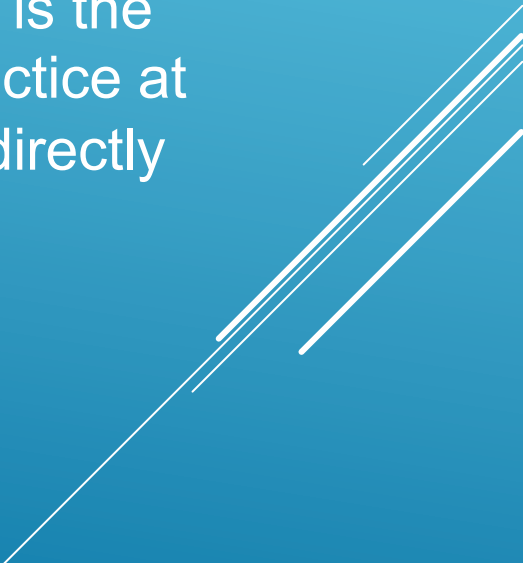
RISK MANAGEMENT

(Policy: Risk Management Plan)

The Risk Management Program is designed to:

- Assure that the standard of care given by all healthcare providers is maintained at an acceptable level;
- Reduce the risk of possible patient injury as a consequence of care;
- Minimize the financial loss to the institution.

Identification of quality of care and safety concerns is the responsibility of all healthcare providers who practice at SWMC and all SWMC personnel directly and indirectly involved in the delivery of healthcare services.

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RISK MANAGEMENT

(POLICY: RISK MANAGEMENT PLAN)

In accordance with Kansas law (K.S.A. 65-4921 et seq.), all healthcare providers practicing at SWMC and all SWMC employees must report any —reportable incident occurring at a hospital facility to the Kansas Department of Health & Environment (KDHE). The process of reporting, investigating, and assigning standard of care determinations is a confidential process.

A reportable incident is defined as:

- an act by a healthcare provider which:
 - is or may be below the applicable standard of care and has reasonable probability of causing injury to a patient;
 - or--may be grounds for disciplinary action by the appropriate licensing agency.

RISK MANAGEMENT

(POLICY: RISK MANAGEMENT PLAN)

Any reportable incident or any unusual circumstance (incident), must be completed within 24 hours of the incident.

Incident Reports are submitted to the Risk Management Dept. via Meditech. Click on the triangle in the lower right corner within Meditech Expanse and then click on "INCIDENT". You will be directed to enter information into the Incident Report. Complete this online form, click save and submit when you have entered all the required information.



The Incident Report should be completed by an individual with direct knowledge of the incident. Facts only should be submitted. No copies of the Incident Report form should be made.

Incidents are investigated and sent to the appropriate Peer Review Committee.
SWMC promotes a blamefree culture.

COMMUNICATION

Telephones

In-hospital phones are primarily for Hospital use.

To use the Telephones at SWMC

- Dial 5 to get an outside line, then dial your number.
- In-hospital extensions are preceded by a 6 (i.e. 6789 for Security). Other department extensions are available on the Intranet under ~~Phone~~PhoneList .
- Long distance calls for hospital business are allowed only on specified phones or by calling hospital operator 0
- Cell phone use (including texting) is allowed during breaks and lunch time ONLY!

COMMUNICATION

Overhead Paging

- Dial 611 on any hospital phone and everything you say will be heard loud and clear throughout the hospital!
- Overhead paging is used to announce **emergencies** such as an alert for a fire drill or bomb threat. These overhead pages should be repeated three times.

Overhead paging should be kept to a minimum in respect for the peace and quiet of our patients.

Beeper / Paging System

To use the SWMC beeper paging system,

- Dial 5-1-620-629-2412 on a hospital phone to access the paging line,
- Wait for the first series of beeps.
- Enter the pager number for the person you are paging. This is always a 4 digit number. (For example, enter 0413 for Respiratory Therapy or 0020 for the House Coordinator)

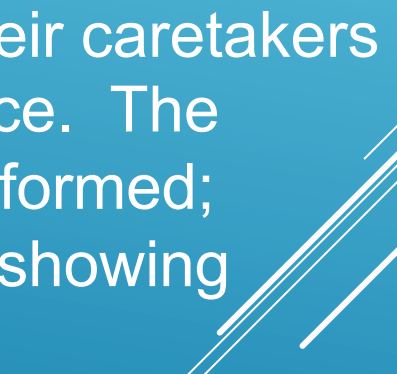
a list of pager numbers' is found on the Intranet

- Wait for the second series of beeps.
- Enter the extension number of phone you are calling from
- Wait for the third series of beeps.
- Hang up and wait for the call back from the person that you paged.

NODD

SWMC utilizes the NODD method when communicating with patients / families. NODD is a dynamic process of communication, not a script or something you deliver once and you're done. Rather, it changes during the course of your interaction with the patient and as their needs change.

Evidence shows the use of NODD dramatically decreases patient/family anxiety allowing them to hear their caretakers better and therefore increasing their compliance. The patient/family feels they're being kept better informed; things are explained more clearly; and staff is showing more courtesy, respect and compassion.



NODD Example

- N- Tell the person your name
- O- Tell the person your occupation here at SWMC.
- D- Tell the person your duty you will be doing for them.
- D- Tell the person the duration for these duty you will be doing for them.

Example of NODD being used:


“Hello, my name is Elizabeth and I am the Environmental Service person cleaning your room today. If now is a good time, I will be cleaning in your room for the next 15 minutes.”

Once the cleaning is completed, state;

“Thank you for allowing me to clean your room and thank you for choosing Southwest Medical Center.”

COMMUNICATION

Hospital-wide

- **Bulletin boards** –most are near the time clocks.
 - **Calendar** of SWMC events and meetings.
 - Employees communicate via **e-mail**.
 - Administrative **meetings** are held regularly.
 - **Department meetings** are held in each department.
 - **SWMC Board of Trustee meetings** are open to employees and the public. Dates/times are posted on the monthly calendar. These minutes are posted on the SWMC Intranet.
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COMMUNICATION

Policies & Procedures

SWMC has policies and procedures (P&P) that function as guidelines for providing consistent, safe, and competent care.

There are also P&P that provide guidelines for the general operations of the hospital.

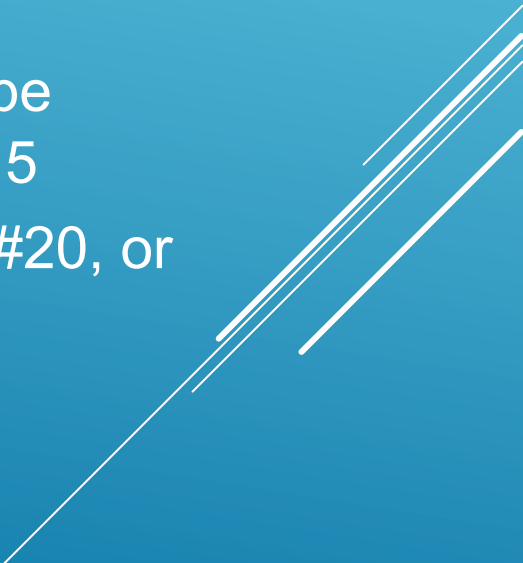
P&P are available for viewing on **hospital** computers via the SWMC Intranet site in the left-hand column under — PolicyStat. Log in using the same username and password for any computer in SWMC. Then search policies by areas, or titles.

There are several P&P manuals to choose from including Administrative, Board, Environment of Care, Human Resources, Medical Staff, Nursing, and Radiology.

Unit specific P&P manuals are located within the department and available to employees.


