



Managing the Mandatories 2017

In order to satisfy your annual requirements, please read this entire newsletter and quiz.

New employees must complete the quiz by the second week of employment.

Because there are several different locations within Covenant HealthCare, you will also need to review any departmental policies and procedures, specific to your area, for any of the topics covered in this newsletter. If you have any questions while reading the newsletter or taking the quiz, please contact your manager, Safety Officer / EM, Infection Prevention and Control or Central Education. Quizzes are due by January 8, 2018.





Patient *Rights*

As a natural outgrowth of our basic values and mission statement, Covenant HealthCare aspires to treat our patients with fairness and concern, strives to recognize their needs and wishes, and to exceed their expectations. We recognize that patients have the right to receive safe, respectful and dignified care without discrimination due to age, sex, race, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, disability, gender identity or ability to pay. If a patient is unable to exercise their rights, they are entitled to have an appropriately identified surrogate decision-maker exercise their patient rights without coercion, discrimination or retaliation.





Patient *Rights*

We Believe that All Patients and/or Their Representatives Have a Right to:

1. Participate in the development and implementation of their plan of care.
2. Make informed decisions regarding their care. This includes being informed of their health status, being involved in planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
3. Formulate Advance Directives and to have the hospital staff and practitioners who provide care in the hospital comply with these directives.
4. Have a family member or representative of their choice and their own physician notified promptly of their admission to the hospital.
5. Every consideration of personal privacy.
6. Receive care in a safe setting.
7. Be free from all forms of abuse or harassment.
8. Expect that all communications and their clinical records be treated as confidential.
9. Access information contained in their clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.
10. Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
11. Be fully informed of and consent or refuse to participate in any unusual, experimental or research project without compromising their access to services.
12. Know the professional status of any person providing their care/services.
13. Know the reasons for any proposed change in the professional staff responsible for their care.
14. Know the reasons for their transfer either within or outside the hospital.
15. Know the relationship(s) of the hospital to other persons or organizations participating in the provision of their care.
16. Have access to the cost, itemized when possible, of services rendered within a reasonable period of time.
17. Be informed of the source of the hospital's reimbursement for their services, and of any limitations which may be placed upon their care.
18. Be informed of the right to have pain treated as effectively as possible.
19. Consent to receive visitors, whom they designate, including but not limited to a spouse, a domestic partner (including a same sex domestic partner), another family member or a friend. The patient also has the right to withdraw or deny such consent at any time. Visitation may not be restricted on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
20. Know any clinically necessary or reasonable restrictions or limitations placed upon visitation by the hospital and the reasons for such limitations.
21. Designate a Primary Support Person to be available during important times in their hospital stay (i.e., health care provider visits, discussions about the plan of care and to reinforce education).
22. Have their family/representative receive informed consent of organ and tissue donation, when appropriate.
23. Be informed of and provided access to the complaint/grievance process.



Patient *Rights*

Complaint/Grievance Handling

If at any time you feel you are not being treated in a fair and caring manner, share your concerns with any Covenant HealthCare employee or your care provider. You may also notify the Patient Advocate at 989.583.4317 about your complaint. The Patient Advocate can be contacted Monday-Friday during regular business hours. On evenings, weekends and holidays, please contact the Covenant operator at 989.583.0000 who will contact the Administrative Coordinator to assist you.





HIPAA – Privacy and Security *Is Everyone's Concern*



The Health Insurance Portability & Accountability

Act of 1996 (HIPAA) is a federal law that establishes a set of national standards for the protection of certain health information. The law defines how a patient's protected health information (PHI) can be accessed, used and disclosed. PHI is any information that could be used to identify a patient including demographics and can be verbal, written or in electronic form. This information can be related to any past, present, or future physical or mental health condition and includes, but is not limited to: name, address, date of birth, age, social security number, phone number, driver's license number, e-mail address, medical record number, diagnosis, medical history, medications, and insurance information.

Two key components of HIPAA are the Privacy and Security Regulations. The Privacy Regulations address what information is protected and Security Regulations address how that information should be protected. You cannot have privacy of patient information without security measures being implemented and enforced.



HIPAA – Privacy and Security *Is Everyone's Concern*



Privacy Rule

HIPAA imposes a duty on every healthcare worker to maintain privacy of the patient's PHI. The major goal of the Privacy Rule is to assure that PHI is protected while providing high quality health care. Therefore, anything that is heard or seen during the course of your employment at Covenant HealthCare involving our patients and any patient contact is considered PHI. The law requires that all communications with or about patients involving PHI be private and limited to those who need to know the information in order to provide treatment, obtain payment, or support health care operations. This means that you should not use or share a patient's PHI with anyone if it is not needed as a part of your job. If you do need to access, use or disclose PHI for your job, you should access, use or disclose only the minimum necessary PHI to accomplish your job.

The Privacy rule establishes the following patient rights:

- Patients must receive a Notice of Privacy Practices from providers
- Patients may request restrictions on disclosures to others of PHI
- Patients may request alternative means of communication PHI
- Patients may inspect and copy their own PHI
- Patients may request amendments to PHI
- Patients must be given an accounting of disclosures of PHI if requested
- Patients must be able to complain about privacy violations.

Covenant HealthCare's HIPAA Privacy Policies can be found on the Covenant Intranet – in the Administrative Manual, Section 13.



HIPAA – Privacy and Security *Is Everyone's Concern*

Security Regulations

The HIPAA Security rule establishes a national set of security standards for protecting health information that is held or transferred in electronic form. A major goal of the Security regulations is to protect the privacy of PHI while allowing health care entities to adopt new technologies to improve the quality and efficiency of patient care. The Security regulations define the safeguards necessary to secure an individual's electronic protected health information (ePHI). This includes, but is not limited to, any PHI that is stored in a patient database, patient records stored on a computer or patient billing information stored on a computer. The law mandates that health care entities control who has access to electronic PHI and how it is used. The amount of access to ePHI that a Covenant HealthCare employee has is based upon the job duties required of their position. Employees should not access confidential patient information even if they have the ability to do so, unless it is required to perform the duties of their job. Employees should also take note that posting PHI on social networking sites, e-mail, or text messages is a violation of the law.

Covenant HealthCare's HIPAA Security Policies can be found on the Covenant Intranet – in the Administrative Manual, Section 14.

The Human Resources Department also has two policies related to HIPAA. These are HR Policy #901 – Confidentiality and Security and HR Policy #512 – EMR Usage.

Policy 901 has been referred to as Covenant's "Vegas Rule", (i.e. what happens at Covenant stays at Covenant). Any information about a patient that you encounter while at work is considered confidential and should not be shared with anyone even if names are not mentioned. This is including but not limited to posting information on social networking sites, such as Facebook, MySpace, and Twitter. Sending e-mail, sending text messages, and having personal conversations about situations is also prohibited.

Policy 512 states that access to the EMR is based on an employee's job role and the department in which they work. Moreover, it states that employees are prohibited from accessing their own patient information or that of any family member or friend via the EMR unless it is within the scope of their job duties. Employees may access their patient information at the Health Information Management department located at 900 Cooper Ave. or via the My Chart application.



HIPAA – Privacy and Security *Is Everyone's Concern*

Privacy and Security Principles

- Every employee of Covenant HealthCare has a responsibility to protect, secure, and keep PHI confidential.
- PHI may be accessed, used or disclosed for treatment, payment and healthcare operations. For most other uses, an authorization to use and disclose PHI must be obtained.
- Use and disclosure of PHI must be limited to the minimum necessary amount to accomplish the intended purpose.
- Access, use and disclose PHI only if there is a legitimate need for you to know.
- Procedures and technical safeguards are in place to protect the integrity, confidentiality and availability of PHI.
- Access to all ePHI is controlled through unique user ID's and passwords and automatic tracking of all access to ePHI is performed as well as periodic audits.



HIPAA – Privacy and Security *Is Everyone's Concern*

Do Not...

- Share your log in ID or password with anyone.
- Log in to any system for someone else.
- Leave your computer logged on and unattended.
- Remove PHI from Covenant premises (electronic or paper form).
- Store any PHI on a “mobile” device; laptop, flash drive, CD, cell phone, etc.
- Store PHI on a shared network drive.
- Access your own patient information or that of any family member unless it is within the scope of your job.
- Snoop, or sneak a peak into a medial record for a friend, family member or fellow co-worker.
- Post patient information of Facebook or other social media sites.
- Gossip.
- Discuss anyone's business in public or private except your own.
- Send mental health information or substance abuse information via e-mail.
- Do not text PHI unless you use a secure application (ex. Vocera).
- Open e-mail or e-mail attachments from senders you do not know.





HIPAA – Privacy and Security *Is Everyone's Concern*

Do...

- Keep your password secure.
- Keep computer screens pointed away from the public.
- Use encryption when sending PHI via e-mail.
- Use care when faxing PHI.
- Speak quietly or choose a private location when talking about a patient.
- Lock cabinets or rooms containing PHI.
- Take proper measures to dispose of wastes labeled with PHI (i.e. shredding).
- Remember that phone lines are not always secure so be careful about giving any information out over the phone as you may not be able to verify the caller's identification.
- Request PIN numbers before giving information over the phone.
- Knock on a door and ask permission to enter before entering a room.
- Ensure that laptops are encrypted.
- Password protect all mobile devices.
- Set auto lock feature on mobile device.





HIPAA – Privacy and Security *Is Everyone's Concern*

Protecting our systems – BEWARE!

Covenant HealthCare uses scanning software to block spam email. Unfortunately, people are clever and figure out ways around it. How? For example, we block by certain key words like profanity. This only works if they spell the profane words with real letters. Sometimes words are spelled incorrectly such as PROFAN1TY. Other people try to make it look like a legitimate email. Pay attention to who the email is from. When an email arrives, you see the display name, but by clicking show details you can see the email address. ALL email sent from Covenant will end with name@chs-mi.com or name/Covenant.

It is very important the desktop is locked when you leave your workstation. On workstations with single sign on, click the blue door to lock the workstation or the red door to log it off. On normal workstations, press CTRL+ALT+DEL at the same time and select lock workstation. Even if your office is locked, please secure your workstation.

You are required to change your password every 90 days to protect the network. There are ways for hackers to get your password without your knowledge. By forcing passwords to change every 90 days, we mitigate our exposure.

DO NOT give your password to anyone. If someone calls or approaches you, stating that they are from Information Technology and need your password to fix a computer problem do not give them your password; immediately report the incident to the IT help desk at 583.6014. If you are experiencing a computer problem an employee from Information Technology will never ask you for your password.



HIPAA – Privacy and Security *Is Everyone's Concern*

Violations

Covenant HealthCare is committed to protecting patient privacy, regardless of whether the PHI is in verbal, paper or electronic form. It is a violation of HIPAA, and in many cases state law, to release PHI without proper authority or failing to adequately protect it from unauthorized access. Such violations can result in civil fines and criminal penalties of up to \$250,000 per incident and 10 years in prison.

Each and every employee has a responsibility to report any intentional, accidental or suspected violation of HIPAA. Violations can be reported to your manager, the Corporate Compliance Hotline (1-888-421-5776), the Privacy Officer (583-4142), the Security Official (583-6013), or to Human Resources (583-4080).

