



Medical Staff

New Provider Orientation Manual

we believe
in life well-lived.

WELLSTAR.


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Introduction

WellStar Health System includes Cobb, Douglas, Kennestone, Paulding and Windy Hill hospitals; WellStar Physicians Group; Urgent Care Centers; Health Place; Homecare; Hospice; Atherton Place; and WellStar Foundation.

Our Vision

To deliver world-class healthcare.

Our Mission

To create and deliver high quality hospital, physician and other healthcare related services that improve the health and well-being of the individuals and communities we serve.

Our Credo

I believe every person and every job is important and I am accountable for achieving my goals.

I believe in compassion and understanding.

I believe in innovation and creative thinking.

I believe in the WellStar team and we are making a difference in people's lives.

We believe in life well-lived.

Pillars of Excellence

WellStar has adopted the Pillars of Excellence as a way to focus our strategic energies, communicate effectively and stay balanced in our effort to become a world-class health system.



The People Pillar reflects our understanding of the value of our team members, leadership, and all Providers of care. Our people are our single greatest asset; our most valuable resource. One of our key performance metrics is our employee engagement survey. We want to be an Employer of Choice and we are seeking a variety of ways to meet and exceed our team members' expectations.



The Customer Service Pillar speaks to our commitment to service excellence as a key driver and component of WellStar's success. Patients and customers come first. We strive to build trust and loyalty with our customers. We are committed to reducing patient anxiety and creating an environment where every patient and family member feels confident that we are providing exceptional service.



The Safety & Quality Pillar is the center pillar. It defines us as a healthcare organization. Every great organization has the other four pillars, but the center pillar differentiates WellStar in terms of what kind of organization we are and what services we offer in the community.



The Financial Pillar speaks to our commitment to being fiscally responsible. We are aggressive in our efforts to contain costs, utilize our financial resources so that we can turn margins back into the organization and continue to serve our patients and community with world-class healthcare.



The Successful Growth Pillar addresses our dedication to pursuing opportunities to provide new and innovative services, better access and new opportunities for revenue stream that also serve our community. Obtaining cutting-edge technology and remaining mindful of the needs of our community provides direction on the best way to ensure we can offer optimal healthcare to our patients.

To be successful, all pillars must have the same level of priority in order to achieve the results we desire. By setting measurable goals under each of the pillars, monitoring to maintain optimal performance, and developing action plans to keep us on track, we drive results.

WellStar's Intranet - eSource

Throughout this guide you will see references to eSource. eSource is WellStar's intranet. You can find it on any WellStar computer by opening a web browser. You can find it by following the link on the Physicians Portal. Take a look. You'll like what you see.

Our History

Today, WellStar Health System, a not-for-profit health system, includes Cobb, Douglas, Kennestone, Paulding and Windy Hill hospitals; WellStar Physicians Group; Urgent Care Centers; Health Place; Homecare; Hospice; Atherton Place; Paulding Nursing Center; and WellStar Foundation.

- 1906 - 12-bed sanitarium opened in Marietta
- 1915 - 20-bed Marietta Hospital opened on Whitlock Avenue
- 1925 - 54-bed Marietta Hospital opened on Cherokee Street
- 1950 - Kennestone Hospital opened
- 1958 - Paulding Hospital opened
- 1968 - Cobb General Hospital opened
- 1973 - Windy Hill Hospital (formerly Urban Medical Center) opened
- 1974 - Douglas General Hospital opened
- 1993 - Cobb, Douglas, Kennestone and Windy Hill Hospitals merge to create Northwest Georgia Health System, Inc.
- 1994 - Paulding Hospital merged with Northwest Georgia Health System, Inc.
- 1994 - Physicians Group established.
- 1998- WellStar Health System formed as Cobb, Douglas, Kennestone, Paulding and Windy Hill hospitals and the Physicians Group is renamed WellStar Physicians Group.

WellStar Cobb Hospital

On June 3, 1968, Cobb General Hospital opened as a 167-bed, acute care, general hospital with a 58-member medical staff and 150 employees. Over the past 25 years, major structural additions have been made to the WellStar Cobb Hospital facility and campus. In 1975, the six story South Patient Tower was constructed which increased the number of licensed beds to 333. Today, WellStar Cobb is a 382-bed acute care hospital which features The Barrett Center, an outpatient surgery facility, The Family Birthplace at Cobb Hospital and Tranquility, WellStar's inpatient hospice and a service of the WellStar Community Hospice.

WellStar Douglas Hospital

The present WellStar Douglas Hospital was constructed in 1974 on an approximately

50-acre campus in Douglasville. In 2002, both the Emergency Room and Operating Rooms received major renovations. Today, WellStar Douglas is a 98-bed hospital and was the first WellStar site to implement digital mammography,

a diagnostic imaging tool. It was also the first WellStar hospital to introduce bar-coded and electronic medication administration records.