COMMUNICATION

House Coordinator

- The House Coordinator (HC) is an experienced Registered Nurse who is designated to oversee patients, employees, and the hospital. The HC has the authority to act as Administration when Administration is not present.
 - The HC is a “go to” person for questions, concerns and problems.
 - The HC is a contact person 24/7/365 and can be reached by paging #0020 or by calling ext. 6715
 - The HC may also be referred to as House 20, #20, or House Supervisor.
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PATIENT RIGHTS & RESPONSIBILITIES

(POLICY RI100)

- Every patient / family has rights and responsibilities while they are receiving healthcare service.
 - SWMC strives to respect, protect, and promote those rights while at the same time recognizing that the patient / family also has responsibilities as they receive healthcare service.
 - During the admission process, the patient / family is informed of these rights and responsibilities and sign a form stating they have been informed of these rights and responsibilities.
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PATIENT RIGHTS & RESPONSIBILITIES

The patient has the right to:

- Considerate and respectful care.
- Understandable, ongoing information about their care.
- Know the identity and job title of persons caring for them.
- Every consideration of privacy.
- Expect that all of their information is kept private and confidential.
- Review their medical record, except when restricted by law.
- Receive education and information in their own language.
- Participate in the development and implementation of a plan of care for themselves.
- Refuse any and all healthcare services.
- *See Policy RI100 for complete list of patients' rights.*

PATIENT RIGHTS & RESPONSIBILITIES

The patient / family has the responsibility to:

- Ask questions and request information about their illness and treatment plan.
- Provide accurate information to their physician and health care team members.
- Inform SWMC of any Advanced Directive and to provide a copy, if appropriate.
- Follow the plan of care, treatment, and services recommended by their physician.
- To consider the personal and property rights of SWMC personnel and other patients.
- To follow SWMC policies affecting patient care and to report concerns or suggestions.
- *See Policy RI100 for complete list of patients' responsibilities.*

PATIENT RIGHTS & RESPONSIBILITIES

Patient Communication (Policy RI101)

SWMC strives to provide effective communication with all patients &/or their families including those with communication barriers such as language difficulties and hearing, speech, or visual impairments.

Interpreter services are available either in person (Spanish) or by phone via Pacific Interpreters which has many languages available. 3-way speaker phones are available in many departments, also an iPad is available for visual translation.

A TDD for the hearing impaired is available from Plant Operations.

Written information is available in many languages.

Communication boards are available in the clinical areas.

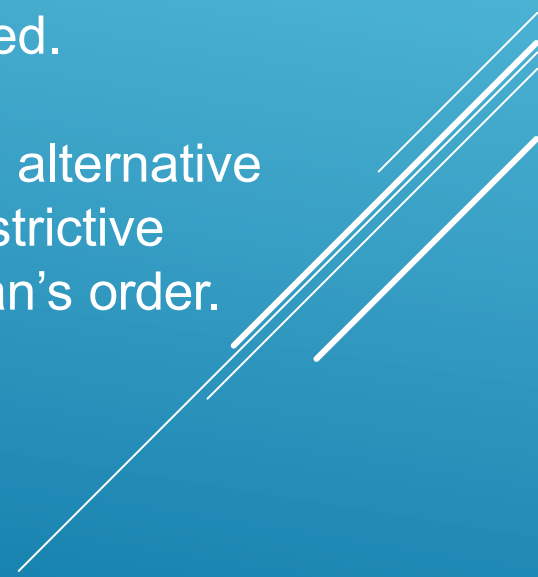
PATIENT RIGHTS & RESPONSIBILITIES

Safety Needs: Prevention of Falls / Use of Restraints / Seclusion
(Policy RI119)

SWMC is committed to preventing falls and reducing / eliminating the use of restraints / seclusion.

All patients receive a Safety Needs Assessment to evaluate their risk for falls. Based on this risk assessment, fall prevention education and interventions are initiated.

Restraints / seclusion are initiated only after all other alternative measures have failed. At that point, the least- restrictive method of restraint would be utilized per physician's order.

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HOLISTIC PATIENT CARE

At SWMC we care for patients recognizing that individuals have unique physical, spiritual, emotional, and personal needs

- **Physical needs-** Physicians write orders that direct patient care. Nursing and Allied Health staff communicate changes in the patient's condition so that the physical needs of the patient are addressed by a plan of care that is developed with the patient's input.
- **Personal needs-** From admission through dismissal, patients are given opportunities to discuss concerns that affect their care and healing while hospitalized. Our staff take action based on the specific request when it is appropriate to do so.
- **Emotional needs-** Patients may request a consult with SWMC's Social Services representative. Our staff use a plan of care that addresses that patient's concerns.
- **Spiritual needs-** The patient may request or refuse their own Pastoral resources. An on call Chaplain is also available upon patient or family request at ext. 6588.

CULTURAL DIVERSITY


- At SWMC
 - We care for persons from diverse cultural backgrounds.
 - We strive to be sensitive to the beliefs and traditions of others.

Being Culturally Sensitive begins with the way we think.


- DO NOT assume:
 - Who makes decisions in the patient's household.
 - That the patient agrees with the stated or recommended medical treatments for their disease.
 - That family members will visit the patient in our healthcare setting.
 - That the patient will do their own bathing, personal care, or feed themselves (even when they are able to do so).
 - That lack of expressing feelings means that the patient/visitor has no feelings.
 - That lack of eye contact means lack of attention to what you are saying.
 - Which parent should give consent for a child.

ETHICAL ISSUES AND CONCERNS

(POLICY RI100)

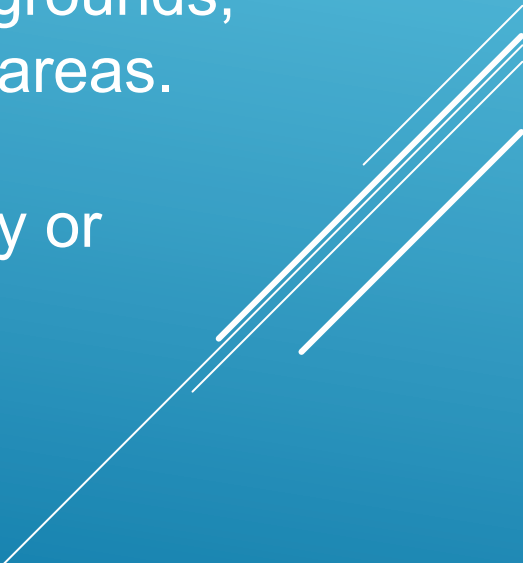
- Ethical issues may arise around many issues, including end of life care.
 - The patient and his/her designee has a right to participate in decisions of ethical matters related to their care.
 - The Ethics committee at SWMC is available in an advisory capacity to support this decision making process.
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ETHICAL CONCERN PROCESS

- To initiate / address an ethical issue, an “Ethics Concern Form” should be completed. This form is available on the Intranet under Policies, Administrative.
 - The Ethics Committee will convene to discuss the issue.
 - If the patient, family, and Ethics Committee fail to resolve an ethical issue to the satisfaction of all involved, the CEO or designee may act as an impartial, additional committee member.
 - Ethical issues that remain unresolved may lead to seeking legal counsel.
 - House Coordinator is the contact person if ethical issues occur outside of regular hospital business hours.
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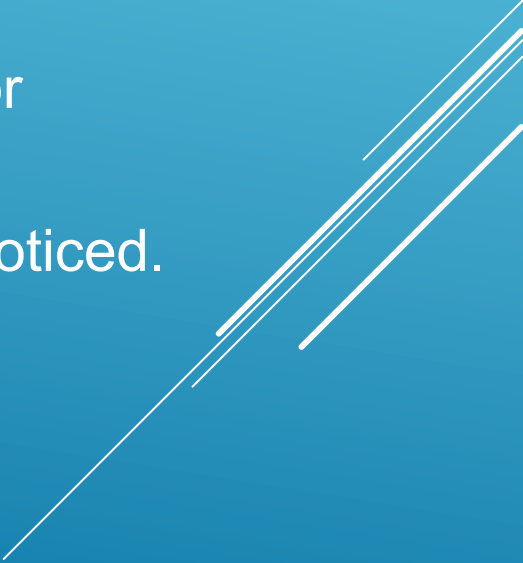
ENVIRONMENTAL SAFETY

SWMC provides a safe work environment including:

- Concealed / carry weapons are forbidden except by Law Enforcement personnel (Policy EC139).
 - Alcohol is not allowed in SWMC building or campus.
 - Smoking is prohibited in SWMC buildings, grounds, and anywhere except designated smoking areas.
 - Reporting any unusual or suspicious activity or people immediately.
- 
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ENVIRONMENTAL SAFETY

SWMC provides a safe work environment including:

- Controlling access to and from sensitive areas such as ER, OR, Nursery, Pharmacy, HIS.
 - Preventing falls for patients, visitors, & staff (Policy RI119).
 - Using proper assistive equipment when handling patients (wheelchairs, lifts, etc.).
 - Ongoing maintenance of interior and exterior walking surfaces, grounds, and parking lots.
 - Calling the Spill Team as soon as a spill is noticed.
- 
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ENVIRONMENTAL SAFETY

SWMC provides a safe work environment including:

- Addressing non-functioning equipment.
 - Remove the malfunctioning piece of equipment from service immediately.
 - Complete a Plant Ops Service Request via the Intranet—a copy of the request will print out.
 - Tape the copy of the request to the malfunctioning piece of equipment.
 - Notify the Department Manager that a service request has been completed.
- 
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ENVIRONMENTAL SAFETY

Cleaning up spills

A trained Haz-Mat team is responsible for:

1. Cleaning up spills and
2. Completing a “spill report”

Exception- casual spills such as water, tea, coffee, etc. should be cleaned up by the first person to notice the spill.