After a report of a suspected HIPAA violation is received, a thorough investigation is completed. As previously mentioned, any confirmed reports of violations will be addressed appropriately. This includes notification to the individual whose PHI has been breached. Employees who violated patient confidentiality will be disciplined up to and including termination.



HIPAA – Privacy and Security *Is Everyone's Concern*

Quiz Questions

Penalties for inappropriate disclosure of patient health information can include:

- Fines of up to \$250,000
- A prison sentence of up to 10 years
- Punishments up to and including termination of work privileges
- All of the above

Under what circumstances are you free to repeat private health information that you hear on the job to others?

- After you no longer work for the company
- After a patient dies
- Only if you know the patient won't mind
- Only when your job requires it

The HIPAA Security Policies protect:

- Integrity of Electronic Protected Health Information
- Confidentiality of Electronic Protected Health Information
- Availability of Electronic Protected Health Information
- All of the above

Choose the answer that is false.

- You must use a Covenant approved secure application to text PHI.
- You must use encryption utilities to send PHI via email outside of Covenant
- It is OK to share your password with a co-worker as long as your manager approves.
- All mobile devices used to access Covenant systems must be password protected.

If you have a signed authorization for Release of Information from your spouse or parent, it is OKAY to access their EMR using your covenant login id.

- True
- False

It is OKAY to send a text message to your co-worker regarding a patient as long as they promise to delete it right away, or to post information about a patient on social media.

- True
- False



Bloodborne *Pathogens*

The purpose of OSHA's Bloodborne Pathogen Standard is to reduce the risks of exposure to Hepatitis B, Hepatitis C and HIV (AIDS) while performing your work duties. Protect yourself! Make the requirements of this standard part of your routine practice.

The Exposure Control Plan and a copy of OSHA's Bloodborne Pathogen Standard are located in the Infection Prevention Manual. Universal Precautions (now also known as Standard Precautions) are used to prevent contact with blood and other body fluids that may be infectious.

Choose the right protective equipment for the task you are doing. This includes gloves, gowns and mask/goggles. Notice that you need to wear both masks AND goggles to protect your eyes, nose and mouth. There are also masks with an attached visor that can be used. Know where the equipment is located. Be sure to remove and dispose of these items before leaving the work area. Masks should never be worn around the neck for later use.





Bloodborne *Pathogens*

Treatment and Follow Up

We follow the latest CDC guidelines in treating Health Care Workers, including physicians (HCW) after an exposure. If the source patient has AIDS/HIV, there are medications the HCW can take that may prevent getting infected from the exposure.

Timing is critical! Our goal is to complete the necessary testing so that the HCW can receive the medicine within 3 hours. The process has been streamlined. This is what you must do:

1. Wash exposed area with soap and water. Eyes should be rinsed thoroughly with saline or water. If you wear contact lenses, immediately remove contacts and rinse your eyes thoroughly with saline or water. Please do not reinsert contaminated contacts.
2. Notify your supervisor STAT.
3. Complete Incident Report on CovNet in RL Solutions.
4. Call the Employee Health (EH) Nurse or Afternoon Coordinator STAT. DO NOT leave a message. You must speak directly to the EH Nurse or the Coordinator. Provide EH or coordinator with patient's name and medical record number. Once the exposure is confirmed, the source patient will be tested.
5. The EH Nurse or Coordinator will contact you with the results. You will be given directions on the next steps to be taken.

Remember that you may need to be seen that day at Occupational Health & Wellness Services or the Emergency Department (depending on the time of day). You will be directed by EH or the Afternoon Shift Coordinator.



Bloodborne *Pathogens*

Safety Devices

The Needlestick Safety Act of 2000 went into effect in Michigan in April 2001. It requires that safety devices be used (when commercially available) to prevent Sharps injuries and exposure to bloodborne diseases. Such devices include safety needles/syringes, IV catheters, needleless IV tubing and phlebotomy equipment. Staff members are involved in brand selection and will continue to evaluate new products at least annually.

The Bloodborne Pathogens Exposure Plan is revised to reflect these changes. Federal and state regulations are available on the MIOSHA website – www.michigan.gov/miosha.



Bloodborne *Pathogens*

Quiz Questions

After experiencing a needle stick (exposure) with a contaminated needle, your first step is to:

Report the exposure to a supervisor STAT

Wash the exposed area with soap and water

Apply a Band-Aid to the puncture and check it in the morning

Notify Infection Prevention



Sensitivity and Caring *for the Obese Patient*



Obesity is recognized as one of the most common chronic health problems in the United States. In the United States, more than one third of the adults are obese. Obesity varies by gender, age, ethnic group and state. Obesity is a disease caused from numerous factors including: genetics, metabolism, behavior, environment, culture, medication, diseases and socioeconomic status.

Unfortunately, many obese people delay seeking health care because of embarrassment and discrimination within the health care community. It is well known that nurses and other health care professionals have strong negative attitudes and reactions toward obese persons. Covenant HealthCare prohibits all forms of discrimination. Discrimination can be in the form of inappropriate comments about a patient's weight and also in our actions towards them.

Patients who decide to undergo weight loss surgery have usually struggled with weight issues their entire life. They often spend several years contemplating surgery prior to pursuing it. As health care workers, it is imperative that we understand the needs of the obese patient and understand the struggles they have encountered. **It is our role to make them feel welcome and comfortable.** This means having the correct size gowns, blood pressure cuffs, seating and transport devices to meet their needs.

“The secret of the care of the patient is caring for the patient.”

— FRANCIS W.
PEABODY



Sensitivity and Caring *for the Obese Patient*



Obesity is a chronic illness. No one laughs at other chronic illnesses such as diabetes or coronary artery disease. Obesity can be just as deadly.

- Honestly describe to yourself the feelings you have toward clinically, severely obese persons.
- What are the labels you give them?
- Are they worth your best care?
- Do you think the same about caring for a patient who had heart surgery to cure a heart ailment as you do caring for a person who had weight loss surgery to lose weight?

The Covenant Bariatric and Metabolic Center offers the Lap Band® Procedure, Laparoscopic Sleeve Gastrectomy, Laparoscopic Sleeve Gastrectomy with robotic assistance and Laparoscopic Roux-en-Y Gastric Bypass to help obese patients lose weight. If you or someone you know is interested in learning more about these procedures at the Covenant Bariatric & Metabolic Center, please contact Libby Palmer at **989.583.4683** or lpalmer@chs-mi.com.

The key to providing, quality, patient-centered, sensitive care to the bariatric patient is

RESPECT:

R-apport

E-nvironment/Equipment

S-afety

P-rivacy

E-ncouragement

C-aring/Compassion

T-act



Sensitivity and Caring *for the Obese Patient*

Quiz Questions

1. Patient's undergoing weight loss surgery have generally been affected with obesity their entire life. Which of the following is the most appropriate statement to say to a patient who is preparing for surgery?
 - a. I can't believe you're going to have weight loss surgery you sure don't look like you need it.
 - b. I have a friend who had weight loss surgery, she gained all her weight back.
 - c. It's too bad you need to do something so drastic, I joined Weight Watcher's and I lost 100 lbs.
 - d. Good luck with your surgery, I'm sure you have worked really hard to get to this point. I wish you well.





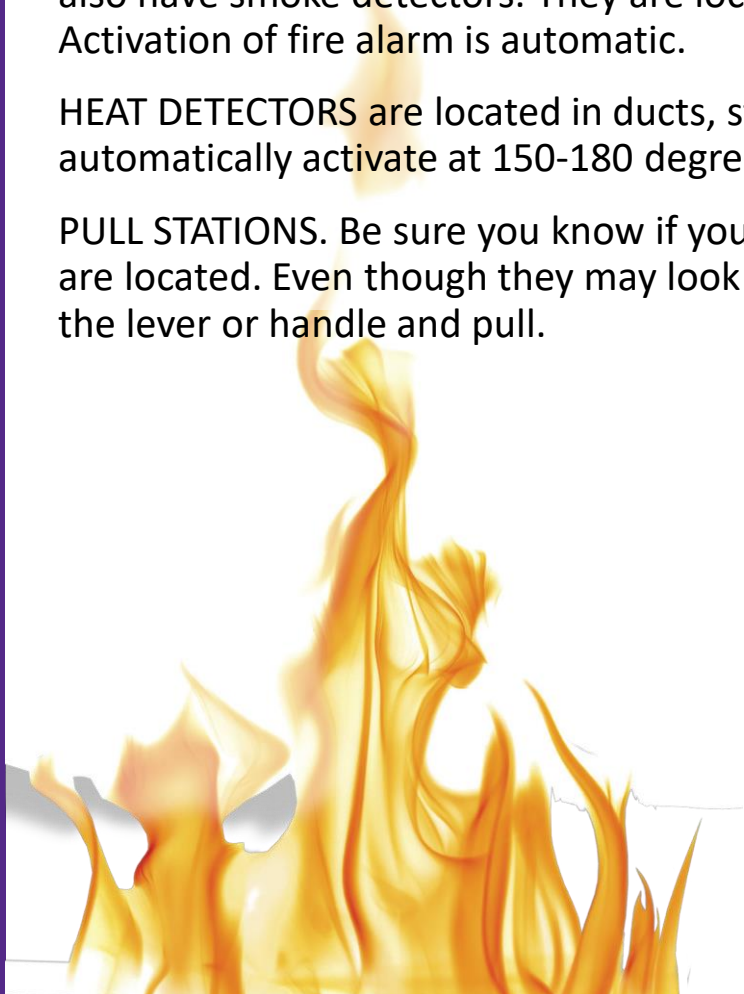
Fire *Control*

Detection

SMOKE DETECTORS are located throughout our facilities. Many of the medical practices also have smoke detectors. They are located in the ceilings (some are concealed). Activation of fire alarm is automatic.

HEAT DETECTORS are located in ducts, stairwells, mechanical or furnace rooms. These will automatically activate at 150-180 degrees.

PULL STATIONS. Be sure you know if your building has pull stations, and if so, where they are located. Even though they may look different, they operate in the same manner: grasp the lever or handle and pull.





Fire *Control*

Types of Extinguishers

ABC MULTIPURPOSE EXTINGUISHERS can be used on any fire excluding OR surgical fires. These are found throughout every one of our facilities. These are to be used on small fires.

CARBON DIOXIDE EXTINGUISHERS BC FLAMMABLE LIQUID/ELECTRICAL FIRES CO2 extinguishers are located in the OR's electrical rooms and mechanical rooms.

K FIRE EXTINGUISHERS – GREASE FIRES used exclusively in our kitchen areas.

These extinguishers are for one time use on small fires. Always send a used extinguisher to Facilities Services for replacement. Extinguishers without the plastic tab secured may not be reliable. Security checks every fire extinguisher at both campuses, on a monthly basis. Clinics and medical practices shall check their extinguishers monthly. Fire extinguishers are recharged annually.



Pull Pin

Aim Nozzle

Squeeze Handles

Sweep Back and Forth at the Base of the Fire



Fire *Control*

A Word About Evacuation...

Evacuate those in immediate danger first, then ambulatory, up with help, wheelchair, then bedridden.

Always try a horizontal (lateral) evacuation first if possible. That means down the hall through smoke barrier doors (smoke barrier doors will keep back smoke for one hour).