WellStar Kennestone Hospital

On June 11, 1950, Kennestone Hospital opened with a 28-member medical staff and 80 employees. The hospital was named "Kennestone" by combining the names of the two Georgia Mountains, Kennesaw Mountain and Stone Mountain, visible from the property. Over the past 40 years, major structural additions have been made to Kennestone's campus in several construction phases. In 1998, the Jean and Mack Henderson Women's Center opened and provides women of all ages with services and programs to meet their needs. Today, WellStar Kennestone is a 633-bed hospital with growing innovative technologies such as Cyber Knife, an integrated video system which allows teleconferencing of laparoscopic and endoscopic surgery procedures, and the Da Vinci Surgical System. In 2008, WellStar Kennestone opened a new main hospital entrance, the Robert L. Lipson Center.

WellStar Paulding Hospital

WellStar Paulding Hospital opened on August 20, 1958, as a 25-bed acute care, general hospital. Since then, the hospital has undergone four expansion and renovation programs, including the addition of the 136-bed medical nursing unit in 1965. The Specialty Center is also located on the hospital grounds. An outpatient and emergency department addition was recently complete and plans are underway to build a new hospital in Paulding County located in Hiram. The new hospital will be a 100-bed facility focused on safety, the patient/family experience, and innovative in process and facility design.

WellStar Windy Hill Hospital

WellStar Windy Hill Hospital was originally constructed in 1973 as Urban Medical Center. In January 1980, the Cobb County Kennestone Hospital Authority purchased Urban Medical Center and in 1987 the hospital's name was changed to Kennestone Hospital at Windy Hill. In 1987, an 18,900-square-foot Outpatient Surgery and Pharmacy were added. In 1994, Windy Hill Hospital was converted from a general (short term) inpatient hospital to specialize in caring for acutely ill inpatients requiring long hospitalization. This specialty hospital type is known as along-term acute care hospital (LTAC). At the same time, emergency services were discontinued. Windy Hill is now utilized for outpatient services and LTAC services. Today, WellStar Windy Hill is a 115-bed facility and houses the southeast's largest Sleep Disorders Center. The Center for Minimally Invasive Services (interventional radiology) provides a less invasive option for women with uterine fibroids.

WellStar Physicians Group

In 1994, recognizing the ability to ensure primary care access and maintain market share in building a fully integrated, primary care network, Dr. Robert Lipson developed the WellStar Physicians Group. Since 1994, some 190 providers have joined the WellStar Physician Group. Today, the WellStar Physicians Group has nearly 400 providers ranking WellStar as the largest community non-academic multi specialty group in Georgia.

WellStar Enterprise Support

WellStar Enterprise Support is the group that represents all non hospital based WellStar team members (individuals at the WellStar Administration Building, Roselane, Laundry, Distribution Center, WellStar Development Center and other WellStar locations).

Communication Tools

WellStar Health System is a busy, fast-paced and dynamic environment. In order to understand what's happening at WellStar and what it means for you, a variety of communication tools are used. These include the following:

- Communication Boards
- eSource (Intranet)
- Partners (Newsletter)
- WellStar Learning Network Course Catalog
- The Medical Staff Newsletter
- Your Hospital Newsletter
- Reports at your Departmental or other Medical Staff gatherings
- Special Communications to the Medical Staff

Clinical Services

Clinical Services on the campuses of each WellStar facility reflect the community needs as well as the expertise of the physicians who serve on the Medical Staff of each facility. The chart below gives a snapshot of the scope of services provided on the campus of each facility.

Services	Cobb Hospital	Douglas Hospital	Kennestone Hospital	Paulding Hospital	Windy Hill Hospital
Emergency Services	X	X	X	X	
Pediatric Emergency Services	X		X		
Cardiac Surgery			X		
Interventional Cardiology	X	X	X		
Chest Pain Observation Unit			X		
Inpatient Med/Surg	X	X	X	X	
Hospitalist Services	X	X	X	X	
Critical Care	X	X	X		
Palliative Care	X		X		
Inpatient Hospice	X				
Dialysis	X	X	X		X
Lithotripsy		X			X
Interventional Radiology	X	X	X		X
Inpatient Behavioral Health	X				
Outpatient Counseling Services				X	
Inpatient Rehab Unit	X		X		
Labor and Delivery Services	X	X	X		
Neonatal ICU Services	X		X		
Long Term Acute Care					X
Long Term Care				X	
Oncology/Cancer Center	X		X		
Outpatient Infusion Services	X	X	X	X	
Outpatient Indigent Clinic	X		X		
Outpatient Surgery	X	X	X	X	X
Sleep Lab		X			X

People Pillar

The People Pillar reflects our understanding of the value of our team members, leadership, and all Providers of care. Our people are our single greatest asset; our most valuable resource. One of our key performance metrics is our employee engagement survey. We want to be an Employer of Choice and we are seeking a variety of ways to meet and exceed our team members' expectations.

Resolutions of Problems and Concerns

Positive relations and morale can best be achieved and maintained in a working environment where ongoing and open communication exists among supervisors and personnel. This includes candid discussions of problems and concerns. All team members have a responsibility to report any significant actual or perceived communication problem to management, Human Resources or the Compliance Hotline. In addition, all WellStar team members are encouraged and have a responsibility to express concerns and opinions on any issue regarding potential violation of laws, regulations, ethics, policies or procedures, including conduct. Members of the Medical Staff should report any concerns to their key contacts, the VPMA or Medical Director of their facility or to any Administrative officer.