DO NOT clean up potentially hazardous spills unless you are specifically trained to do so!!!!!!!

ENVIRONMENTAL SAFETY

Security personnel

Assigned personnel respond to security issues in SWMC buildings and parking lot areas.

These include:

- 24/7 uniformed security personnel are available at ext. 6789 or by paging overhead.
- Plant Operations personnel can augment security staffing in times of need.
- Security issues can also be reported to the SWMC operator by calling “0” or ext. 6588 or by notifying the House Coordinator at ext. 6620 or by paging #0020.


ENVIRONMENTAL SAFETY

Personal safety considerations:

- Bring purses or other valuables to work at your own Risk as space to store securely may not be available.
- Only carry minimal cash on your person.
- Always wear proper identification (your SWMC name badge) on your left upper collar. (Persons new to SWMC must go to the Human Resources Department to get an ID badge before they begin at SWMC, 8am-4pm M-F.)
Students may wear their student ID.
- Report any unfamiliar or suspicious activity to hospital preceptor, manager, or the Safety Officer.

ENVIRONMENTAL SAFETY

You have a RIGHT TO KNOW:

- The location of Safety Data Sheets (SDS).
 - What information is on SDS.
 - Definition of Hazardous Materials and Waste.
 - Who cleans up hazardous spills.
 - Commonly used potentially hazardous substances at SWMC.
 - What to do in case of various Emergency situations.
- 
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ENVIRONMENTAL SAFETY

Your RIGHT TO KNOW about
HAZARDOUS MATERIALS & WASTE MANAGEMENT
includes:

- Having SDS (Safety Data Sheets) sheets available to you in your work area.
- Minimizing risks to all persons at SWMC.
- Being assured that hazardous materials and wastes are handled and disposed of in accordance with the following regulatory agencies:
 - OSHA--Occupational Safety & Health Administration)
 - EPA--Environmental Protection Agency
 - DOT (Department of Transportation)

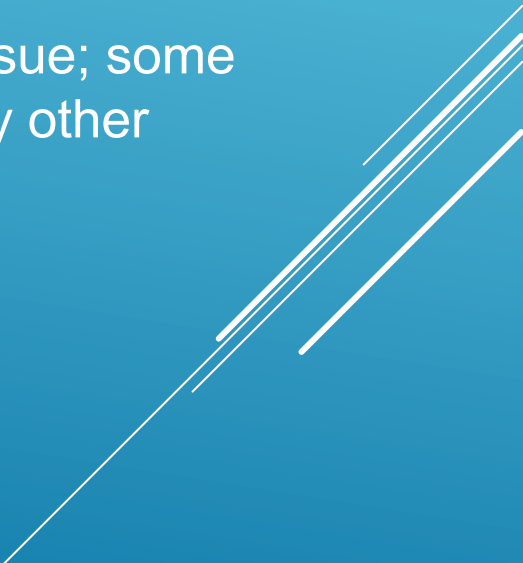
ENVIRONMENTAL SAFETY

What are hazardous materials and waste?

Any material which may be explosive, flammable, poisonous, corrosive, oxidizing, irritating or otherwise harmful, or likely to cause internal or external injury to humans or the environment.


What are some of the substances that are considered to be hazardous material or waste?

Radioactive substances; blood, body fluids, and tissue; some gases; antineoplastic materials; mercury; and many other materials.

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ENVIRONMENTAL SAFETY

MSDS Sheets are supplied by the chemical manufacturer & contain information about :

- Storage of the chemical/substance.
 - Special ventilation requirements for storage or use.
 - Protective equipment to be worn when using the substance.
 - The flammability properties of each substance.
 - Procedure for handling a spill/cleanup of this substance.
 - Requirements for disposal of this specific substance.
- 
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ENVIRONMENTAL SAFETY

Where can SDS Sheets be located?

SDS sheets that are specific to the chemicals found in each department are available to all employees and persons that may need them on the H Drive on any computer.

A master copy of all SDS sheets is kept in the Safety Officer's Office in the basement.

A second set of SDS sheets is kept in the Emergency Department.

ENVIRONMENTAL SAFETY

At SWMC, SAFETY is
**EVERYONE'S
RESPONSIBILITY!!**

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EMERGENCY MANAGEMENT

It is **your responsibility** to know what your role is in the event of an emergency situation at SWMC.

Examples of these situations may include:


- General emergency situations
- External or internal disasters
 - Civil disorders / riots
 - Tornado / severe weather situations
 - Bioterrorism
 - Bomb threat
 - Utility outages
 - Evacuation of the facility

EMERGENCY MANAGEMENT

Please take some time to review the Emergency Management information on the following page.

At the end of this presentation, you will be asked to answer questions on specific information to demonstrate your understanding of **your role in Emergency Management.**

For example: Where would you move patients to if there was an announcement warning that a tornado was approaching the hospital?

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EMERGENCY MANAGEMENT

CODE RED

This flashing light represents a fire!

When you see this anywhere at SWMC you MUST initiate a fire drill (Code Red Drill) immediately as your response is being observed.



EMERGENCY MANAGEMENT

Remember the acronym

RACE!!

Rescue—rescue anyone in danger.

Alarm—pull the closest fire alarm (or send someone else to). Go to the nearest hospital phone, dial 611, and announce (3 times)

“Code Red, *this is a drill*, and your location.”

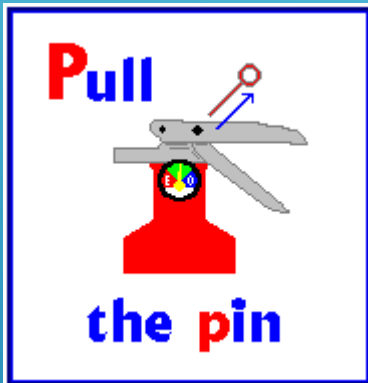
Contain the fire by closing doors.

Extinguish the fire using closest extinguisher. (Be sure you know the location of extinguishers in your assigned area!)

EMERGENCY MANAGEMENT

To use a fire extinguisher,
Remember **PASS!!**

Pull the pin.



Aim at the
base of the
fire.



Squeeze the
handle.



Sweep from
side to side.



EMERGENCY MANAGEMENT

Evacuation Routes at SWMC

- If the Hospital and / or Medical Office Building need to be evacuated, the following pages describe how that is to be done in an orderly manner.
- Please review the following pages and find on the table the department where you may be assigned and the Exit you would use to leave the building.