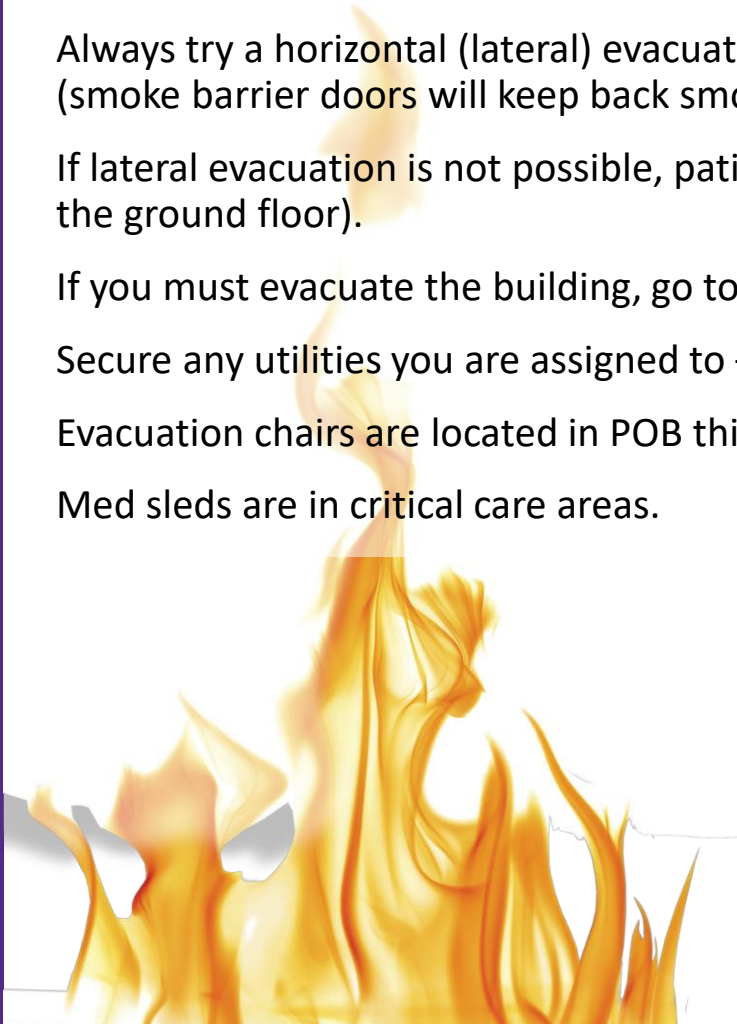
If lateral evacuation is not possible, patients and staff will need to evacuate vertically (go down to the next floor or to the ground floor).

If you must evacuate the building, go to your pre-designated area outside and account for staff, visitors and patients.

Secure any utilities you are assigned to – such as gas to the cooking ranges, oxygen to the OR suites, etc.

Evacuation chairs are located in POB third floor lab and in the Rehab/TCU units.

Med sleds are in critical care areas.





Fire *Control*

Quiz Questions

1. In what order do you evacuate patients?
 - a. Those in immediate danger, then ambulatory, then those who need help in wheelchairs and stretchers
 - b. Those who are in traction go first
 - c. Those on ventilators go first
 - d. Patients who are under anesthesia go first
2. How far from the ceiling/sprinkler heads can you place storage, AND how far off the floor must storage be?
 - a. 22 inches from ceiling and 2 inches off the floor
 - b. 2 feet from the ceiling and 10 inches off the floor
 - c. 3 feet from the ceiling and 6 inches off the floor
 - d. 18 inches from the ceiling and 6 inches off the floor
3. What does RACE and PASS mean?
 - a. Relay, Alarm, Confine, Exit & Panic, Attack, Surround, Snuff out
 - b. Rescue, Aim, Close, Evacuation & Pull the Pin, Aim the nozzle, Surround, Snuff out
 - c. Rescue, Activate, Confine, Extinguish/Evacuate & Pull the pin, Aim the nozzle, Squeeze the handle and sweep at the base of the fire.



Personal Protective Equipment (PPE)



The Right Thing to Do

PPE helps to protect you. Use the right equipment for each job. PPE is mandatory when indicated by a hazard or policy. PPE can save your life.

HEAD

Head gear provides protection when injury from falling or fixed objects is present.

- Hard hats are a rigid shell with suspension that provides head protection against falling objects or bumping into fixed objects. They are also water resistant and slow to burn. The construction of the hat should protect you against penetration and the shock of a blow.

EYES AND FACE

This protection is necessary when an employee may be exposed to flying particles, liquid chemicals, infectious materials, chemical gases or vapors, and lasers.

- Safety glasses
- Goggles must be impact resistant and provide a secure seal around the eyes. They are used most often for splash hazards.
- Face shields are used with other eye protection for added safety. They may be used for protection against heat, splashes and chemicals.
- Welding helmets provide complete head, face and neck protection while providing a filtered lens with a cover plate for eye protection. They provide protection against thermal energy and radiation.

EARS

Protects your hearing when exposure to noise reaches hazardous levels, is over recommended decibel limits or where prolonged noise is expected.

- Disposable earplugs are used once and then thrown away.
- Non-disposable earplugs are self-forming and provide multiple wear for one person.
- Muffs can provide protection against temperature extremes or noise hazards.



Personal Protective Equipment (PPE)



The Right Thing to Do

PPE helps to protect you. Use the right equipment for each job. PPE is mandatory when indicated by a hazard or policy. PPE can save your life.

HANDS

Used to protect your hands from chemical hazards, blood and body fluids, cuts, lacerations, punctures, burns, radiation and extreme temperatures.

- Disposable gloves protect against mild irritants and infectious materials. They are available in latex, vinyl, nitrile and polyethylene.
- Fabric gloves are usually made of cotton or blends and are used to help improve grip and protect against blister formation. They can also be insulated.
- Leather gloves protect your hands against sparks or scraping.
- Chemical-resistant gloves are usually made of rubber, neoprene, polyvinyl alcohol or vinyl. They protect against corrosives, oils and solvents.

FEET

Used to protect your feet from falling or rolling objects, punctures, cuts or electrical hazards. The shoes you wear must provide protection against the hazards that may be present in your particular work area. Shoes need to protect your feet against blood and body fluid splashes or chemicals in patient care areas, the Lab, Imaging, etc.

- Steel-reinforced safety shoes provide protection against falling or rolling objects, cuts and punctures. They can also insulate against extreme temperatures and guard against slips.
- Safety boots provide protection against chemical splashes or hazards. They are often made of neoprene or nitrile. Some boots are made of non-conductive materials for work around electricity.

RESPIRATORY

Used for protection when hazards involving inhalation. The type of protection you should use is dependent upon the respiratory hazard that is present.

CLOTHING.

Used to protect your body from heat, splashes, caustic and acidic chemicals, blood and body fluids, cuts and radiation.

- Clothing acts as a shield against exposure to blood and body fluids, chemicals, radioactive particles, extreme temperatures, moisture, oil, etc.
- Moisture-resistant gowns, aprons and surgical scrubs protect your body from blood and body fluids.
- Moisture-resistant or level hazmat suits protect you from chemical exposures.



Personal Protective Equipment (PPE)

Quiz Questions

1. When do you wear Personal Protective Equipment (PPE)?
 - a. When it is required by the type of hazard and policy
 - b. Only for people in isolation
 - c. Only if you have enough time
 - d. Before you finish a procedure



Standard Precautions *Are the Standard of Care*



Standard precautions apply to ALL patients, regardless of their diagnosis. It is a system of barrier precautions to be used by all personnel and must be treated as potentially infectious for contact with blood, all body fluids (except sweat), all secretions and excretions, all mucous membranes and any non-intact skin. To place a barrier between you and a potentially infectious body fluid remember the following:

You **MUST** Wear Gloves When:

1. Entering the room of a patient in CONTACT ISOLATION – every time.
2. Coming into contact with moist body substances, mucous membranes, tissue and non-intact skin of any patient.
3. Handling items or touching surfaces visibly soiled with body substances.
4. Performing venipuncture and/or other vascular access procedures.

Gowns:

1. Fluid-resistant gowns or aprons are worn when soiling of work/street clothes with body fluids is reasonably anticipated.
2. Uniforms, scrubs and lab coats are NOT PPE since they are not fluid resistant.
3. Once a gown has been worn for patient care, it is considered contaminated. Gowns are not to be hung up or turned inside out for later use.
4. Gowns must be removed after each use with one patient and hands immediately washed.
5. Gowns should be worn as part of contact isolation if contact with a patient or patients environment is expected.



Standard Precautions *Are the Standard of Care*



Masks/Eye Protection/Face Shields:

1. Are worn to protect eyes, nose and mouth during procedures that are likely to generate a splash, spray, spatter or droplets of body fluid.
2. Should be worn for tasks including (but not limited to) intubation, extubation, suctioning, line insertion, surgical procedures, emptying bedpans/suction canisters into the hopper, code blue or patient care of coughing patients with suspected infections etiology.
3. Masks should be removed before leaving the room.

Definition of Body Fluids:

All body fluids can potentially cause some type of infection. Therefore, all blood and body fluids are treated as potentially infectious and Standard Precautions must be used. These body fluids include (but are not limited to):

Amniotic fluid	Gastric fluid	Synovial fluid
Any unfixed tissue of an organ	Peritoneal fluid	Urine
Any visibly bloody fluid	Pericardial fluid	Vaginal/cervical secretions
Blood or blood products	Pleural fluid	Wound drainage
Breast milk	Saliva	
Cerebrospinal fluid	Semen	
Feces/stool	Sputum	



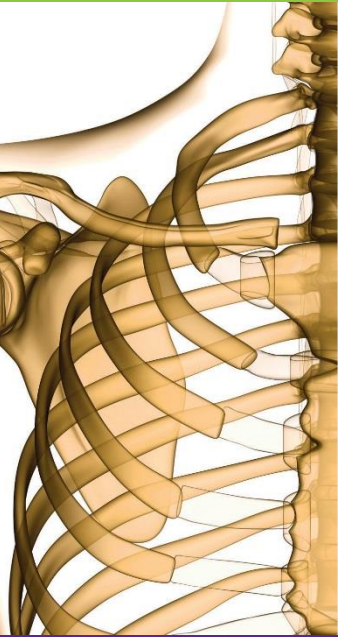
Standard Precautions *Are the Standard of Care*

Quiz Questions

1. Standard precautions apply to:
 - a. Visitors
 - b. Employees
 - c. All patients
 - d. Only physicians



Radiation *Safety*



Radiation is something you can't smell, feel or touch, but can harm you if you are overexposed. The Covenant Radiation Safety Officer, William K. Wong MD, and the Radiation Safety Committee monitor policy and procedure, as well as exposure to radiation. Their job is to ensure our exposure to radiation is As Low As Reasonably Achievable (ALARA). Nuclear Medicine technologists provide monitoring of radioactivity should there be a spill, leak or terrorist attack using radioactive materials.