The WellStar Learning Network (WLN)

The WellStar Learning Network assesses the learning needs of the organization and sponsors development opportunities to meet those needs. The WLN Course Catalog contains a comprehensive listing of the learning opportunities offered throughout WellStar. Courses are offered in a variety of methodologies including: Instructor-led, Net Learning (computer based learning), Video On-Demand (library of on demand videos) and On-site Medical Libraries.

Continuing Medical Education

Abundant CME activities are available to all members of the Medical Staff. Programs are held in all facilities. Monthly facility newsletters list the times and places. The Medical Staff office monitors and keeps records of all members WellStar CME activities.

Library Services

Library services provide a wealth of information. Access Library Services on eSource to view an extensive list of journals and texts as well as searchable medical databases. At WellStar Cobb Hospital and WellStar Kennestone Hospital a library is staffed to aid in your library needs.

Safe, Ethical and in Compliance with Legal and Regulatory Requirements

WellStar is committed to providing a safe environment for all team members as well as patients, guests and others. We comply with all work and safety rules, regulations and policies. All reasonable precautions are taken to ensure

overall safety. Programs and services, like those described below, help us create and sustain an environment of care and safety.

Compliance

Doing the right things, for all the right reasons!

WellStar's Corporate Compliance Program is a comprehensive self-governing program designed to proactively minimize the chances that a violation of law or government regulation occurs within WellStar Health System. Medical Staff members who are aware of potential regulatory concerns are encouraged to report those concerns.

Mechanism for Reporting - Compliance Hotline

WellStar operates an external, independent Compliance Hotline at 1-888-800-5094, available 24/7. All hotline calls, including those not related to regulatory issues, are fully investigated and documented with written responses

Research, Investigations and Clinical Trials

WellStar respects the rights of research study participants, their well-being and their privacy. As applicable, WellStar utilizes an Institutional Review Board in research activities. All Clinical Trials activities involving patients who are receiving care at WellStar facilities must be approved by WellStar's Clinical Trials office.

Business Concerns

Conflicts of Interest

WellStar requires its team members to conduct their clinical activities and personal business in such a manner as to avoid potential or actual conflicts of interest. Medical Staff policies and procedures dictate that activities of the Medical Staff are carried out in a way that avoids conflict of interest. Members of the Medical Staff are encouraged and expected to remove themselves from any Medical Staff action, good or bad, that could present an actual or perceived conflict.

Team Member Access to Information Assets

WellStar provides its team members with access to information assets and expects all employees to read, understand and abide by WellStar's policies pertaining to the access and use of WellStar's information assets. Information Assets include all data, software and hardware, whether

internally developed or acquired from outside of WellStar Health System. Such information may be represented in a variety of formats, including hard copy, electronic media, terminal display, or other mode

Environment

WellStar promotes sound environmental and safety practices to ensure proper handling and disposal of medical and hazardous waste. WellStar takes all reasonable precautions to ensure the overall safety of patients, visitors, team members and other personnel and is committed to maintaining a smoke-free and drug-free environment.

Harassment and Discrimination

Harassment of any type, including sexual, is not tolerated and is strictly prohibited. Sexual harassment includes any unwelcome sexual advances or verbal or physical conduct of a sexual nature that is made a condition of continued employment, forms the basis for any employment decision or otherwise interferes with a team member's work performance, or creates an intimidating or offensive work environment. In this regard, all personnel and Medical Staff Members are expected to conform to the standards of their respective professions and exercise reasonable judgment and objectivity in the performance of their duties.

Disruptive and Inappropriate Behavior

WellStar prohibits disruptive and inappropriate behavior. Disruptive and inappropriate behavior is conduct by an individual working in the organization who intimidates others to the extent that quality and safety could be compromised. These behaviors may be verbal or non-verbal, involve the use of rude language, be threatening or may involve physical contact. Examples of inappropriate and disruptive behaviors include but are not limited to: using abusive, profane or obscene language or gestures in the presence of team members, customers or visitors; fighting or inciting others to fight on WellStar premises; acts or behaviors that reflect unfavorably upon the reputation of WellStar. The Medical Staff at all WellStar Hospitals expects that all members who are granted privileges will refrain from disruptive behavior. Disruptive behaviors may lead to restriction of privileges as outlined in Medical Staff policies.

Unlawful Behavior

WellStar Medical Staff members who participate in unlawful behavior are subject to bylaws, rules and regulations adopted by the Medical Staff and as such are subject to disciplinary action depending on the level of effect that the offense has upon WellStar and the Medical Staff.

Confidentiality, Privacy and Security of Health Information

Medical Staff members have a responsibility to protect the privacy, security and confidentiality of patient protected health information at all times. It is also the responsibility of Medical Staff members to read, understand and abide by WellStar Health System's Policies and Procedures pertaining to the privacy, security and confidentiality of System records, information and technology. Unauthorized access, use, release or disclosure of System records and/or information systems is against WellStar policy, as well as Federal Regulations (HIPAA) and State Laws. Such violations will result in disciplinary action up to and including loss of privileges. Criminal and civil penalties may also apply particularly in violations related to a patient's protected health information. All Medical Staff members will attest to their understanding of the confidentiality of patient protected health information when granted privileges. For a review of review of HIPAA, Medical Staff members are encouraged to access the HIPAA training materials available through NetLearning.