The following pages are from
Evacuation Policy #EC106

DEPARTMENT/ AREA	PRIMARY EXIT ROUTE	ALTERNATE EXIT ROUTE	CONSOLIDATION POINT
FIRST FLOOR			
Administration	Administrative exit	Corridor Door outside Dept.	Front parking lot-East
Admin. Executive Conference Room	Administrative Exit	Corridor Door outside Dept.	Front Parking Lot - East
Admissions	Main Entrance	Emergency Exit	Front parking lot-East
Conference Room #1	Rehab East Exit	Corridor Door outside Conference Room	Rehab Parking East
Conference Room #2	Exit next to Skilled Nursing Unit	D-Hall South Exit	Physicians Parking Lot
Conference Room #3	Rehab East Exit	Visiting Physicians Clinic – East Exit	Rehab Parking Lot
Conference Room #4	Courtyard Exit	Rehab Exit East	Font Parking Lot – East
Conference Room #5	Rehab East Exit	D-Hall South Exit	Front parking lot - East
Cypress Heart Center	North Exit – Cypress Heart Center	Visiting Physicians Clinic – East Exit	Cypress Heart Parking lot – North
Doctors Sleep Room	Rehab East Exit	Visiting Physicians Clinic – East Exit	Rehab parking lot
Education	Exit next to Skilled Nursing Unit	Exit west of restrooms next to the Visiting Physicians Clinic	Physicians parking lot
Emergency Room	Ambulance exit	Stairwell #2 direct exit	South parking lot
Employee Health/Infection Control	Exit west of restrooms next to the Visiting Physicians Clinic	Rehab Exit – East	Rehab parking lot
Environmental Services	Rear employee exit	Exit next to Skilled Nursing Unit	Physicians parking lot
Food and Nutrition Services	Rear employee exit	Exit next to Skilled Nursing Unit	Physicians parking lot
Human Resources	Visiting Physicians Clinic East	D-Hall South Exit	Rehab Parking Lot
Laboratory	Main Entrance	Physician exit	Front parking lot-East
Laundry	Rear Employee Exit	Exit next to Skilled Nursing Unit	Physicians parking lot
Lobby	Emergency Exit	Stairwell #2 direct exit	South parking lot
Materials Management/ <u>Chargemaster</u>	South side exit	Exit next to Skilled Nursing Unit	Physicians parking lot
Medical Records (HIS)	Physicians exit	Loading Dock Exit by Materials Management.	Physicians parking lot Alternate: South parking lot
MIS	Rehab Exit – East	Visiting Physicians Clinic – East Exit	Rehab Parking Lot
Patient Financial Services	D Hall; South Exit	Rehab Exit – East	Rehab parking lot
Pharmacy	Physicians Exit	Stairwell #2 direct exit	South parking lot

DEPARTMENT/ AREA	PRIMARY EXIT ROUTE	ALTERNATE EXIT ROUTE	CONSOLIDATION POINT
PI/RM / Chargemaster Coordinator / Transcription	Outside exit door next to PI/RM Office	Exit west of restrooms next to Visiting Physicians Clinic.	Rehab parking lot
Plant Operations/ Boiler Room	Stairwell #1 to rear employee exit	Stairwell next to MIS then exit Rehab Exit to East	Physicians parking lot
C Hall	North door of unit	Visiting Physicians Clinic East Exit	North Parking lot
Public Relations	Administrative Exit	Corridor Door outside Dept.	Front parking lot - East
Radiology	Stairwell #2 direct exit	Physician's Exit	South parking lot
Rehabilitation Services	Rehabilitation exit – East	Visiting Physicians Clinic – East Exit	Rehab parking lot
Skilled Nursing Unit	Exit West door by Nursing Station	Loading dock exit by Materials Management	Skilled / Visitor Parking Lot-West
Social Services	Exit next to Skilled Nursing Unit	Visiting Physicians Clinic – East Exit	Skilled parking lot-West
Transcription	Rehab East Exit	Visiting Physicians Clinic – East Exit	Rehab parking Lot
Utilization Management Director & Utilization Mgmt	North Exit – Cypress Heart Center	Visiting Physicians Clinic – East Exit	Cypress Heart Parking Lot
Visiting Physicians Clinic	Visiting Physicians Clinic East Exit	D-Hall South Exit	Rehab parking lot
Volunteers	Emergency Exit	Stairwell #2 direct exit	Front parking lot-East
SECOND FLOOR			
Surgical Services/ Central Sterile	Stairwell #1 then to rear employee exit	Stairwell #2 direct exit	South parking lot
THIRD FLOOR			
Obstetrics	Stairwell #2 near Nursery	Stairwell #1 Surgery Floor	Physicians parking lot
Nursery	Stairwell #2 near Nursery	Stairwell #1 Surgery Floor	Physicians parking lot
Surgery Floor	Stairwell #1 on Surgery Floor	Stairwell #2 by Nursery	South parking lot
FOURTH FLOOR			
Cardiopulmonary	Stairwell #2 in ICU	Stairwell #1 on Medical Floor	Physicians parking lot
ICU	Stairwell #2 in ICU	Stairwell #1 on Medical Floor	Physicians parking lot
Medical Floor	Stairwell #1 on Medical Floor	Stairwell #2 in ICU	South parking lot

VIII. TRANSPORTATION

Local and area ambulance services shall provide transportation to other facilities. The ER Charge Nurse/designee shall be responsible for notifying the ambulance services of the need for hospital wide evacuation transportation. Police, Fire Department, and private vehicles may be used as necessary for patients not requiring ambulance transportation.

Priority of Transportation: Patients evacuated to the physician's parking lot will have first priority for transportation to another facility, followed by the south parking lot, then the Skilled parking lot (west) and C Hall (north).

IX. ALTERNATIVE SITES

It shall be the responsibility of the House Coordinator to contact the designated alternate sites. Charge Nurses will be responsible for making a list of patients who need to be transported to the alternate sites and giving this list to the House Coordinator as soon as possible. The following facilities have agreed to serve as alternate sites to accept patients.

- A. Seward County Activities Center: (620) 624-3743
8th and Stadium
- B. National Guard: (620) 624-4071
Armory Road

TYPE OF PATIENT	ALTERNATIVE SITE
Intensive Care Unit	Garden City
Medical-Surgical/Intraoperative/ER	Hugoton
Obstetrical/Nursery	Garden City

X. DISCHARGED/TRANSFERRED PATIENTS

Those patients considered by their physicians to be well enough for release will be immediately discharged from the hospital. All remaining patients will be transferred to the nearest available institution capable of providing the necessary care. Whenever possible the patients' attending physicians will be involved in the decision making process. Should the physician not be available, he/she will be notified as soon as possible to the patient's location.

XI. EVACUATION OF MEDICAL RECORDS, PERSONNEL RECORDS, CREDENTIAL FILES, CASH, AND EMERGENCY ITEMS

- A. If time is available and the need has been determined, Medical Records will be given priority for evacuation. They will be evacuated by supply carts, obtained from Materials Management, through the physicians exit by Medical Records Department and taken to the hospital's off-site storage building.
- B. Personnel records will be evacuated, as time permits, by supply carts obtained from Materials Management, through the South Administration exit and taken to the hospital's off-site storage
- C. Credential files of Medical and Affiliate Staff will be evacuated, as time permits, by supply carts through the exit by the Medical Records Department and taken to the hospital's off-site storage building.
- D. Cash will be secured by the Chief Financial Officer/designee and deposited in the bank.
- E. Each department will be required to take emergency items that it can feasibly carry during an evacuation (i.e., medication, equipment, and surgical supplies).

XII. SECURITY OF PREMISES

- A. Doors will be secured and locked by Security/Plant Operations personnel.
- B. If necessary, Security/Plant Operations personnel will remain behind to ensure the security of the facility. This may be supplemented by local law enforcement agencies if necessary.

INFECTION PREVENTION

Hand Hygiene

Proper hand washing is the best way to prevent the spread of infection!!



1. Wet your hands with water and apply soap.



2. Rub hands together to make a lather.



3. Rub your palms, fingers, and back of your hands.



4. Rub your hands really well for at least 20 seconds.



5. Rinse hands with water.



6. Dry hands using paper towel or an air dryer.

INFECTION PREVENTION

Hand Hygiene

Hand hygiene can also be done with alcohol-based hand rubs in certain situations.



INFECTION PREVENTION

Hand Hygiene

Hand washing with soap & water MUST be done:

- If hands are visibly soiled;
- Before eating;
- After using the restroom;
- If caring for a patient with diarrhea or if *Clostridium difficile* is suspected;
- If exposure to *Bacillus anthracis* is suspected or proven.

INFECTION PREVENTION

Hand Hygiene

Hand hygiene (either hand washing or alcohol-based rub) **MUST** be performed in all other situations listed below:

- Before & after direct patient contact;
- After contact with patient's intact skin (e.g. taking pulse or blood pressure);
- Before putting on sterile gloves;
- After removing gloves;
- Before inserting invasive devices;
- After contact with objects & equipment in the patient's immediate vicinity;
- When moving from a contaminated body site to a clean body site during patient care;
- Upon entering & exiting patient rooms.

INFECTION PREVENTION

Standard Precautions

The purpose of Standard Precautions is to prevent exposure to bloodborne pathogens by use of barriers & other infection prevention measures.

Standard Precautions apply to ALL PATIENTS regardless of their diagnosis or suspected infection status.