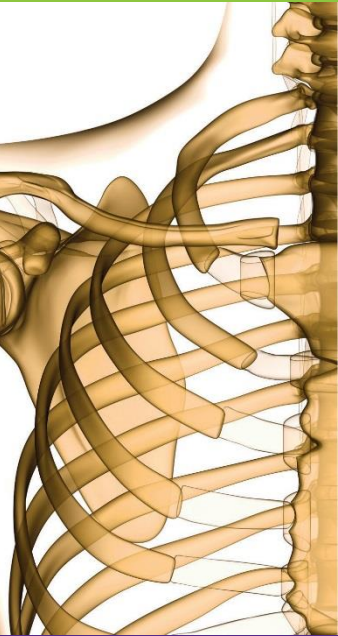
Mobile X-Ray

Mobile (portable) x-ray can produce some of the highest occupational radiation exposures. Protection for patients and hospital personnel is critical. The main goal in any radiographic procedure is to reduce the amount of radiation to the patient and staff while still achieving the best diagnostic image.

Mobile (portable) x-ray should only be used to perform radiographic procedures when it is medically inadvisable to transport the patient to the Imaging & Diagnostic (I&D) Department. Mobile (portable) machines are not designed to take the place of a fixed x-ray room. Images obtained in the I&D Department typically have superior diagnostic quality and should be obtained whenever possible.



Radiation *Safety*



You Can Eliminate Unnecessary Exposure by:

- Limiting the amount of time you are exposed.
- Staying a safe distance from the source (6 feet or more).
- Using proper shielding.

Safe Practices

- Use safe practices and radiation protection equipment including lead aprons to reduce exposure.
- Work quickly and efficiently to reduce the time spent exposed.
- Pay strict attention to warning signs and labels. Radioactive signs are yellow and purple color.
- Wear a monitoring badge when indicated by your job. They do not prevent exposure, but they do indicate what your exposure has been to and how great it was. These badges are required by the Nuclear Regulatory Commission (NRC) and by MIOSHA as well as by hospital policy and procedure.
- Always consult the Radiation Safety Officer or your manager if you have to work around radiation and are pregnant.
- Follow instructions from the radiologic technologist when portable images are being taken, or during any other radiologic procedure.



Radiation *Safety*

Quiz Questions

1. Increasing a safe distance (6 feet or more) from the source of radiation:
 - a. Will reduce the amount of radiation received
 - b. Will increase the amount of radiation received
 - c. Will not change the amount of radiation received
 - d. Will result in the need of a better monitoring device



Quality Assessment *and Performance Improvement*

The Covenant HealthCare Board of Directors is responsible for the QAPI – Quality Assessment and Process Improvement plan within the organization. They delegate the operational responsibility to Covenant Leadership including the E-Team, Directors and Physician Leaders. Covenant’s Board of Directors and Leaders identify our priorities and make sure we have adequate resources to support high quality care. 7.06 Administrative Policy Quality Assurance & Performance Improvement Plan provides details about the Quality Program at Covenant.

Key Committees Help Make Sure Quality is on Target

The Quality Steering Committee oversees the quality program within the organization. They review data about key metrics, identify areas for improvement, provide direction and remove barriers. Their goal is to improve patient outcomes, reduce medical errors, and improve the safety, efficiency and value of care provided to our patients. All departments submit reports to this committee about what they are measuring and what improvements they have made. The Quality Steering Committee also provides direction to the patient safety program (High Reliability Organization or HRO). Reports from this committee go to the Board of Directors.

The Medical Staff Quality Improvement Committee oversees the physician quality program. Results of medical record reviews to evaluate physician care are reported through this committee. Reviews are conducted on blood usage, procedures, complications, deaths, medication use, infections, medical necessity and unexpected occurrences. Improvement reports related to physicians are also reviewed. This Committee reports to the Medical Executive Committee and to the Board of Directors.



The Top Performance Improvement Priorities for the organization for FY17 are:

- Reduce hospital wide 30 day readmissions
- Reduce hospital wide 30 day mortalities
- Reduce falls with injury



Quality Assessment *and Performance Improvement*

Key Committees Help Make Sure Quality is on Target

When an opportunity for improvement is identified, a request is made to initiate a performance improvement team to the Quality Steering Committee. The team will focus on improving clinical outcomes, patient safety or process improvement. Once the team is approved, periodic reports from the team are submitted to the approving committee.

Teams are made up of those who are close to the work and those who can make decisions. Staff input is critical. Teams may be in place for a few months, or may be in place only a short time with dedicated time to attack an issue and implement solutions in a quicker turnaround (rapid improvement events). Data and information is collected prior to an improvement and after an improvement. Data helps to prove an improvement was successful (or not). Continued collection and analysis of data makes sure improvements sticks.



Other High Priority Improvement Projects for FY17 are:

- High Reliability Organization (HRO)
- Medication Reconciliation
- Advanced Care Planning Program
- Readmissions Overall, Pneumonia, Chronic Obstructive Pulmonary Disease (COPD), Total Hip/Total Knee, Coronary Artery Bypass (CABG)
- Patient Safety/Hospital Acquired Conditions including hospital-acquired adverse events and infections, e.g. pressure ulcers, falls, infections, postoperative complications, etc.
- Core Measures
- Mortality for Pneumonia, Acute Myocardial Infarction, and Congestive Heart Failure



Quality Assessment *and Performance Improvement*

Our process for problem solving that is used by performance improvement teams is FOCUS-PDCA.

FOCUS

F ind an opportunity for improvement	<ul style="list-style-type: none"> • What do you need to work on?
O rganize a team	<ul style="list-style-type: none"> • Who knows about the issue?
C larify current understanding	<ul style="list-style-type: none"> • How are things happening now (current state)? • How would we like to see things happen (desired state)?
U nderstand causes of variation	<ul style="list-style-type: none"> • What keeps us from the desired state? (Gap analysis) • What are problem areas? • Are there work arounds or different ways to do things?
S tart or select improvement	<ul style="list-style-type: none"> • What are the improvement possibilities and which do you want to work on?

PDCA Cycle

P lan improvement	<ul style="list-style-type: none"> • Identify your action plans...What? How? When? Where? Who?
D o improvement	<ul style="list-style-type: none"> • Implement action plan – may be on a trial basis or with a small population.
C heck	<ul style="list-style-type: none"> • Review data to show if there has been improvement was demonstrated. If no improvement, go back to the Plan step and repeat the Plan-Do steps.
A ct	<ul style="list-style-type: none"> • Expand trial • Write policies/procedures • Monitor data • Check to see if there are other action plans that should be implemented. If so, go back to the Select Improvement stage and choose a new improvement idea to implement through the Plan-Do-Check-Act cycle.



Quality Assessment *and Performance Improvement*

Quiz Questions

1. Every department is responsible to identify, track and report measures that reflect the quality of care provided in their department. In addition, each department is accountable to support the organizational top quality priorities for FY17, which are reduction of readmissions for cardiac populations, and reduction of severe sepsis/septic shock deaths.
 - a. True
 - b. False
2. When should you fill out a Quality Improvement Report (incident report)?
 - a. When someone is hurt
 - b. When an error in treatment is made
 - c. When the fire alarms do not work
 - d. All of the above



Hand Hygiene *Clean Hands Are Good for Your Health*



You should wash your hands often. Probably more often than you think because you can't see germs so you don't really know where they are hiding.

It is especially important to wash your hands:

- Before eating, drinking or handling food.
- After using the restroom.
- After coughing or sneezing, even if you use a tissue.
- After touching bandages or a dressing.
- Before touching your eyes or handling contact lenses.
- Always wash your hands with soap and water when leaving a C. Diff room.
- Before and after contact with a patient's intact skin
- After glove removal

To encourage patient-friendly hand hygiene practices:

- The essential reasons for the use of hand hygiene are cleanliness and to control the spread of infection.

Covenant is a "Wash in/Wash out" facility, which means every time for everyone in every room with every patient.

Join Our Hand Hygiene Campaign

Covenant HealthCare invites all visitors – and employees too – to take part in our Hand Hygiene Campaign:

- **W**hen you are sick, please stay at home.
- **A**lways wash your hands before ENTERING and EXITING patient rooms.
- **S**neezing, coughing, watery eyes are reasons to postpone your visit.
- **H**elp stop the spread of cold and flu.
- **H**and hygiene is the key.
- **A**lcohol gel is effective.
- **N**eed your help to keep Covenant healthy.
- **D**octors, employees and visitors too.
- **S**top and WASH YOUR HANDS.





Hand Hygiene *Clean Hands Are Good for Your Health*

Quiz Questions

1. When leaving a C. Diff room hands must be washed with soap and water.
 - a. True
 - b. False



TB *Update*



The Covenant TB Control Plan

Covenant Health Care has a TB Control Plan for the prevention and control of TB. This plan applies to all departments and services, including all campuses, off-site locations and affiliated all campuses, off-site locations and affiliated physician offices. The complete TB Control Plan is located in the Infection Prevention & Control Manual under the Exposure Plan section.

Respirators

All staff who work in Surgical Services are required to be fit tested for and wear a Particulate Respirators (PR). Before you can be issued a PR, you must be fit tested to assure that the PR is the proper size and will provide adequate protection against TB. These respirators are not effective if facial hair comes in contact with the seal of the PR (where the respirator and skin make contact). Facial hair that comes in contact with the seal of the PR is not permitted. All other units will use CAPR's on units that have AFB isolation rooms or may need to enter an AFB isolation room.



TB Update



Health Care Workers

Based on the yearly TB risk assessment completed by Infection Prevention and Control several changes have been implemented. The TB risk assessment resulted in a “low risk classification” for Covenant HealthCare. Changes made include:

- Upon hire, all health care workers, including those with a history of BCG vaccination, are required to receive baseline screening TB Gold blood test.
- Health care workers with a baseline positive or newly positive result with a TB Gold test or documentation of treatment for latent TB or TB disease should receive 1 chest x-ray to exclude TB disease.
- Additional TB testing is not necessary unless an exposure to *M. tuberculosis* occurs.
- With “low risk” classification, TB Symptoms Survey Form screening is not necessary on an annual basis, however, if symptoms consistent with TB are noted (prolonged cough, fever, decreased appetite, weight loss, night sweats or coughing up blood), employees are asked to contact Employee Health promptly for evaluation.

According to CDC guidelines, any employee that is visiting a high-risk, TB endemic area that will be working in congregate, high-risk settings such as hospitals and other health care facilities, hospices, correctional facilities, and homeless shelters will be screened before leaving and again 8-10 weeks after they return. This does not include those employees who are planning to go to a TB endemic area for a few weeks to visit family.

If you'd like more information on TB, contact Employee Health.



Chemical Safety *The Globally Harmonized System GHS*

GHS Safety Data Sheets

Safety Data Sheets are a detailed source of information for learning about how to safely handle and use chemicals. All Safety Data Sheets will soon be written to follow the Globally Harmonized System (GHS), a worldwide effort by the United Nations to have common ways to describe chemicals and how to use them safely. With GHS, Safety Data Sheets from manufacturers in many countries will offer the same information in the same format.

What is on a safety data sheet?

The GHS has established a standard Safety Data Sheet format. It has 16 sections that must be presented in this order.

Section 1	Product Identification
Section 2	Hazard Identification
Section 3	Composition and Ingredients
Section 4	First-Aid Measures
Section 5	Fire-Fighting Measures
Section 6	Accidental Release Measures
Section 7	Handling and Storage
Section 8	Exposure Controls and Personal Protection
Section 9	Physical and Chemical Properties
Section 10	Stability and Reactivity
Section 11	Toxicological Information
Section 12	Ecological Information
Section 13	Disposal Considerations
Section 14	Transport Information
Section 15	Regulatory Information
Section 16	Other Information



Place your mouse on each section to the left to view details.