Some HIPPA Reminders

1. Close charts and minimize computer screens when you walk away. Information that is visible to others who walk by is a violation of your patient's confidentiality.
2. Each patient indicates when they enter the hospital or office who can receive their protected information. Never assume that the visitors in the room or the family member who approaches you has a right to protected information
3. Keep conversations about confidential information as quiet and private as possible.
4. Always verify that the person on the phone who is requesting information has a right to that information.

Suspected Violations/Incident Reporting

All suspected violations or complaints pertaining to information privacy, confidentiality and security should immediately be reported to the WellStar Privacy Department at 678-331-6880. If you wish to remain anonymous, please contact the Compliance Hotline at 1-888-800-5094

Standard Policy and Procedure – SPP

Throughout this guide you will see references to "SPP." These Standard Policies and Procedures can be found on eSource.

The Organized Medical Staff

The Organized Medical Staff is a separate and distinct governance structure that sets guidelines for the actions of the physicians, advanced practitioners, and allied health professionals who work in the hospitals. Its bylaws are approved by the Medical Staff. Bylaws set the framework for the rules, regulations, and policies that guide your actions as a Medical Staff member. The bylaws are consistent across all of the WellStar Health System hospitals. Divisions of the Medical Staff vary somewhat from hospital to hospital. The rules, regulations, and policies that directly affect your work at the hospitals are developed and approved at the local hospital level by the many different committees of the Medical Staff. At each hospital, a Medical Executive Committee is charged with reviewing and approving all rules, regulations, and policies that affect Medical Staff members. The Medical Executive Committee is composed of physicians and allied health professionals who are elected to their positions by their fellow Medical Staff members. All physicians and allied health professionals are required to become members of the Medical Staff. You will receive, at your facility orientation, a listing of your Medical Staff officers and their contact information.

Peer Review

The Medical Staff is obligated to review and attest to the competence of all of the physicians and allied health professionals who work at WellStar. That process starts with a careful review of your training and experience before you were granted privileges. A review of your ongoing performance is carried out by peers in your Department. That review follows the Peer Review Policy that is approved by the Medical Staff. All peer review matters are protected under Georgia statute from public disclosure or subpoena. You are obligated to respect the confidentiality of information you hold about the competence of your peers. Any concerns you may have should be expressed to your Department Chairman or to the VPMA of your hospital.

Required Learning and Competence for Medical Staff

Initial Orientation: All new physicians, advanced practitioners and allied health professionals are oriented to the WellStar Health System and to the facility or facilities where they have active clinical privileges. This orientation includes a mandatory Safety Training for all Medical Staff members. Medical Staff members receive a copy of the System Orientation manual and attest to the receipt of that information.

Ongoing Competence: All physicians, advanced practitioners, and allied health professionals activities at WellStar are monitored to assure a high level of performance as judged by their peers. This Ongoing Professional Performance Evaluation (OPPE) is a part of the Medical Staff peer review process. Additionally, information about new

organizational policies and procedures must be reviewed by members of the Medical Staff every year.

The Medical Staff Code of Conduct

The Medical Staff adheres to a Code of Conduct that defines the behaviors that are expected of all physicians and allied health professionals. This Code of Conduct is shared with all new members of the Medical Staff. Acknowledgement of the Medical Staff Code of Conduct is a condition of participation as a member of the Medical Staff. This acknowledgement is maintained in a Medical Staff Member's credentials file and renewed during each re-credentialing cycle.

Corrective Action

WellStar initiates corrective action and appropriate discipline when internal investigations reveal violations of the Code of Conduct, Medical Staff corrective actions follow the policies approved by the Medical Staff through its bylaws, rules and regulations.

Patient Care

WellStar understands that patients have a right to know the identity and qualifications of WellStar team members, medical staff members and allied health professionals who provide services and to receive information regarding policies, procedures and charges. All personnel and Medical Staff Members are required to wear identification badges which identify their name, title, affiliation with WellStar and a photograph. WellStar instructs its team members to answer all questions from patients promptly and courteously or to refer the patient to an appropriate source. Patients have the right to information that is presented in a manner they can understand.

Emergency Treatment

Physicians are obligated to provide treatment to patients who present for emergency treatment. Those obligations are described in the rules and regulations for the Departments of the Medical Staff.

Freedom of Choice

When referring patients to providers of designated health services, such as home health agencies, medical equipment suppliers, or long-term care and rehabilitation providers, WellStar respects and honors a patient's right to choose his/her own providers. WellStar also respects and honors, to the extent legally permitted, a patient's right to refuse treatment.

Recredentialing: Most Medical Staff members will be re-credentialed every two years. Information about the activities of the Medical Staff member will be reviewed by peers who make a recommendation that clinical privileges be renewed or changed.