Standard Precautions apply to the following:

- Blood;
- All body fluids including secretions & excretions;
- Non-intact skin, cultures, or cell & organ tissue;
- Surfaces contaminated with any of the previous examples.

INFECTION PREVENTION

Standard Precautions

Standard Precautions include the following:

- Hand Hygiene;
- Personal Protective Equipment (PPE);
 - Gloves;
 - Mask, eye protection, face shields;
 - Gown;
- Environmental controls;
 - Discard contaminated waste in a red bag;
 - Discard non-contaminated waste in a grey bag;
 - Place contaminated linen in a yellow bag.
- Use extreme caution to avoid injuries when using needles, scalpels, and other sharp instruments. **DO NOT RECAP** needles after use. Dispose of immediately in a designated sharps container.

INFECTION PREVENTION

Transmission Based Precautions / Isolation Precautions
(Policy IC118)

AIRBORNE PRECAUTIONS

Use Airborne Precautions for patients known or suspected to be infected with microorganisms 5 microns or less in size transmitted by airborne droplet nuclei.

- All Standard Precautions.
- Patient placement: Negative air pressure room (if not available, the use of a Hepa Filter is required); keep the room door closed; have the patient remain in the room / limit transport of patient; no children allowed.
- Wear the appropriate size & type of N95 mask.
- Additional precautions are necessary to prevent the transmission of Tuberculosis. See Policy IC110.

INFECTION PREVENTION

Transmission Based Precautions / Isolation Precautions (Policy IC118)

DROPLET PRECAUTIONS

Use Droplet Precautions for patients known or suspected to be infected with microorganisms transmitted by droplets larger than 5 microns in size that can be generated by the patient during coughing, sneezing, talking, or performing procedures.

- All Standard Precautions.
- Wear the appropriate size & type of N95 mask when working within 3 feet of the patient.
- Limit the transport of the patient from the room for essential purposes only if necessary to transport the patient, mask the patient.

INFECTION PREVENTION

Transmission Based Precautions / Isolation Precautions (Policy IC118)

CONTACT PRECAUTIONS

Use Contact Precautions for patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient or indirect contact with environmental surfaces or patient-care items in the environment.

- All Standard Precautions.
 - Gloves & hand washing.
 - Gown.
- Limit patient transport—no mask required.
- When able, dedicate equipment to the infected patient only and/or use disposable equipment.

INFECTION PREVENTION

What are the most frequently used substances at SWMC?

- 1. Virex II 256** is the hospital designated cleaning solution that must be used to clean / wipe environmental surfaces. This cleaner must be allowed to dry at least **10 minutes**. Virex II 256 is:
 - Anti-viral.
 - Anti-bactericidal.
 - But is NOT effective against TB.
- 2. Virex TB** is the hospital designated cleaning solution that must be used to clean / wipe environmental surfaces. Virex TB must be used to clean surfaces that may be contaminated with Tuberculosis. This cleaner must be allowed to dry at least **5 minutes**.
- 3. Sani-Cloth Plus** are moist towels that come in a pop-up type dispenser and are used to wipe phones, door handles, and other items shared by many people. These are available in most departments of the hospital. This cleaner must be allowed to dry at least **3 minutes**.

INFECTION PREVENTION

Equipment Cleaning


(Policy IC115)

After equipment use is complete and prior to use on another patient, the equipment should be cleaned by:

1. Putting on gloves;
2. Obtaining a cleaning rag and the approved diluted disinfectant or an approved germicidal wipe;
3. Clean equipment starting at the top & cleaning downward, covering all surfaces including the electric cord;
4. Allow to air dry—do not wipe equipment dry.
5. Move cleaned equipment to the appropriate storage area.
6. Ultrasound equipment requires additional steps for appropriate disinfection and identification. Refer to instructions for ultrasound devices.

BLOODBORNE PATHOGENS

Bloodborne pathogens are microorganisms that are present in human blood and can infect and cause disease in people who are exposed to blood containing the pathogen. The microorganisms can be transmitted through contact with contaminated blood and body fluids.

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BLOODBORNE PATHOGENS

Bloodborne pathogens include, but are not limited to:

- Human Immunodeficiency Virus (HIV)
- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Syphilis
- Malaria
- Arboviral infections
- Creutzfeld-Jacob Disease
- Viral Hemorrhagic Fever
- Leptospirosis

This training will focus on HIV, HBV, and HCV since these bloodborne pathogens generally pose the greatest risk to healthcare workers.

BLOODBORNE PATHOGENS

Human Immunodeficiency Virus (HIV)

HIV is the virus that causes acquired immunodeficiency syndrome (AIDS). By killing or damaging the body's immune system, HIV progressively destroys the body's ability to fight infections and certain cancers. Most people with HIV will eventually develop AIDS.

Symptoms of HIV infection range from asymptomatic to severe. Initial infection can be followed by an acute flu-like illness, with such symptoms as:

- Fever
- Myalgia
- Sore throat
- Lymphadenopathy
- Rash
- Sweats

Transmission of HIV occurs when an infected person's blood or body fluid enters the body of a person who is not immune.

There is no vaccine for HIV.

BLOODBORNE PATHOGENS

Hepatitis B Virus (HBV)

Acute viral hepatitis is a common, sometimes serious infection of the liver which can lead to chronic inflammation and necrosis. An estimated 1.25 million people in the U.S. are chronically infected with HBV. About one third of the people infected with HBV are asymptomatic.

Symptoms can include:

- Jaundice
- Fatigue
- Loss of appetite
- Abdominal pain
- Nausea, vomiting
- Joint pain

Transmission of HBV occurs when an infected person's blood or body fluid enters the body of a person who is not immune.

Routine Hepatitis B vaccinations have greatly reduced the rate of disease and are *available to all employees at SWMC*.

Please contact the Employee Health Nurse.

BLOODBORNE PATHOGENS

Hepatitis C Virus (HCV)

HCV is a major cause of acute hepatitis and chronic liver disease.

An estimated 3.9 million people in the U.S. have been infected with HCV. Injection drug use is the primary cause of infection.

80% of people infected with HCV have no symptoms.

If symptoms are present, they may include:

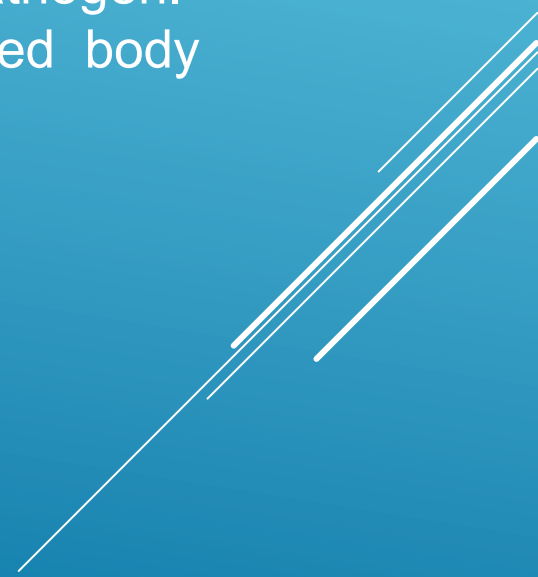
- Jaundice
- Dark urine
- Fatigue
- Nausea
- Abdominal pain
- Loss of appetite

There is no vaccine for Hepatitis C.

BLOODBORNE PATHOGENS

Transmission

Bloodborne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. In the workplace, transmission is most often through:

- an accidental puncture by a sharp object (needle, scalpel blade, broken glass) that is contaminated with a pathogen.
 - contact between broken or damaged skin and infected body fluids.
 - contact between mucous membranes (eyes, nose, mouth) and infected body fluids.
- 


BLOODBORNE PATHOGENS

Transmission

Bloodborne pathogens are NOT transmitted by:

- touching an infected person.
- coughing or sneezing.
- using the same equipment, materials,
toilets, water fountains, or showers
as an infected person.

It is important for you to know which are actual modes of transmission for bloodborne pathogens and which are not!

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BLOODBORNE PATHOGENS

Exposure Control Plan (Policy IC136)

The SWMC Exposure Control Plan applies to all persons who are directly or indirectly involved in physical patient care.