Follow these rules for safety data sheets:

- Make sure you know where to find a Safety Data Sheet if you need one.
- All Safety Data Sheets can be found online on the MSDS Online program. The link can be found on the internet homepage.
- Ask a supervisor for a Safety Data Sheet if you don't understand the information presented on the product label.
- Ask for help if you don't understand how to safely use a chemical after reading the Safety Data Sheet.



Chemical Safety *The Globally Harmonized System GHS*

GHS Labels

Chemical labels and Safety Data Sheets are the key sources of information for learning how to safely handle and use a chemical. All chemical labels and Safety Data Sheets will soon be written to follow the Globally Harmonized System (GHS).

Chemical labels that are compliant with GHS must have five things:

1. A Product Identifier that gives the name of the chemical, part numbers or other identifiers and the name and address of the manufacturer or supplier.
2. Signal Words that tell about the hazard level of the chemical. Danger is for severe hazards and Warning is for less severe hazards. Sometimes there is no signal word, but that does not mean that the product is hazard free.
3. A Hazard Statement that describes what kind of harm the chemical can cause.
4. Pictograms which are symbols that instantly identify the kind of hazard the chemical poses.
5. Precautionary Statements that describe what needs to be done to be safe when using the chemical.

Follow these rules for labeling:

1. Make sure all containers have a proper GHS label.
2. If you use workplace labels, make sure they include the name of the product and information regarding the hazards of the product.
3. Replace torn and/or damaged labels.
4. Label smaller workplace containers that have had chemicals transferred into them if they are used during more than one work shift or by more than one employee.



Chemical Safety *The Globally Harmonized System GHS*

Important Safety Information

- Ask if you don't know how to work with a chemical or product.
- Wear Personal Protective Equipment (PPE) whenever it is indicated -don't take short cuts.
- Know how to clean up spills safely.
- Know what information is on the SDS/MSDS: located on the Hospital Network, or in the SDS/ MSDS book in your work area. Master books of SDS/MSDS are located in the ECC and Safety Office.
- You are responsible for knowing how to work with chemicals in your area.
- Your employer is responsible for making sure information on chemicals is available to you.
- Education and training are provided; you are responsible for attendance and participation.
- If a label falls off and you know for sure what is in the container, place a new label on the container. If you are not sure, discard the container's contents appropriately.

Spill Management

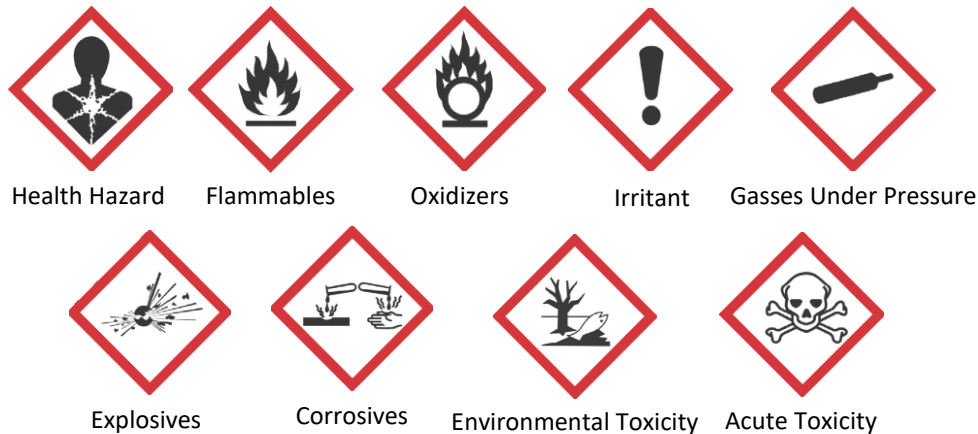
- All employees are responsible for initial management of a spill (which may mean securing the area and contacting a contractor for cleanup).
- Always evacuate the immediate area and secure it so that no one further is exposed.
- Check the SDS/MSDS for instructions on how to manage the spill.
- Use spill kits as appropriate.
- Wear PPE when required by hazard or policy.



Chemical Safety *The Globally Harmonized System GHS*

Pictograms

There are nine distinct pictograms that are part of the Hazard Communication Standard. The pictograms are symbols that show what kind of hazards a chemical has. There can be one or more pictograms on a label depending on the hazards. The pictograms will always be a black symbol on a white background with a red diamond-shaped border.



GHS LABEL SAMPLE

ISOPROPYL ALCOHOL 99% ANHYDROUS

UN 1219. ISOPROPYL ALCOHOL

24 Hour EMERGENCY
NUMBER 444/555-6666

NET WEIGHT
32.00 LBS
14.51 KGS

Danger: Highly flammable liquid and vapor. Causes serious eye irritation. May cause drowsiness and dizziness.



PREVENTION

Keep away from sources of ignition - No smoking. Avoid contact with skin and eyes. Avoid breathing mist and vapors. In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. Take precautionary measures against static discharges.

RESPONSE

IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. Avoid breathing. Wear protective gloves/eye protection/face protection. Wash hands thoroughly after handling.

STORAGE

Store in a well-ventilated place. Keep cool. Store locked up. Keep container tightly closed. Keep away from sources of ignition - No smoking

DISPOSAL

Dispose of contents and container to appropriate waste site or ~~reclaim~~ **recycler**, in accordance with local and national regulations.

Red River Chemicals 468 Front Street, Riverdale, Illinois 44444
Emergency PhoneNumber: 444.555.6666



Chemical Safety *The Globally Harmonized System GHS*

Quiz Questions

1. Who should initially take care of a spill or release?
 - a. Call 5-2222 and ask for the spill team
 - b. Environmental Services
 - c. All employees are responsible to taking care of a spill or release initially even if it is only calling someone else and keeping people out of harm's way
 - d. Engineering
2. It is important to always read the label on a product, even if you have used the product many times before and by reading the label you should be able to safely work with the product.
 - a. True
 - b. False
3. Pictograms can be found on Safety Data Sheets and product labels; the pictograms are intended to convey specific information about the hazards of a chemical. Safety data Sheets can be found on the Intranet using MSDS Online and product labels are found on the chemical containers.
 - a. True
 - b. False



The Culture of Safety: *Becoming A High Reliability Organization*



A High Reliability Organization (HRO) is an organization that has succeeded in avoiding catastrophes in an environment where normal accidents can be expected due to risk factors and complexity. As a High Reliability Organization we want to diminish, as best we can, any issues that may cause harm to a patient or an employee by developing and sustaining a Culture of Safety. We know that mistakes may be made, but it is our duty to learn about these mistakes and understand how and why they happened so we can prevent those same errors in the future.

Patient safety is at the core of our organizational values and it is at the heart of our mission of providing extraordinary care for every generation. It's all about making certain that patient safety is a priority in everything that we do here at Covenant HealthCare.

HRO requires a cultural change, which includes learning and practicing new safety behaviors and tools. At Covenant, those safety behaviors and tools are:

Support the Team	Pay Attention to Detail	Practice and Accept a Questioning Attitude	Communicate Clearly	Covenant Health Safety Phrase
<p><i>I will demonstrate a personal and peer commitment to safety. (200% accountability)</i></p> <ul style="list-style-type: none"> Practice peer checking and coaching (5:1). Speak up for safety using the ARCC method: <ul style="list-style-type: none"> – Ask a question. – Make a Request. – Voice a Concern. – If no response, use the Chain of command. 	<p><i>I will attend carefully to all of the important details.</i></p> <ul style="list-style-type: none"> Focus on the task. Practice self-checking using STAR: <p>Stop. Think. Act. Review.</p>	<p><i>I will both ask questions and question answers.</i></p> <ul style="list-style-type: none"> Stop, validate and verify Report problems, errors and events 	<p><i>I am personally responsible for professional, accurate, clear and timely verbal and written communication.</i></p> <p>Use three-way repeat back and read back.</p>	<p><i>“Let me repeat that back...”</i></p> <ul style="list-style-type: none"> Ask clarifying questions. <p><i>“Let me ask a clarifying question...”</i></p> <ul style="list-style-type: none"> Use phonetic and numeric clarifications. Use SBAR to communicate care needs.





The Culture of Safety: *Becoming A High Reliability Organization*



New Terminology for Our HRO Journey

Daily Check-In (DCI): Each day, Covenant leaders check in with one another to report actual/potential safety issues and discuss how best to resolve them. The 15-minute meeting takes place each morning at 9:00 am in the Andersen Wellness Center. You're invited to attend if you want to get a closer look at how we share information aimed at maintaining situational awareness of immediate problems impacting safety and quality of patient care at the front line.

Lessons Learned: From DCI and/or investigations into safety events we share Lessons Learned. This is in the form of an article we send out to everyone in the organization detailing an important safety lesson that we have learned.

Safety Alerts: Another important communication that comes from Patient Safety is the Safety Alert. You may receive an email about a serious safety risk with information on the next steps we want you to take. Events reported at DCI or through our Risk Improvement Reporting system are investigated by the Patient Safety Specialist and then classified into one of the following categories:

Serious Safety Event: A variation in the standard of care that reaches the patient and results in moderate to severe harm or death.

Precursor Safety Event: A variation in the standard of care that reaches the patient and results in minimal or no detectable harm.

Near Miss: A variation in the standard of care that does not reach the patient but is caught by a detection barrier or by chance.

Non-Safety Event: Occasionally, investigation of an event does not find any gaps or deviations in care.





The Culture of Safety: *Becoming A High Reliability Organization*



If You are Involved in, Observe or Discover a Safety Event:

- Step 1. Report the event to your immediate supervisor.
- Step 2. Complete the appropriate Improvement Report Form online.
- Step 3. The department manager has the responsibility to review and complete all reports within 24 hours and report the event at the next DCI.
- Step 4. The department manager or designee will follow-up on all reported events, providing verbal feedback at DCI and document actions taken and clinical outcomes on the appropriate section of the online Improvement Report.
- Step 5. Risk Management and the Patient Safety and Quality Department review all Improvement Reports to identify opportunities for improvement. This information is kept on file, analyzed and submitted to various committees for follow-up.



With serious safety events, response time is crucial. Follow steps 1 through 5 as listed above **AND** call the Patient Safety Specialists at ext. 3.4460 or 3.4099.



The Culture of Safety: *Becoming A High Reliability Organization*



Other Important Information for You to Know

1. The information documented in the online Improvement Report or collected during the investigation of the incident is protected by Michigan Peer Review Statutes. However, additional care must be taken by all parties involved to not destroy this protection.
 - Comments about the incident should not be discussed in public areas, in front of the patient, visitors or other third parties.
 - The documentation in the medical record should only reflect the facts and treatment rendered, not that an Improvement Report was filled out.
 - Improvement Reports should never be printed without the consent of Risk Management.
2. Please review Policy Number 6.06 Incident and Improvement Reporting and 6.10 Serious Safety Event Reporting and Investigation when completing the Improvement Report Form.
3. Contact your department supervisor if you require assistance with entering an Improvement Report.



Safety is everyone's job at Covenant. Each of you contributes every day to making Covenant HealthCare extraordinarily safe...everyone, everyday, everywhere.