WellStar Medical Staff Code of Conduct

WellStar Health System Medical Staffs are committed to the delivery of the highest quality medical care. That care is provided to all patients regardless of their race, religion, national origin, or ability to pay and respects the cultural diversity of patients and their families. That care is provided with compassion and respect for patients and their families.

The privacy of information about patients is considered a sacred trust and is shared only among those other professionals whose need to know will further advance patient care objectives.

Providing quality care for patients is a collaborative venture that requires the best work from many different professionals. The relationship between Medical Staff Members, Allied Health Professionals, Residents, Fellows, nurses and other professionals is at a level that respects the training and experience of all professionals. Medical Staff Members, Allied Health Professionals, Residents and Fellows speak and act in a professional manner that avoids derision. When it is necessary to confront other professionals, that communication is private, among only those people whose supervisory role warrants that information and away from direct patient care areas. Concerns related to patient care by other Medical Staff Members will be directed to the applicable Peer Review venue, Medical Director, Department Chair, or Medical Staff President.

Medical Staff Members, Allied Health Professional, Residents and Fellows should not use vulgar or profane language in patient care areas. Abusive language directed at nurses or other professional is not tolerated. Nurse and other professionals must be allowed to work in a non-threatening environment.

Medical Staff members, Allied Health Professional, Residents and Fellows will not intentionally or through lack of care or training damage or destroy WellStar Health System property or equipment.

The Medical Record

You have a responsibility to record daily progress and to submit orders in formats that are safe and convey appropriate information to the many professionals who look to that medical record as a guide to care for your patients. The Medical Staff has approved Medical Record policies that guide your documentation. This policy is available for your review on eSource.

All entries into the Medical Record must be dated, timed, and signed. They must be legible. Abbreviations and acronyms must be approved. Some abbreviations are known to be confusing and set the stage for errors. These "Do Not Use" abbreviations will prompt a review of your communication and may result in delay in activation of your orders.

Your notes must convey enough information that your peers and other reviewers can justify the treatments that you have ordered. Clinical Documentation Specialists are available at Kennestone Hospital and Cobb Hospital to assist you in clearly and appropriately assigning diagnoses in the Medical Record that are validated by the facts in the Record. Accuracy of documentation helps WellStar to provide the appropriate level of staffing and resources to care for your patients. Accurate documentation also allows for valid comparisons when the results of our efforts are publicly reported and compared to other hospitals. You may receive a call from a utilization specialist regarding the level of care or admission status that you have chosen when you admit a patient. These specialists help to guarantee that the appropriate diagnosis is assigned and appropriate resources are available.

The Post-Procedure Note

Immediately, on completion of an invasive procedure, a written note in the chart must detail:

1. The pre-procedure and post-procedure diagnoses
2. The name of the procedure performed
3. The name of the physician or advanced practitioner who did the procedure
4. The type of anesthetic used
5. The estimated blood loss
6. The findings of the procedure
7. The condition of the patient

Dictation

Many reports may be dictated. You will find a laminated card in your orientation materials that provides instruction for the dictation system. You will also find this information posted at dictation stations. Routine progress notes cannot be dictated.

Common "Do Not Use" Abbreviations

Do Not Use	Use	Why?
U	unit	Misread as 0,4.6.cc
IU	units	Misread as IV
µg	mcg	Misread as mg
The Improper use of 0		
2.0	2	Misread as 20
.2	0.2	Misread as 2
MS, MSO4	Morphine Sulfate	Misread as Mag Sulfate
MGSO4	Magnesium Sulfate	Misread as Morphine Sulfate
PIT	Pitocin or Pitressin	Misread as unintended Med
HCTZ	Hydrochlorothiazide	Misread as Hydrocortisone
HCl	Hydrochloric Acid	Misread as Hydrocortisone
MTX	Methotrexate	Misread as Mitroxantrone
AZT	Zidovudine (Retrovir)	Misread as Azothioprine
ARA-A	Vidarabine	Misread as unintended Med
ARA-C	Citarabine	Misread as unintended Med

Customer Service Pillar

The Customer Service Pillar speaks to our commitment to service excellence as a key driver and component of WellStar's success. Patients and customers come first. We strive to build trust and loyalty with our customers. We are committed to reducing patient anxiety and creating an environment where every patient and family member feels confident that we are providing exceptional service.

Patient Satisfaction

AIDET

AIDET is a simple abbreviation that will help all team members interact with people and patients who are nervous, anxious or are feeling vulnerable. The skills will enable team members to share their experiences, knowledge and training which will 1) reduce patient anxiety 2) increase patient compliance 3) improve clinical outcomes and 4) increase patient satisfaction.

A - Acknowledge: Providers should be aware of pertinent clinical data prior to entering the room. Knock on the door prior to entry and give the patient time to respond. Look at the patient and make eye contact. Acknowledge others and ask the patient whether or not it is OK for these other people to be in the room while you talk. Use the patient's name. Smile, shake hands or touch the patient in some other appropriate way to connect with them. Sit at the patient's level during the interview.