The purpose of the policy is to establish methods to minimize the risk for healthcare workers of acquiring bloodborne diseases due to occupation exposure including:

- Standard precautions
- Engineering & work practice controls
- Personal Protective Equipment (PPE)
- Housekeeping measures

BLOODBORNE PATHOGENS

Exposure Control Plan (Policy IC136) Standard Precautions

Standard Precautions are observed to prevent contact with blood or other potentially infectious materials (OPIM).

Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids should be considered potentially infectious.

Other potentially infection materials (OPIM) may include:

- semen
- amniotic fluid
- saliva
- synovial fluid
- any body fluid that is visibly contaminated with blood
- vaginal secretions
- pleural fluid
- cerebrospinal fluid
- peritoneal fluid

BLOODBORNE PATHOGENS

EXPOSURE CONTROL PLAN (POLICY IC136) ENGINEERING & WORK PRACTICE CONTROLS

Engineering & work practice controls are used to eliminate or minimize employee exposure. At SWMC, some of these controls include:

- Needleless IV system.
- Built-in sharps safety features.
- Accessible sharps containers.
- Leak-proof specimen containers.
- Mouth pipetting is prohibited.
- Colored bags for identification of contaminated materials.
- Evaluation & selection of safe medical devices involves the front-line staff.
- Refraining from eating or drinking where there is a reasonable likelihood of occupational exposure.
- Effective hand hygiene.
- Recapping of needles is prohibited.
- Plastic containers for contaminated instruments.

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Exposure Control Plan (Policy IC136) Personal Protective Equipment

Personal Protective Equipment is provided to protect personnel against exposure to blood borne pathogens. The equipment chosen for the job you must do must be appropriate for the degree of exposure you anticipate. This equipment may include:

- gloves
- gown
- masks / face shield / hoods
- goggles / safety glasses
- shoe covers

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EXPOSURE CONTROL PLAN (POLICY IC136) PERSONAL PROTECTIVE EQUIPMENT

Gloves are the most widely used form of PPE and should be worn when contact with blood or other body fluids, mucous membranes or skin that is not intact is anticipated.

Change and discard gloves that are torn or have holes in them.

Gloves should be worn only once and then discarded. Never wash and reuse gloves.




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EXPOSURE CONTROL PLAN (POLICY IC136) PERSONAL PROTECTIVE EQUIPMENT

Eye wear and masks are indicated if splash or spray of body fluids is anticipated or a potential issue. N-95 masks specific to your face and size are to be worn when caring for a patient with an airborne pathogen.

Shoe covers and hair covering are to be worn as appropriate (i.e. OR personnel).

You are responsible for knowing where PPE is located in your area. If you have questions, ask the Manager.

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BLOODBORNE PATHOGENS

Exposure Control Plan (Policy IC136) Housekeeping Measures

Housekeeping measures include:

- Contaminated linen will be placed in yellow plastic bags.
- Biohazardous waste will be placed in red plastic bags.
- Potentially contaminated broken glass will be picked up using mechanical means.
- Equipment & working surfaces will be cleaned & disinfected after contact with blood or other potentially infectious materials.
- Used sharps are discarded in disposable impervious containers.

INSTRUCTIONS FOR ANSWERING REVIEW QUESTIONS

You are almost finished.

You will now need to complete the “Non-Employee Orientation Paperwork”. Mark your answers on Page 1 for the following questions. Page 2 is your personal information required to be on file at SWMC.

Page 3 is instructions for getting this information to the Education and Human Resources departments so that you may begin your experience at SWMC.

If you will be supplying direct patient care, there is additional testing with the Education Department you need to complete,

- Hand Hygiene Validation
- N-95 mask Fit Testing

Begin answering these questions on Page 1. There is only one correct answer to each question.

1. SWMC is governed by:

- a. the employees who hold regular elections
- b. the County Commissioners who own the hospital
- c. a Board of Trustees, appointed by the local County Commissioners

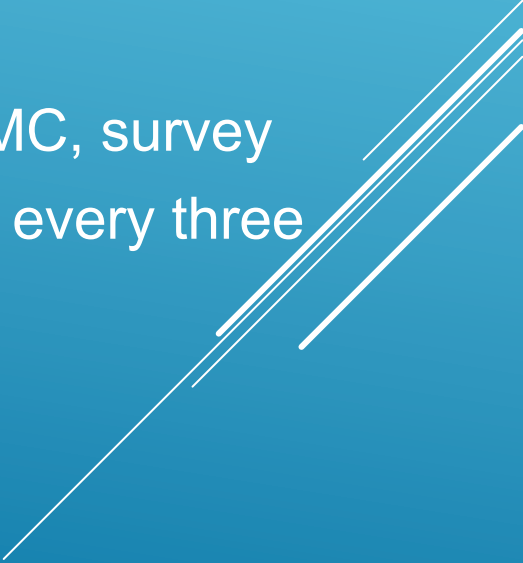
2. Our mission at SWMC is to:

- a. make as much money as possible each year.
- b. demonstrate that —We Care as we provide care for our patients as well as in everything we do.
- c. to be the healthcare provider of choice for the surrounding area.

3. JOINT COMMISSION (JC) SURVEYS SWMC AND AWARDS:

- **a.** money for operations.
- **b.** accreditation—assuring SWMC provides safe, quality care
- **c.** names of doctors who want to practice in our community.

4. Joint Commission (JC) can be expected to:

- **a.** use reports from SWMC Risk Manager to show other hospitals the ideal way to care for patients.
 - **b.** send a team of professionals to visit SWMC, survey our processes, and evaluate our care at least every three years.
 - **c.** visit SWMC at least every five years.
- 

5. SWMC RECOGNIZES THE FOUR AIMS WHICH INCLUDE:

- **a.** Emergency Care, Same Day Surgery, Skilled Nursing Care, & Competitive Costs.
- **b.** Improve patient outcomes, enhance patient experience, care for the caregiver, & reduce cost of care
- **c.** Quick admission procedure, effective anesthesia, excellent pain control, & early dismissal.

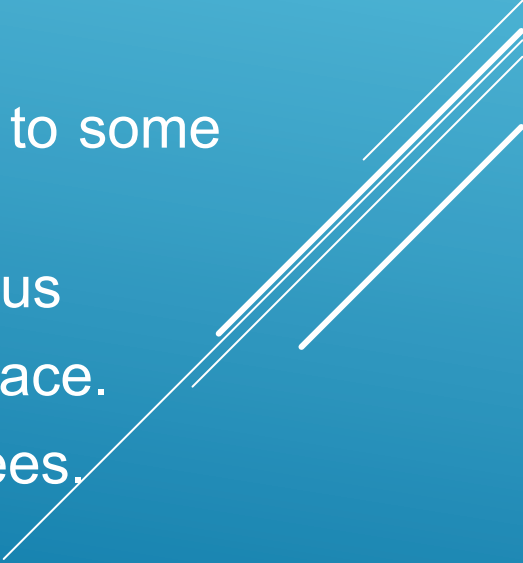
6. It is OK for SWMC employees to use Facebook or other social medical sites to vent their frustration about their work day or co-workers while they are working at SWMC.

- **a.** Yes.
- **b.** No.
- **c.** Sometimes.

7. WHEN YOU ARE ABOUT TO SNEEZE OR COUGH, YOU SHOULD:

- **a.** hold it until you can reach a Kleenex.
- **b.** use your hand to cover your mouth.
- **c.** hold the bend of your arm up to shield the spread of your cough / sneeze, then wash your hands.

8. The SWMC Code of Conduct and Behaviors that Undermine a Culture of Safety Policies:

- **a.** are generic guidelines that are adaptable to some situations in the workplace.
 - **b.** are expected to be followed as written, thus providing a predictable, professional workplace.
 - **c.** do not apply to culturally diverse employees.
- 

9. THE CORPORATE COMPLIANCE PROGRAM:

- **a.** applies only to the actions of the Board of Trustees at SWMC.
- **b.** promotes honest and ethical behavior in the operation of the hospital.
- **c.** keeps out of town vendors from interfering with business at SWMC.