The need to know about mistakes and errors is important in creating a Culture of Safety. Because of this, Covenant defines the culture of safety as a **Just Culture** or non-punitive environment. In most situations, we will provide coaching to those involved in errors. Does this mean that we can all be poor performers and not worry about the results of our actions? Obviously, the answer to that is NO. Every employee still needs to take responsibility for his or her actions.



The Culture of Safety: *Becoming A High Reliability Organization*

Quiz Questions

1. A Culture of Safety means:
 - a. Values and practices that are oriented (geared) toward understanding and decreasing errors
 - b. The need to know about errors and mistakes so that systems can be fixed
 - c. Being very careful in everything you do – paying attention to details and not taking shortcuts
 - d. All of the above



Violence *in the Workplace*



Covenant HealthCare prohibits physical, verbal, nonverbal or visual harassment, threats, intimidation or violence to employees, patients, visitors or guests of the organization. Any violence which involves or affects a Covenant HealthCare employee or which occurs on Covenant HealthCare property will not be tolerated.

In the event of a violent incident:

- Security must be notified whenever a weapon is found or a violent incident occurs.
- Midas report must be filled out to record any and all violent events.
- All employees, physicians, residents and volunteers are responsible for the security of the facility.
- A zero tolerance is applied for those engaging in verbal or nonverbal threats or related actions of violence at Covenant. No reprisal will be taken against any employees or medical staff members who reports or experiences workplace violence.

Examples of conduct that may be considered a threat or acts of violence prohibited under this policy includes, but is not limited to, the following:

- Hitting or shoving an individual.
- Threatening to harm an individual or their family, friends, associates or property.
- The intentional destruction or threat of destruction of property owned, operated or controlled by Covenant HealthCare.
- Making harassing or threatening telephone calls, or sending harassing or threatening letters or other forms of written or electronic communications.
- Stalking or making a credible threat with the intent of placing the other person in reasonable fear for his or her safety.
- Unauthorized possession or inappropriate use of firearms, weapons or any other dangerous devices on Covenant HealthCare property.



Violence *in the Workplace*



How Do I Respond to Violence?

In the event of imminent or in-progress physical assault:

- Employees should remove themselves from the location and call 5.2222 immediately.
- If hostages are taken, use the Hostage Plan as outlined in the Safety Manual.
- If a firearm is involved, take whatever measures are necessary to protect yourself and others.
Never try to disarm a subject that has a gun. Call 5.2222 immediately when a weapon is detected or seen.
- In the case of a robbery, employees should not attempt to intervene.
- All employees should be aware of their environment and the people in it. Suspicious persons should always be reported to Security (3.6149).
- **NO DOOR** should be wedged or propped open for any reason.



Violence *in the Workplace*



What Can Be Done to Help Prevent Violence?

- Security may restrict access to grounds and buildings and/or contact law enforcement or other investigative agencies.
- Security will inform employees of threats to security and safety on a need-to-know basis. Descriptions of perpetrators or suspicious persons will be circulated to staff as necessary. This information is to remain confidential.
- Whenever possible, staffing plans and work practices will be used to mitigate risks.
- Lighting, limited access to buildings and areas, and construction strategies will be used to separate employees from the general public to reduce risks.
- The Safety Committee will continue to assess risks and implement actions to improve safety and security.

See Administrative Policy 9.20 for tips on how to handle a violent situation.



Violence *in the Workplace*

Quiz Questions

1. What should you do if you are threatened while at work?
 - a. Tell your supervisor you are leaving for the rest of the shift
 - b. Threaten them back
 - c. Report it to your supervisor, Security or HR immediately
 - d. Swear out a warrant for the perpetrator



Medical Equipment *Management*

How many times have you thought, “Well...if Clinical Engineering (CE) won’t do it, I’ll ask Maintenance”? That might be true with a fan, but not with a piece of electrical medical equipment used for patient care.

At Covenant, we have five CE technicians that are here five days a week to make sure patient care equipment, such as IV pumps, ventilators, vital sign machines and heat therapy machines keep operating in a safe manner. The CE technicians have completed either an associate’s or bachelor’s degree or military training in biomedical equipment technology or electrical engineering. They are highly skilled in electrical medical equipment repair and diagnostics as well as the equipment's required annual maintenance and operating procedures. For each piece of equipment they manage, the CE technicians have gone to an approved manufacturer's school or received some type of specialized training from the manufacturer.

That’s why CE technicians don’t work on air conditioning, and maintenance engineers don’t work on ventilators.

Here are Some Facts You May Not Know:

- Anytime we alter a piece of equipment, the warranty is Voided.
- The Food and Drug Administration (FDA) regulates the care and maintenance of medical equipment.
- If there is a user error or failure during patient care resulting in harm, we are required to report it to the FDA.
- CE technicians have the authority to say NO to equipment modifications and misuse of equipment.
- CE technicians are the only Covenant employees authorized to work on electrical medical equipment.
- CE technicians also have the authority to take a piece of equipment out of service due to safety or maintenance concerns





2017 MTM Compliance *Training*



The Covenant HealthCare **Corporate Compliance Program** exists to ensure that we “do the right thing” in all circumstances. The compliance program provides education related to our **Code of Conduct** and other topics related to compliance as needed; reviews pending and new regulations related to Covenant in order to ensure compliance; and provides auditing, monitoring and investigation of concerns that are raised. Our compliance program shows Covenant’s commitment to complying with laws and regulations, and to the ethical behavior of all our employees. Our compliance program will only succeed with all our employees understanding that “doing the right thing” is part of their job.

Covenant employees have an obligation to report concerns about a possible compliance violation or unethical situation that occurred within Covenant. Reporting a suspected violation in good faith gives us the opportunity to investigate the matter and take corrective action. You should discuss these situations with your supervisor. Supervisors are encouraged to listen to employee’s concerns and take appropriate action. If you are uncomfortable talking with your supervisor, or you do not feel your supervisor took appropriate action, you may go to the next-level manager. If you do not feel comfortable with your next-level manager, or you do not want your identity revealed, you can call Covenant’s Compliance Hotline. You do not need to disclose your identity when reporting a suspected violation to the Compliance Department. To contact the Compliance Department, call any of the phone numbers listed in the yellow box on page 26.

The Compliance Hotline is not meant to replace normal reporting mechanisms, and it is not intended for the reporting of Human Resources issues. It should only be used when you are uncomfortable reporting a concern to your supervisor or next-level manager, or if you feel appropriate steps have not been taken to address your concern.



2017 MTM Compliance *Training*

When Should I Call the Compliance Hotline?

- If you have questions about accepting a gift from a vendor, physician or patient.
- If you find inaccurate documentation in a patient record.
- If you have questions regarding providing free or discounted care.
- If you see an employee uses Covenant resources for work outside of Covenant.
- For any HIPAA concerns.
- For clarification or advice requests related to policies or regulations.

Specific laws that impact Covenant include:

✓ Anti-Kickback Statute

✓ Stark Law

✓ False Claims Act

✓ EMTALA

✓ Deficit Reduction Act

✓ Affordable Care Act

Many of the laws and regulations that apply to healthcare organizations are set forth by the federal government. Healthcare fraud has become the focus of many national investigations over the past few years. The investigations focus on the intricate regulations that are related to filing claims for payment of services to federal programs. The False Claims Act prohibits the submission of false or fraudulent claims to the federal government, including Medicare and Medicaid. Penalties for violations can be up to three times the amount of the payment received, plus additional penalties up to \$11,000 per false claim. False claims can also result in exclusion from the Medicare and/or Medicaid programs. The State of Michigan has also enacted similar statutes related to the submission of claims to Medicaid and commercial insurance companies. Covenant has policies and procedures in place to reinforce our commitment to the highest ethical standards when it comes to submitting claims for payment to any insurance company.



2017 MTM Compliance *Training*

When Should I Call the Compliance Hotline?

Healthcare fraud refers to an intentional deception or misrepresentation that could knowingly result in benefit to the individual or the organization the individual represents.

Examples of healthcare fraud include:

- Billing for services or supplies that were not furnished.
- Falsifying information on records.
- Offering bribes, payments or incentives in exchange for referrals.
- Misrepresenting services as covered and medically necessary when they are not medically necessary.
- Assigning diagnoses and procedure codes based upon coverage requirements and not based on the actual services performed and the actual patient diagnosis.

Healthcare abuse refers to practices that lead to unnecessary costs to healthcare insurance companies. Abuse is different from fraud in that with abuse there is no evidence that the act was committed intentionally and knowingly.

Examples of healthcare abuse include:

- Charging excessively for services or supplies.
- Providing medically unnecessary services that do not meet professional standards.
- Misusing codes on a claim, including upcoding or unbundling.



2017 MTM Compliance *Training*



What is a Conflict of Interest?

A conflict of interest happens when an employee's judgment may be affected due to their personal interests in the outcome of a decision that they could have influence or control over (other than the normal compensation they receive from Covenant HealthCare). Personal interest means that either the employee, or their family member, could obtain financial gain as a result of that decision. Additionally, decisions to use any vendors must not be influenced by the gifts received from that vendor.

A potential conflict of interest exists when an employee or their family member works for or has a financial relationship with:

- A company that does business with Covenant HealthCare.
- A company that is seeking to do business with Covenant HealthCare.
- A company that competes with Covenant HealthCare.

If you think you have a conflict of interest based upon your relationship with another company, or the relationship of your family with another company, complete the Ethics of Business Disclosure form, as attached to the **Ethics of Business Conduct Policy**.



2017 MTM Compliance *Training*



What is a Conflict of Interest?

It is every employee's responsibility to be the eyes and ears of the Corporate Compliance program. Covenant's reputation depends upon you doing your part to report suspected concerns of policy or ethical violations. Individuals that report suspected violations are protected under both Federal and State whistleblower laws. **Covenant's Non-Retaliation for Reporting** policy was written to support these laws, and protects Covenant employees from retaliation for reporting in good faith a possible regulation or policy violation.

Find more information about Covenant's Corporate Compliance program on the CovNet portal. The department home page has important compliance links, including Covenant's **Code of Conduct Booklet**.

Identity Theft Prevention Program

As an issuer of credit to recipients of our healthcare services, Covenant HealthCare has adopted an Identity Theft Prevention Program to identify, detect and respond to risks of identity theft that affect our patients. This program ensures compliance with the Federal Trade Commission's Identity Theft and Prevention Red Flags Rule. All employees of Covenant HealthCare who identify or receive a report of fraudulent activity must immediately notify the Corporate Compliance Department, who will initiate contact with the "Red Flags Team", to conduct an investigation.