I-Introduce: Introduce yourself using your name. Describe your role in the patient's care. Communicate your experience and expertise. Take a moment to compliment and recommend the great work that other individual team members are doing. This act, called managing up, helps to relieve patient anxiety.

D-Duration: Providers should tell patients, whenever possible, the expected time they will wait for procedures and test results. They should tell patients how long they expect that they will stay in the hospital or what milestones will help to predict the length of the hospital stay. Providers should tell patients when they will receive the results of major diagnostic procedures or biopsies. Providers should tell patients how to expect to receive the results of routine tests.

E-Explanation: Studies continue to prove that patients with greater understanding of their disease processes will more likely comply with treatment plans. Although we know the challenges of medical literacy, a systematic approach to explanation can help. It is best to divide Explanation into four specific areas: diagnosis, medications, treatment options, and follow-up care.

- **Diagnosis:** Patients need to know the name of their diagnosis. Use language that they can understand but give them a diagnosis they can remember. It is equally important to tell them what they don't have. Give them a natural history of the diagnosis. Tell them what to expect. Tell them what tests will be used to follow their course. Ask them what other information they may

need. When possible, write down information or give them pre-printed materials that help them understand their diagnosis.

- **Medications:** Patients should be told the name or names of the medication, its purpose, and any side effects. They should be told the expected duration of treatment. Providers should tell patients why they have chosen a specific medication particularly when that medication is being used to treat conditions that are not symptomatic. Patients should be asked if they have any questions about the medications and whether they are comfortable with the medication treatment plan. Printed information is available for patients from the patient care databases available on nursing units. Providers should be familiar with this information before giving it to patients.
- **Treatment Options:** Patients want to know why a particular treatment plan has been chosen and what options exist. Treatment plans generally are based on patient preference and provider recommendation. Patient preferences in terms of costs of treatment or other logistic issues such as transportation may be very important. Provider recommendations are based on evidence and will be followed if patients have learned to trust their providers. Patient-centered care is not patient directed care. Patients want providers to offer clear and confident recommendations.
- **Follow-up Care:** Tell patients about your follow-up plans while in the hospital and after discharge. If an appointment is necessary after discharge, tell the patient why that appointment is necessary. If you will not be following the patient after discharge, tell the patient who you will be communicating with to provide that follow-up care. Discharge instructions should be written and clear. If there are limits on the patient's activities after discharge from the hospital, these instructions should be clearly communicated both verbally and written.

T-Thank You: Providers should, when the clinical encounter is ending, ask the patient if there are any other issues they wish to discuss. When the encounter is ended, the provider should stop, establish eye contact, and genuinely express their gratitude for being allowed to assist in the patient's care. The provider's last words are those that will leave the greatest impression on the patient. Take a moment to recognize the patient for the work that they have done and accomplishments they have achieved. Ending on a positive

note will greatly increase the likelihood of compliance with treatment plans and overall patient satisfaction.

Patient Satisfaction Survey

To ensure we are providing the best service possible to our patients, we survey them on their perception of how we met their expectations. We use Press Ganey Associates, Inc., to administer our patient satisfaction surveys. We are able to compare ourselves to other hospitals who participate in the Press Ganey surveys with their database of more than 2,000 hospitals. We try to measure patient satisfaction for every access point into WellStar. Six different patient groups receive Press Ganey surveys, ranging from inpatient to homecare. A copy of the survey is attached to this manual. Patients complete the survey based on a scale of 1 to 5, where 5 is the highest score.

Our goal is to achieve a score that will help us to achieve the top quartile in patient satisfaction.

The Center for Medicare and Medicaid Services (CMS) surveys Medicare and Medicaid patients independently to determine their level of satisfaction with the care that they received in the hospital. Specific questions on this survey relate to the care provided by providers, the effectiveness of pain control during the hospitalization, and the understanding of medication treatments both during the hospitalization and on discharge. The results of those surveys are published on CMS's HospitalCompare web site.

Customer Concern Process

Getting feedback and comments from our customers provides us with opportunities to improve our care and services.

When customer concerns specifically mention the actions of a member of the Medical Staff, those concerns are reviewed by the Medical Director or VPMA of the facility. Concerns are investigated. The nature of the concern is communicated to the Medical Staff member. These concerns are logged into a Medical Staff database to identify trends and areas for improvement. Individual Medical Staff member trends are reviewed during the re-credentialing process.

WellStar Customer Concern Process

Below are the key steps to the WellStar Customer Concern Process

1. Any team member who receives a customer concern must immediately try, within their authority, to resolve the customer's concerns using the H.E.A.R.T. Method:
 - H: Hear the patient
 - E: Empathize with the patient
 - A: Apologize to the patient
 - R: Respond to the patient
 - T: Thank the patient

Provider Engagement

When provider goals are aligned with WellStar's goals we create a win-win scenario where patients become the beneficiaries of world-class care. Provider engagement at WellStar begins by making providers aware. Communication of WellStar's goals in a clear and pervasive format helps to create awareness. Communication occurs in-person in Departmental meetings, provider town halls, and thru key contacts, is posted on provider bulletin boards, is posted in patient care areas, is delivered by email to provider offices, and by letter. Organizational information is posted on eSource and on the WellStar.org web site. Nurses and administrative leaders round on providers to learn their preferences and further communicate WellStar's goals.