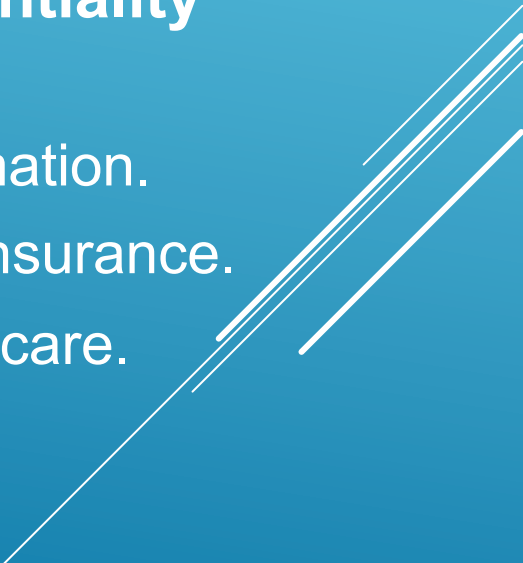
10. If a visitor offers you \$3.00 “for being so helpful”, you:

- **a.** must decline saying —Thankyou but SWMC has a policy stating that I may not accept any type of gift.
- **b.** may decide if your time was worth \$3.00 and either take it or refuse it.
- **c.** may buy yourself a drink from the Gift Shop using the \$3.00.

11. PENALTIES FOR CORPORATE COMPLIANCE VIOLATIONS:

- a. are filed against SWMC's insurance carrier.
- b. may include personal fines, jail time, loss of income, and difficulty finding future employment.
- c. are levied by The Joint Commission.

12. HIPAA provides for protection of patient privacy and confidentiality. Privacy and confidentiality apply to:

- a. all that pertains to patients and their information.
 - b. only information concerning the patient's insurance.
 - c. only employees that provide direct patient care.
- 
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13. IN REGARDS TO PATIENT CARE, PROTECTED HEALTH INFORMATION (PHI) CAN BE DISCUSSED WITH:

- a. the patient's family or closest friend.
- b. your best friend who is your best confident.
- c. the patient, their physician, and the patient's immediate care givers.

14. The HIPAA Minimum Necessary Rule means:

- a. that you should discuss the minimum amount of patient information when giving report to the next person coming on duty.
- b. the patient gives you only minimal information about their past medical history.
- c. that you can access / distribute the minimum amount of information needed to accomplish the intended purpose, request, or disclosure about the patient.

15. PENALTIES FOR HIPAA VIOLATIONS OF PRIVACY / CONFIDENTIALITY MAY INCLUDE:

- **a.** an oral warning, changing your password, and missing your break.
- **b.** a fine ranging from \$100 to \$1.5 million and loss of your job.
- **c.** a promotion to oversee others in your department.

16. The HIPAA Privacy Officer at SWMC is the Director of Health Information Services (ext. 6230). You are required to report confidentiality and privacy violations unless:

- **a.** there is a release of information signed by the patient allowing the exchange of information.
- **b.** you are at church and wish to add the patient's name to the prayer list.
- **c.** a co-worker sees you at Wal-Mart and asks about your patients that day.

17. ELECTRONIC RECORD VIOLATIONS THAT CAN LEAD TO EMPLOYMENT TERMINATION INCLUDE:

- a. using the computer to admit a patient.
- b. using Facebook or Twitter on a hospital computer during your break to communicate with friends.
- c. helping a physician locate his patient's electronic radiology reports.

18. PDCA is the process we use at SWMC for improving what we do. What does the acronym PDCA stand for?

- a. Please, Don't, Continue, Action.
- b. Plan, Do, Check, Act.
- c. Prove, Document, Care, Assess.

19. THE RISK MANAGEMENT DEPARTMENT IS REQUIRED TO REPORT RISK RELATED ACTIVITY TO:

- a. every worker at SWMC during their annual evaluation.
- b. the Seward County Sheriff's Department.
- c. the Kansas Department of Health & Environment.

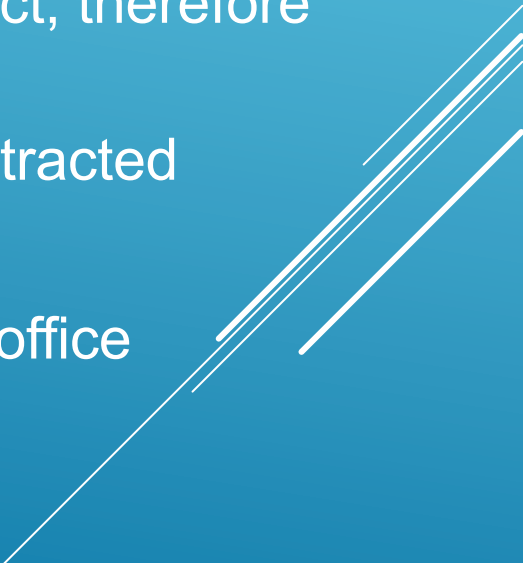
20. When something happens to a patient or visitor that was not planned or expected, the following form must be completed as soon as possible:

- a. a request for payment form.
 - b. a request for Family Medical Leave form.
 - c. a Quality Review Report (QRR).
- 
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21. A QUALITY REVIEW REPORT (QRR) IS TO BE COMPLETED:

- **a.** on the day the incident / accident occurs.
- **b.** within one week of an occurrence.
- **c.** only if the incident required care in the Emergency Room.

22. NODD (Name, Occupation, Duty, & Durration) is a way of communicating with patients that:

- **a.** helps patients & families know what to expect, therefore decreasing their level of stress & anxiety.
 - **b.** is a waste of time and keeps employees distracted from the real issues of patient care.
 - **c.** was probably developed by someone in an office that has no recent patient care experience.
- 
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23. POLICIES & PROCEDURES (P&P) ARE REQUIRED TO BE IN PLACE AND ARE A REFERENCE FOR EMPLOYEES WHEN PERFORMING TASKS RELATED TO PATIENT CARE. P&P ARE FOUND:

- a. in the orientation packet given to you on the first day of work.
- b. on the SWMC Intranet on hospital computers and in various department manuals.
- c. only in the manager's office in each department.

24. Patient's Rights and Responsibilities make patients and their families aware that:

- a. they can refuse care at any time during their hospitalization.
- b. the patient is always right.
- c. their rights are variable depending on their age at the time of their admission to SWMC.

25. IF A PATIENT DOES NOT SPEAK ENGLISH, YOU SHOULD:

- **a.** use sign language to convey what you mean, doing the best that you can.
- **b.** speak only in English as that is the designated language at SWMC.
- **c.** access an interpreter who communicates in the patient's stated language.

26. A Holistic approach to patient care means that:

- **a.** we recognize that patients come to SWMC with needs other than physical concerns and we attempt to be sensitive to all of their concerns.
- **b.** we solve physical, personal, emotional, and spiritual concerns of all patients.
- **c.** we call for a money manager if the patient requests.

27. WHAT is not allowed in SWMC?

- a. Visitors, flowers, gifts.
- b. Smoking, alcohol, weapons, use of social networking sites to discuss patients.
- c. Balloons, plans, magazines.

28. When a hazardous material spills and the area has been secured, the next thing to do is to:

- a. contact the House Coordinator (#0020) and give the location of the spill.
- b. wipe up most of the material so that others aren't exposed.
- c. notify the Safety Officer.

29. BY SWMC Policy, your picture ID badge is to be worn when you are on duty where?

- a. At waist level.
- b. Where ever you want to wear it.
- c. On your left upper chest area.

30.To find information about potentially hazardous materials, your department has information pages that you may review. These are called:

- a. MSDS (Materials Safety Data Sheets).
- b. RM/PI (Risk Management / Performance Improvement) reports.
- c. QRRs (Quality Review Reports).

31. At SWMC, safety is the responsibility of :

- a. the Safety Officer.
- b. the manager of each department.
- c. every person in the hospital environment.

32. Code Blue means that someone's heart and / or lungs are failing. An assigned team of professionals will respond immediately and attend to the person in distress. You should

- a. continue your job and reassure visitors that an emergency crew is helping the person if they inquire about what is happening.
- b. go to the location where the Code Blue was announced.
- c. tell all of the visitors in your area that someone is dying.


33. CODE BLACK MEANS THAT A BOMB THREAT HAS BEEN MADE TO SWMC. WHEN YOU HEAR AN OVERHEAD CODE BLACK ANNOUNCEMENT, YOUR RESPONSIBILITY IS TO:

- a. assist patient and visitors in your immediate area out the nearest exit using the fire plan exits.
- b. ignore the announcement and assume everything will be OK.
- c. assist in searching your area for bags or other unfamiliar items that may contain an explosive device. If found, notify the person in charge of the item without disturbing it.