COMPLIANCE OFFICER

Michele McDonald 583.4580

COMPLIANCE ADMINISTRATOR

Ashley Sosnoski 583.4582

INTERNAL COMPLIANCE HOTLINE

583.4499

TOLL-FREE COMPLIANCE HOTLINE

888.421.5776



2017 MTM Compliance *Training*

Quiz Questions

- What is an example of health care fraud?
 - 1.Documenting a service or treatment that was not provided
 - 2.Providing substandard care
 - 3.Paying a physician to refer patients
 - 4.All of the above
- What Covenant policy protects you if you report a potential violation or a concern of wrong doing?
 - 1.Policy Number 808 Outside Business Activities
 - 2.Policy Number 804 Non-Retaliation for Reporting
 - 3.Policy Number 810 Use of Corporate Property
 - 4.Policy Number 805 Business Courtesies
- What is an example of a compliance issue that you would report to the Compliance Department?
 - 1.You have observed an individual involved in an activity that you think is not ethical
 - 2.You did not get the raise that you thought you should get
 - 3.You are upset with a coworker and would like to see them get into trouble
 - 4.All of the above
- How can an employee report a suspected wrongdoing?
 - 1.Talk with your supervisor
 - 2.Call the hotline
 - 3.Talk with the Compliance Officer
 - 4.All of the above
- Why do we need an effective compliance program?
 - 1.Supports our efforts of doing the right thing
 - 2.Ensures that we fully comply with laws and regulations
 - 3.Ensures that appropriate methods are followed if violations are suspected
 - 4.All of the above



Suspected *Abuse*

The Law

Did you know that if you care for patients you are required by law to report to the Department of Human Services (DHS) ALL suspected abuse and that failure to do so may result in fines and imprisonment? It is estimated that only 1 in 3 cases of child abuse and 1 in 14 cases of elder abuse ever gets reported. Partner abuse (often called spouse abuse) is also under-reported. And half of all incidents of domestic violence against women is not reported. As a health care worker, you may be the first, and sometimes the only, professional to see a battered person's injuries.

It is extremely important that the Healthcare Professional who observes or suspects abuse or neglect, personally contact DHS. Not only does this ensure the most accurate information is communicated to the investigating agency, it is required by DHS that the person observing or suspecting abuse personally make the report.

Types of Abuse

- **Physical.** Hitting, slapping, shoving, kicking, biting, etc.
- **Emotional.** Yelling, screaming, isolating from social support, withholding affection, etc.
- **Sexual.** Forced sex, exploitation, prostitution, etc.
- **Neglect.** Failure to provide goods or services necessary to avoid harm, anguish or illness, i.e., food, medical care, daily care, etc.
- **Exploitation.** Using the resources of another for personal gain.





Suspected *Abuse*

What to Look For

POSSIBLE PHYSICAL SIGNS:

- Unexplained (or multiple history of) bruises, burns, fractures or injuries.
- Bruises and welts in unusual patterns.
- Any bruising on an infant.
- Untreated sores or wounds.
- Lack of medical care or delay in seeking treatment.
- Multiple visits to different emergency departments or clinics.
- Genital pain, itching or disease in infants and children.
- Positive test for illegal drugs in infants or children.
- Lack of personal cleanliness and grooming.
- Lags in growth or development.

POSSIBLE BEHAVIORAL SIGNS:

- Uncomfortable with or threatened by adult contact or closeness.
- Depression, anxiety, hostility.
- Suicidal statements or attempts.
- Refusal to discuss the situation.
- Fear of a person or dislike of being left alone with someone.
- Statements of abuse, neglect or lack of care.
- Unusual knowledge or interest in sexual matters.
- Overly compliant or passive.
- Apprehensive when other children cry or overly concerned for siblings.
- Someone speaking for the patient or hovering and refusing to leave the patient alone.



Suspected *Abuse*



SPEAK UP! ANY TIME DAY OR NIGHT
REPORT ABUSE & NEGLECT
855-444-3911

Reporting Suspected Abuse

The Healthcare Professional that observes or suspects abuse or neglect should personally contact DHS immediately. Call toll-free 1.855.444.3911 anytime day or night.

In the case of suspected child abuse, a report form (#3200) must be filled out within 72 hours. In all cases of suspected abuse, notify your manager and the hospital social worker or case manager immediately. On off shifts or weekends, notify the Shift Administrative Coordinator immediately.

What To Do (**RADAR**)

- R**outinely screen all patients for abuse.
- A**sk direct questions.
- D**ocument your findings including what the patient says.
- A**ssess patient safety.
- R**eview options and referrals.



Suspected *Abuse*

Quiz Questions

1. You suspect abuse (Unexplained bruised, burns and fractures). You are required by law to:
 - a. Report abuse if you are a health care professional or social worker
 - b. You must contact your manager/shift administrator or a case coordinator/social worker immediately
 - c. Both A and B
 - d. Stay out of it



The Safety *Corner*

NO SMOKING



Fragrances

- Be aware: Your favorite perfume, cologne or after shave could make a co-worker or patient sick. Limit the amount of scent you wear.
- Check your individual department for policies regarding perfumes and colognes.

Smoking

- Not allowed on Covenant property. We are smoke and tobacco free.

Cell Phones

- Allowed in public areas, waiting rooms and cafeterias.

Equipment and Utilities

- Never use equipment unless you know how to operate it (or use it). Equipment that is not working properly should be taken out of use and repaired.
- Make sure you have an adequate supply of flashlights and batteries in your area.
- **Red outlet:** All critical equipment in patient care areas must be plugged into the **emergency generator red outlets**.
- Notify Engineering immediately if an utility is lost – such as lights, power, heat, water, oxygen, wall suction, etc.
- Phone failure telephones have been installed in most patient care areas – they are a direct outside line that can be used if our internal phone system fails.
- Anytime a patient or staff member is injured by a piece of medical equipment or a device, follow the Safe Medical Device Act procedure:
 1. Stop the equipment.
 2. Care for the injured patient or staff member.
 3. Call a physician and your immediate supervisor.
 4. Do not change any of the settings and call Security to pick up the equipment as evidence.
 5. Notify Risk Management immediately.

Space Heaters

Must meet specific requirements – see policy EU-021.

Electrical Safety

- Hospital-grade plug strips may be used but should not be plugged into each other.
- Remove from service any defective equipment and tag it for repair.
- Nothing should be plugged into an outlet on a patient bed due to risk of fire.
- Inspect all electrical equipment before use and periodically for frayed cords or connections. Don't make repairs with tape.
- Remove from service any equipment found to not operate safely or as intended.
- All appliances, electrical devices and equipment must be safety checked by engineering.
- Always use equipment as instructed and intended by the manufacturer.
- Safety outlet covers should be used in all areas where children have access to the outlets.
- Coffee makers, toasters and microwave ovens must be kept clean.
- Stop using any equipment that gives off a shock or just doesn't "work right".

Fans

- Fans are available through the Gift Shop for patients to purchase.
- These fans need to be bagged up and sent home when the patient is discharged.
- If a patient returns with the same fan, Engineering will need to complete a safety check and Nursing should do a visual inspection for cleanliness.
- **See policy EU-018 on fans.**



The Safety *Corner*



Hazards

- Report all incidents, accidents or potential incidents to your immediate supervisor.
- Take steps to fix hazards immediately.
- Transport patients on stretchers feet first, with side rails up and safety belt fastened.
- Use body mechanics when lifting. Get help/use a lifting aid when the load is too heavy.
- DO NOT block or cover handrails with anything.
- Wall-charting tables must remain in the closed position when not in use.
- WOWS (work station on wheels) – when not in use need to be stored in designated storage areas of unit/department.
- Wear sensible low-heeled boots in the winter on snow and ice.
- **NEVER** remove or reach under guards on equipment.
- In patient care areas, do not wear shoes with open toes or openings over the toes.
- No food or drink at the nurses station while handling charts and paperwork.
- All employees and volunteers must wear a picture ID at all times while on duty.

Storage

- Must be 6 inches off the floor.
- Must be 18 inches from the ceiling or sprinkler heads.
- Nothing can be placed in a hallway for longer than 30 minutes without being actively used.

If you are involved in a fire, remember R.A.C.E. to help you respond safely and correctly:

R = **RESCUE** anyone in immediate danger from the fire, if it does not endanger your life

A = **Activate** the alarm in your facility

C = **CONFINE** the fire by closing all doors.

E = **EXTINGUISH** the fire with a fire extinguisher, or **EVACUATE** the area if the fire is too large for a fire extinguisher.

To use fire extinguishers correctly, remember the P.A.S.S. acronym:

P = **PULL** the pin on the fire extinguisher

A = **AIM** the extinguisher nozzle at the base of the fire

S = **SQUEEZE** or press the handle

S = **SWEEP** from side to side until the fire appears to be out



The Safety *Corner*

Quiz Questions

1. Identify the actions you should take to help ensure electrical safety:
 - a. Check cords and plugs for cuts on the wire, keep cords out of water and have loose wall receptacles fixed. If you get a small shock off a piece of equipment stop the use of the equipment and take it out of service. If the equipment is new to your department know how to use it.
 - b. Wear rubber soled shoes when working with equipment
 - c. Make sure you attach the ground wire to the side rail of the bed and the bedside table
 - d. Use only 220 or greater equipment in a 110 receptacle
2. In patient care areas, all life-sustaining equipment should be plugged into the red outlets (generator power) and know where the units phone failure telephones are located.
 - a. True
 - b. False
3. What should you do if a patient is seriously injured on a piece of equipment?
 - a. Call Clinical Engineering immediately
 - b. Call a cab
 - c. Call the manufacturer
 - d. Stop the equipment, care for the patient, contact the physician, contact Security to pick up the equipment and contact Risk Management
4. What is the rule of storage in the hallway?
 - a. It is OK as long as it is portable
 - b. It should only be on one side
 - c. Nothing can be placed in the hallway longer than 30 minutes without being actively used
 - d. Med carts, IV pumps and crash carts are OK



Latex *Allergy/Sensitivity*

Precautions

All patients will be assessed to determine if they have a latex allergy or sensitivity. If so, these precautions must be implemented:

- Latex precautions will be implemented without a doctor's order.
- Notify the attending doctor if latex allergy/sensitivity is identified.
- Environmental precautions will be taken until latex allergy is ruled out.
- Apply red armband.
- Place patient in a private room (if possible).
- Remove all latex from the room.
- Use only "latex-free" supplies.
- Place "Latex Allergy" sign on the patient's door and stretcher or wheelchair if transporting.
- Communicate latex allergy/sensitivity to other departments.
- Notify Pharmacy and Nutrition Services of latex allergy.
- Procedures/surgeries for latex allergy/sensitivity patients should be the first cases of the day if possible.





Work Related *Injuries*

Any time an employee is injured on the job, he/she must immediately report it to his/her supervisor or manager, and an Incident Report is completed in RL Solutions on CovNet. If the injury is **non-emergent** (meaning the employee is still capable of performing the essential functions of the job), the employee is **NOT** required to see a physician, except in cases of blood and body fluid exposures. During regular business hours, the Employee Health Office at Irving campus should be contacted for direction in this matter. During the off-shifts, please contact the Administrative Coordinator (AC) to determine whether an ER visit is required.

Should the employee need to be evaluated by a physician, he/she will be sent to one of the Covenant Occupational Health Services clinics during regular business hours. In the case of a serious injury (e.g., broken bones; any injury limiting mobility or ability to ambulate; severe bleeding due to a cut/ laceration), the employee should be treated in the Emergency Care Center. When in doubt about the severity of the injury, please contact Employee Health, a supervisor, manager, or AC for guidance.

In the event of an exposure to blood or body fluids, the employee must report this immediately to Employee Health or to the AC during off shifts. In this case, the employee will be directed to the appropriate place for treatment.