Providers want to know that their patients will be secure in the hospital environment, will have their privacy maintained and will be treated safely. Nurses and other professionals who treat patients are expected to provide care that is high quality and efficient. Nurses communicate to providers in a standard format to improve the clarity and efficiency of the interaction. WellStar provides continuous training to nurses and other professionals to assure a high level of performance. Providers want to know that their time in the Hospital will be spent efficiently. WellStar seeks to delivery information to providers in a timely manner to allow efficient care. The Providers Portal is a valuable source of results information. The portal view can be formatted to give customized views for providers.

Provider Engagement Survey

Provider satisfaction is surveyed by the Press Ganey company. Your participation in that survey with honest feedback gives WellStar leadership important information that guides future programs.

Safety & Quality Pillar

The Safety & Quality Pillar is the center pillar. It defines us as a healthcare organization. Every great organization has the other four pillars, but the center pillar differentiates WellStar in terms of what kind of organization we are and what services we offer in the community.

Patient Safety

Our highest priority is to provide safe care to our patients. All members of the Active Medical Staff are required to attend a Safety Training as part of their initial orientation. Safety at WellStar is not an option. Safety is a mandate from your Medical Staff colleagues. Our vigilance for improving the safe delivery of care often uncovers ways to better protect your patients. Be on the alert for "Safety WINKS". These communications of "What I Need to Know" provide valuable information about safe practices and error prevention.

Reporting of Environmental, Quality, and Safety Concerns

Medical Staff members may identify equipment or other environmental concerns while in a WellStar facility. You are encouraged to report any concern to the nearest unit manager, the VPMA or Medical Director of the facility. Concerns about quality and safety can also be reported to Georgia Department of Community Health or directly to the Joint Commission on the Accreditation of Healthcare Organizations at JCAHO.org

Emergency Codes and Responses

In the event that a natural or other condition exists in a facility that poses a threat to patients, visitors, or staff, a "code" will be announced overhead. Your actions, as a Medical Staff member, are outlined in the Safety Manual that can be found on every nursing unit.

Fire Safety and Prevention

If you identify a fire in the building, the RACE acronym will help you to remember your expected role.

- R** Remove patients from danger
- A** Sound an alarm either by pulling a local alarm or calling the operator
- C** Contain the fire by closing doors
- E** Use proper method to extinguish the fire or evacuate the area

Smoking

The cessation of smoking and the use of tobacco products on WellStar properties is an ongoing effort. By January 2100 WellStar will be a smoke-free organization.

Emergency Codes and Responses

Overhead Announcement	Condition	Initiated By	Procedures Found
Plan F	Fire	Pull Alarm and dial appropriate number for facility to report location	Safety/Emergency Preparedness Manual Fire Plan Tab
Plan Delta	Disaster	Initiated by Administration or House Supervisor	Safety/Emergency Preparedness Manual Disaster Plan Tab
Plan Green	Bomb Threat	Remain on phone line and get as much information as possible.	Safety/Emergency Preparedness Manual Bomb Plan Tab
CODE (location)	Cardiac/Pulmonary	Dial appropriate number for facility and report location	CODE Team responds
Plan Weather Alert	Tornado Warning	Initiated by Administration or House Supervisor	Safety/Emergency Preparedness Manual Tornado Tab
Plan Stork	Infant Abduction	Notify Nurse Manager or House Coordinator	SPP#-ED 75
Plan Orange	Hazardous Materials Decontamination	Notify Operator and Follow Protocol Steps	Safety/Emergency Preparedness Manual RIN Tab

Infection Prevention

The OSHA Bloodborne Pathogens Standard

The Occupational Safety and Health Administration (OSHA), requires all healthcare institutions to have an “Exposure Control Plan” to prevent transmission of bloodborne pathogens such as HIV, HBV and HCV. It describes job-specific procedures and policies to prevent exposure to these illnesses.

The Exposure Control Plan can be found in the Infection Prevention Manual or SPP Manual on eSource.

Purpose and Intent

As with all OSHA regulations, the Bloodborne Pathogens Standard is intended to protect employees and all Medical Staff members from potential workplace hazards. In this case, the intent is to: “Reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), Hepatitis (HCV) and other bloodborne pathogens.”

Bloodborne Pathogens

1. Viruses, bacteria and other microorganisms can be bloodborne pathogens carried in a person’s bloodstream and can cause disease. If a person comes in contact with infected blood, he or she may become infected as well.
2. Other body fluids may also spread bloodborne pathogens. These include: semen, vaginal secretions, fluid in the uterus of a pregnant woman, fluids surrounding the brain, spine, heart and joints, fluids in chest and abdomen, other fluids containing visible blood.
3. The three bloodborne pathogens of most concern to healthcare workers are:
 - Hepatitis B Virus (HBV)
 - Hepatitis C Virus (HCV).
 - Human Immunodeficiency Virus (HIV) which causes AIDS

HBV, HCV and HIV can be spread when infected fluids enter the body through:

- Needle-stick injuries.
 - Cuts, scrapes and other breaks in the skin.
 - Splashes into the mouth, nose or eyes.
 - Oral, vaginal or anal sex.
 - Sharing infected drug needles.
 - Infected pregnant women can pass the infection to their babies.
4. There are other diseases such as syphilis, malaria, arboviral infections, etc. that can be transmitted through blood and body fluids; however, your greatest risks are HBV, HCV and HIV.