34. Code Pink means that an infant is missing and is possibly being abducted from SWMC! When you hear a “Code Pink” announcement, your actions should include:

- a. getting out of the way for Security Officers to intervene.
- b. observing the closest exit for anyone possibly concealing an infant in clothing or a bag.
- c. notifying the Safety Officer.

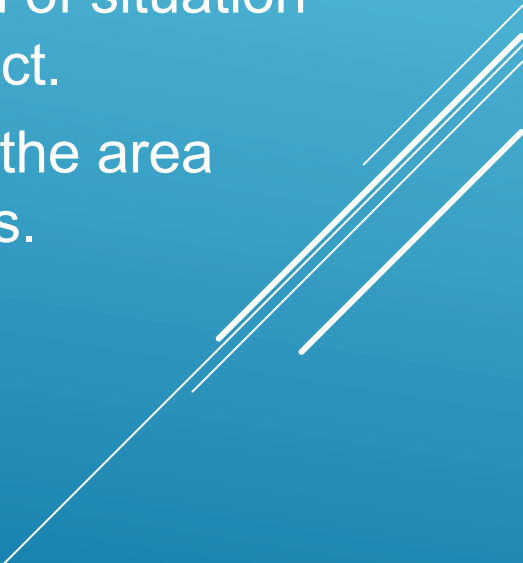
35. CODE SPEED MEANS THAT SOMEONE IS CAUSING A DISTURBANCE THAT REQUIRES ADDITIONAL MANPOWER TO RESOLVE THE SITUATION. WHO IS TO RESPOND TO THE AREA OF THE DISTURBANCE?

- **a.** Anyone working in the nearby area.
 - **b.** Any able bodied man in the building at that time.
 - **c.** The Code Speed Response Team members.
- 

36. A TORNADO WATCH MEANS THAT WEATHER CONDITIONS ARE CONDUCTIVE TO FURTHER WORSENING CONDITIONS AND YOU SHOULD LISTEN IN CASE THERE ARE MORE INSTRUCTION TO FOLLOW. A TORNADO WARNING INDICATES A NEED TO QUICKLY TAKE ACTION. THESE ACTIONS SHOULD INCLUDE:

- **a.** moving patients/visitors to inside areas / hallways. If unable to move patients to the hallways, move them away from windows and cover them with blankets.
- **b.** taking shelter yourself—it's every man for himself.
- **c.** going home to check on your pets.


37. IF YOU HEAR AN OVERHEAD ANNOUNCEMENT THAT “THE DISASTER PLAN IS IN EFFECT” AS YOU ARE NEARING THE END OF YOUR SHIFT TO WORK, YOUR RESPONSIBILITY INCLUDES:

- a. nothing since you will be replaced by the oncoming shift of workers.
 - b. calling the Switchboard to see what kind of situation has led to the Disaster Plan going into effect.
 - c. reporting to the department manager of the area where you will be given further instructions.
- 
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38. A FIRE OR FIRE DRILL IS INITIATED BY ANY PERSON WHO FINDS A FIRE, SMOKE OR THE FIRE SILHOUETTE ON SWMC PROPERTY. THE PROPER WAY TO ALERT OTHERS IS TO:

- a. call the Switchboard at 6588.
- b. pull the fire alarm, dial 611 to announce Code Red the location. Repeat 3 times.
- c. go to the nearest exit and pull the fire door closed.

39. To use a fire extinguisher, you would:

- a. Put the patient in a safer place, Access a fire alarm, Start evacuating patients, Solve the problems causing the smoke.
 - b. Pull the pin, Aim the hose, Squeeze the handle, Sweep the base of the fire.
 - c. Place extinguisher about 6 feet from the fire, Attempt to calm the patients Sound the Alarm, Send a message to the switchboard.
- 


40. PROPER HANDWASHING INCLUDES:

- a. wetting your hands with water and applying alcohol rub.
- **b. rubbing your palms, fingers, and backs of hands.**
- c. scrubbing your hands really well with soap for at least 20 seconds.

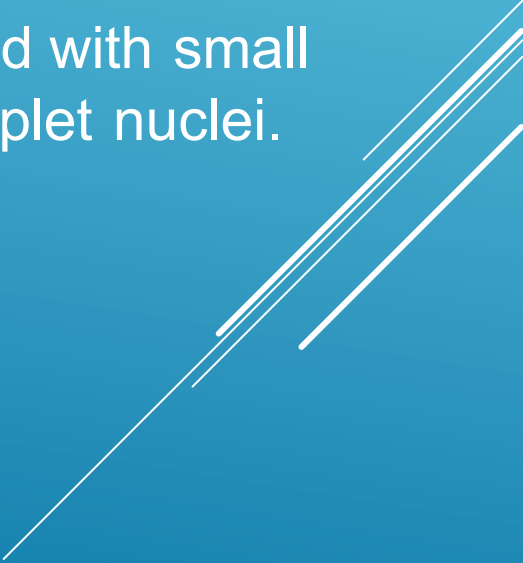
41. Which statement is true regarding the use of a hand sanitizer product?

- a. It can be used in place of hand washing in all situations.
- **b. It helps to soothe a paper cut on your finger.**
- c. Your hands must be rubbed together until dry for the hand sanitizer to be effective.

42. INFECTION PREVENTION IS ESPECIALLY IMPORTANT IN THE HOSPITAL WHERE WE CARE FOR PEOPLE WHO HAVE BLOODBORNE DISEASES. THE BEST THING YOU CAN DO TO REDUCE OR ELIMINATE THE SPREAD OF INFECTION TO YOURSELF AND OTHERS IS TO:

- a. avoid those patients who appear to be ill.
 - b. wear gloves from the time I arrive at the hospital until I leave.
 - c. use Standard Precautions and practice hand hygiene per policy.
- 
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43. CONTACT PRECAUTIONS ARE USED FOR:

- **A.** patients known or suspected to be infected with microorganisms transmitted by larger droplets.
 - **b.** Patient known or suspected to be infected with epidemiologically important microorganisms that can be transmitted by direct contact with the patient.
 - **c.** Patients know or suspected to be infected with small microorganisms transmitted by airborne droplet nuclei.
- 
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44. SWMC USES A STANDARDIZED CLEANING SOLUTION FOR HARD SURFACES. THE SOLUTION IS CALLED TBQ AND IS ANTIBACTERIAL, ANTIVIRAL, AND ANTITUBERCULOCIDE. TBQ IS EFFECTIVE WHEN:

- a. allowed to dry completely.
- b. the surface is immediately covered with a clean sheet.
- c. the cleaning cloth is really wet.


45. Bloodborne pathogens include:

- a. MRSA, Tuberculosis, & HIV.
- b. HIV, HBV, & HCV.
- c. RSV, HBV, & DOA.

46. HIV / AIDS CAN BE TRANSMITTED BY:

- **a.** touching, feeding, or being in the same room with a person that has AIDS.
- **b.** direct unprotected contact with various body fluids from a person infected with HIV, sexual contact, mother to baby during birth.
- **c.** not wearing a mask when around a person infected with HIV.

47. There is a vaccine available to protect persons from:

- **a.** HIV
 - **b.** HBV
 - **c.** HCV
- 
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48. SMWC has an Exposure Control Plan that describes specific measures that you _____ use to minimize your risk of exposure to bloodborne pathogens and to avoid you being subject to the Progressive Disciplinary Policy.

- a. can
- b. must
- c. should

49. Gloves are the most frequently used type of personal protective equipment. When worn properly, gloves:

- a. prevent you from having to wash your hands so often.
- b. may be washed and reused if not soiled with blood.
- c. are to be discarded after each use and never reused.

50. In the exposure control plan, engineering & work practice controls do not include:

- **a.** soft collapsible containers for contaminated instruments.
 - **b.** needleless IV system.
 - **c.** colored bags for identification of contaminated materials.
- 
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END OF TEST

Please be sure to complete the three-page Non-Employee Orientation Paperwork.

Now go to the Falls Prevention Presentation located on the Non-Employee Orientation portion of our website. Read it and complete the test. Submit it also per instructions on Page 3 that you printed.

The Falls Prevention Presentation and Test completes your online orientation.

Thank you.

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