Patient *Armbands*

Allergies – All Allergies, including Latex

Fall Risk

DNR (Do Not Resuscitate)

Partial Resuscitation

Blood Band

LIMB ALERT

DIFFICULT AIRWAY



Check Your Knowledge

Quiz Questions

1. What precautions should be implemented for a patient with a latex allergy?
 - a. Apply red armband
 - b. Remove all latex from the room
 - c. Notify the attending doctor if latex allergy/sensitivity is identified
 - d. All of the above
2. All employees who sustain any type of work-related injury or bloodborne pathogen exposure must:
 - a. Do nothing – it will probably go away
 - b. Report it to your manager or shift administrator STAT and fill out an employee incident report before the end of your shift
 - c. Always go directly to the ER for treatment
 - d. Cover it with a bandage and report to Risk Management



MTM *Code Green Education*

Code green (Situational Disturbance) is called when non-medical help is needed STAT, when physical violence is occurring or won't de-escalate. Code Green should be called for any incidents involving guests or patients in which there is physical fighting or violence is taking place. A Code Green shall not be called for belligerent patients, irate visitors or falls.

In the event you need non-medical help immediately:

1. Call 5.2222 for Harrison, Cooper, Michigan and Houghton, state Code Green and location.
2. Switchboard page Code Green at appropriate facility.
3. Switchboard contact Security Dispatch immediately.
4. Do not put yourself in danger. If a weapon is involved, clear the area and call 5.2222.
5. Mackinaw, POB and Irving call 5.2222, operator will contact security and 911.

Responder responsibilities:

1. Someone at the scene will need to take charge of the situation.
2. Only personnel from the floor above and below should respond.
3. Unnecessary personnel will need to be dismissed back to their departments and units.
4. Upon security arrival brief the security officer on the situation.
5. Security will take the lead at the scene.



Ethics *Committee and Consultation Process*



Covenant HealthCare's Ethics Committee does not have decision-making authority, but is an advisory group to the staff, administration, patients, families and representatives of Covenant HealthCare who seek its service. While the Committee recognizes that the primary responsibility for addressing ethical problems in medicine resides with the primary health care team, the Committee's mission is to assist the parties in arriving at ethically sound resolutions by enhancing communication and addressing emotional and cognitive issues related to the ethical dilemma.

In cases where there is not clear agreement among the staff, or in the patient-staff-family triangle, the assistance of the Ethics Committee can be sought through the Ethics Consultation process. The process is initiated by paging the on-call Chaplain at pager number 187 (dial 583-6119, enter pager #187). A list of on-call Ethics Committee members can then be utilized to begin the consultation process. The Ethics Consultation service is available for situations within Covenant HealthCare that pose ethical questions, concerns or problems. If two (or more) members of the Committee feel a consult is warranted, a Chairperson will be chosen, who will then coordinate the consult.



Check Your Knowledge

Quiz Questions







1. How is an ethics consult initiated?
 - a. Contact the on-call chaplain
 - b. Contact the on-call hospitalist
 - c. Contact your supervisor
 - d. Contact the grievance committee



To spot a stroke, **BE FAST**.

Stroke is a medical emergency and every second counts. **KNOW THE SIGNS.**

Learn the symptoms of stroke and **BE-FAST!**

					
B	E	F	A	S	T
BALANCE Does person have sudden loss of balance?	EYES Has person lost vision in one or both eyes?	FACE Ask person to smile. Does one side of face droop?	ARMS Ask person to raise both arms. Does one arm drift downward?	SPEECH Ask person to repeat a simple phrase. Is speech slurred or strange?	TIME If you observe any of these signs, call 52222 immediately.

With any of these changes immediately activate Code 180 and follow the protocol.



To spot a stroke, *BE FAST.*

Stroke measures to meet:

Door to CT initiation	25 minutes
Door to CT interpretation	45 minutes
Door to Activation within	15 minutes
Door to Thrombolytic (TPA)	45 minutes
Door to Lab results	45 minutes
Door to Doctor in	10 minutes

Every **SECOND** counts!





To spot a stroke, *BE FAST.*

Stroke Policies:

- Management of Acute Ischemic Stroke in Adults Collaborative Clinical Practice Guideline
- Stroke - Spontaneous Intracerebral Hemorrhage Management in Adults Clinical Practice Guideline
- Stroke – Code 180 Activation Clinical Practice Guideline
- Stroke – Decompressive Hemicraniectomy for Large MCA Infarction Clinical Practice Guideline
- Stroke - Administration of Activase (Alteplase) in the Adult Acute Ischemic Stroke Clinical Practice Guideline
- Stroke - Management of Transient Ischemic Attack in Adults Clinical Practice Guideline



Check Your Knowledge

Quiz Questions

1. What is Covenant HealthCare's stroke activation called?
 - a. Stroke Code
 - b. Code 180
 - c. Code 60
 - d. Stroke



Medical Waste *Management*

Healthcare entities nationwide produce more than 9 thousand pounds of waste daily. Healthcare waste poses a threat to the environment and employees if it is not disposed of properly. The EPA, DEQ and MIOSHA are responsible for protecting the environment and any employees who are exposed to waste. Improper waste disposal can cause harm to your coworkers, waste management employees and the environment.

Covenant Healthcare has a waste management plan located in the safety manual (HMW-009 Waste Management Plan Including Batteries and Pharmaceutical).

The purpose of our plan is to:

- Prevent injuries to fellow coworkers
- Obey the law
- Create a safer environment





Medical Waste *Management*

Red Medical Waste Containers

For sponges/dressings that are saturated with blood or body fluid, or containers of blood or body fluids that cannot be opened and rinsed out, i.e., blood transfusion bag

No clean looking bed pans, urinals or pink basins. **No** paper garbage, gloves or urine cups, **No sharps**

Items to do go into red medical waste containers:

- Bone/Tissue
- Grossly contaminated PPE
- Blood Product IV Tubing
- Any tubing that contains body fluids
- Saturated gauze, sponges, bandages, etc.





Medical Waste *Management*

Sharps Containers

For sharp items that can poke.

No medicine vials, urinals, urine cups, urine, sheets or bedding, empty IV bags, Central line kits, paper products or gloves.

Items to do go sharps containers:

- Blades
- Disposable razors
- Wire guides Lancets
- Scalpels
- Syringes and needles
- Teeth
- Surgical needles
- Guide wires
- IV Spikes if removed from IV bag
- Introducers, etc.





Medical Waste *Management*

General Waste

EMPTY medication vials, empty IV bags (with spike still inserted), IVPB (piggyback) once HIPAA is removed or covered.

For all other trash including rinsed out bedpans, empty urinals, empty suction containers, the bottom of the emptied urine cup (no sharp) paper products and gloves

Nothing that could potentially poke or break the skin





Medical Waste *Management*

Pharmaceutical Waste Box

For disposal of medications.

Items that do go pharmaceutical containers:

- Partially empty medicine vials
- Medicine patches and it's wrapper
- Loose non-narcotic pills, ointments, syrups, liquids and suspensions
- All medicated IVs or IVPB with solution remaining. Clamp tubing first and place into a zip lock bag.
- Injectable containers
- Sponges soaked in liquid meds





Medical Waste *Management*

Pharmaceutical Waste Box cont.

Few items cannot go in bins on your unit because of DOT regulations.

These items include but are not limited to:

- Inhalers (send to respiratory therapy)
- Other items with propellant (Hurricane, Dermoplast, Cetacaine) (send back to pharmacy)
- Unused Silver Nitrate sticks (send back to pharmacy)
- Leftover Botox or Collodion (send back to pharmacy)
- Controlled substances

All Incompatible waste must be sent back to the Pharmacy or Respiratory Therapy in a Zip-Lock Baggie!





Medical Waste *Management*

Chemotherapy Waste

Yellow container - Chemo Trace *(>3% remaining)

- Chemo bags
- Completely empty IV's
- Empty Virals
- Trace contaminated PPE
- Tubing
- Wipes

Black container - Chemo "Bulk" (<3% remaining)

- Syringes
- Vials
- Ampoules
- IV bags
- Saturated PPE
- Hazardous Rx waste disposal

***Chemo Trace syringes in chemo sharps container**





Medical Waste *Management*

Covenant HealthCare - Medical Waste Disposal - Quick Tips

Sharps Containers

- Wire Guides
- Needles
- Syringes
- Razors
- Scalpels/Lancets
- Small Glass Vials
- IV Tubing Spikes if tubing is removed from spike

Regular Trash

- Reduce waste as much as possible
- Reuse or recycle (including confidential documents, which should be placed in Shred bins)
- Dispose of food waste, packaging, paper, used supplies, Empty IV bags and tubing (if IV spike is NOT removed) in regular trash (clear plastic bags)
- Empty suction containers
- Empty bed pans

Biohazard Container (Red Bag/Container)

- Organs
- Body Tissues
- OVA & Parasite Transport Vials
- Blood Tubes
- Blood culture vials
- Placentas

Chemotherapy Waste (Yellow or Black Container)

- Items used in the preparation and/or administration of chemotherapy agents IV bags or syringes with more than TRACE chemo in them need to go into the Pharmaceutical Waste (black), including empty syringes and IV bags contain that contained chemotherapy drugs).

Biohazard Container (Red Bag/Container)

- Blood saturated dressings
- Bloody tubing
- Blood Bags with attached tubing
- Pleuravacs
- JP Grenades
- Biohazard bin should not be filled more than 90% to allow for proper seal of the container.

Reusable Items

- Separate instruments and supplies from linens and place linens in linen bags.
- Place instruments in soiled instrument tray. (Mark broken instruments with adhesive tape before placing in soiled instrument tray.)
- Place blood saturated linen in clear plastic bag before placing in linen bag.



Medical Waste *Management*

Covenant HealthCare - Medical Waste Disposal - Quick Tips cont.

Pharmaceutical Waste (Black Container)

- Capsules or tablets
- Unused or partial vials of medication contain greater than 3% of the medication.
- Antibiotic or Medication bags with medication present without the set
- Syringes with medication without the needle
- Topical ointments (capped)
- Topical medication patches (non-controlled) fold in ½ and dispose in black container

Other General Information

- All containers must be appropriately labeled.
- All waste disposal buckets must be properly sealed before being picked up by EVS.
- Pleuravacs must be securely sealed prior to disposal in biohazard bin.
- Sharps container maximum capacity is 75%.
- Suction canisters must be emptied before placing in regular trash.

Other Pharmaceutical Waste

- Silver Nitrate (return to Pharmacy)
- Controlled substances need to be wasted following Covenant HealthCare and FDA guidelines
- Inhalers (return to Respiratory Therapy)
- Botox or Collodion (return to Pharmacy)
- Plain maintenance IV solutions (no meds added) – Drain remaining fluid and dispose of in regular trash with spike attached.

HFAP Quality Measures

- Are sharps properly disposed?
- Is other medical waste properly contained?
- Are biohazard waste bins and sharps containers properly sealed?
- Ensure that all sharp and pharmaceutical containers are dated when placed into service.
- These are being evaluated CHC wide.



Medical Waste *Management*

Waste Disposal Decision Tree





Medical Waste *Management*

Quiz Questions

1. You have an aerosol inhaler you need to dispose of properly.

- a) Send to Pharmacy
- b) Send to Respiratory Therapy
- c) Seal in a Zip-Lock baggie
- d) **B & C**

2. The PPE you were wearing is grossly contaminated with a bloodborne pathogen, you should dispose of the PPE in the:

- a) General Trash
- b) **In a red biohazard bag and place in the red medical waste containers**
- c) Pharmaceutical container
- d) Trace chemotherapy container