When you have questions about a patient’s infection or how to protect yourself from infection...contact Infection Prevention!

How to Prevent the Spread of Infection

Practice Standard Precautions Along with hand hygiene, standard precautions are used to reduce risk of spreading microorganisms (germs) from both known and unknown sources. These precautions are used for care of all patients regardless of status, diagnosis or disease. They apply to blood, all body fluids, secretions, excretions (regardless of whether blood is present or not), non-intact skin and mucous membranes (as in mouth, nose, eyes).

Practice Standard Precautions

- Practice Hand Hygiene before and after care. You may use the alcohol hand sanitizer or perform hand washing. Hand washing is necessary following care of patients with *C. difficile* and when hands are visibly soiled.
- When you anticipate contact with blood and/or body fluids, you should wear a gown, gloves, mask and/or eye protection. If there is a chance that body fluids could splash into your face, then you should wear a mask and eye protection.
- Do not recap, bend, break, or hand-manipulate used needles.
- Use a mouthpiece or resuscitation bag for patient resuscitation.
- Practice Respiratory Hygiene
 - Cover your mouth/nose when sneezing/coughing
 - Use tissues and dispose in no-touch receptacles
 - Perform Hand Hygiene
 - Wear a Surgical Mask if appropriate

Personal Protective Equipment

- Use Appropriate Personal Protective Equipment to Stay SAFE! This includes gloves, gowns, masks and eye protection.
- Gloves are worn when touching blood, body fluids, secretions, excretions, non-intact skin and mucous membranes. Remove gloves and wash hands promptly after use. Put on clean gloves when touching mucous membranes or non-intact skin. Gloves are changed and hands washed between patients and before touching clean items or the environment. If a team member is allergic to latex gloves, the employee will be provided appropriate alternate gloves.
- Gowns are worn when you think your clothing could become soiled with blood, body fluids, secretions, or excretions. Remember to wash hands after removing gown.
- Masks and protective eyewear (goggles/face shields) are worn to protect eyes, nose and/or mouth from splashes

Hand Hygiene

The Best Way to Prevent the Spread of Infections!

Decontaminate Your Hands!

- Before and after your work shift.
- Before and after patient care.
- Before and after personal hygiene.
- Before touching something clean.
- After touching something contaminated or dirty.
- After removing gloves.

How to Wash Your Hands

1. Wet hands with running warm (not hot) water.
2. Apply soap or hand washing agent.
3. Vigorously rub hands together for 15-20 seconds, washing all surfaces of hands, fingers and wrists.
4. Rinse thoroughly with fingers pointing down.
5. Blot hands dry with paper towel.
6. Before discarding paper towel, use paper towel to turn off faucet.
7. Dispose of towel in proper waste receptacle.

How to Use Alcohol-Based Hand Sanitizers

1. Apply small amount into palm of hand (thumbnail size).
2. Rub into all surfaces of hands until solution has evaporated or hands are dry.
3. DO NOT USE if hands are visibly soiled.

Multi-Drug Resistant Organism (MDROs)

Multi-Drug Resistant Organism (MDROs) are defined as microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents. Although the names of certain MDROs describe resistance to only one agent (e.g., MRSA, VRE), these pathogens are frequently resistant to most available antimicrobial agents. Some simple steps can help prevent and reduce the risk of spread of MDROs. Diagnose and treat infections effectively. Use Antibiotics wisely. Don't use a broad spectrum antibiotic when a narrow spectrum is appropriate.

Follow Contact Precautions for patients with a history of, colonization and/or infection with an MDRO.

Follow Contact Precautions

- Patients must be in a private room or share a room with a patient with a similar MDRO.
- Wear gloves and gown when entering the room.
- Remove gloves and gown before leaving the room.
- Perform Hand Hygiene before leaving the room.
- Do not use your equipment. Use the dedicated stethoscope in the room. If you must use your stethoscope, clean it with a disinfecting cloth before use on another patient.

TB

Patients with known or suspected TB infection must be placed on Airborne Isolation Precautions.

Isolation of Hospitalized Patients Using Airborne Precautions

- Patients are placed in negative pressure rooms.
- Doors should remain closed.
- Patients should be instructed to cover nose and mouth when coughing and sneezing.
- Employees and Medical Staff Members entering these rooms must wear the N-95 respirator for which the employee has been fit tested.

Remember - If you have not been N-95 mask fit tested, you cannot enter the room of a patient with TB. Fit testing is an annual requirement for all healthcare workers who wear the N-95 mask.

Screening of Healthcare Workers

- TST (tuberculin skin testing) of new Medical Staff members using the two step method.
- TST of Medical Staff members during the re-credentialing process
- Follow up of Medical Staff Members potentially exposed to person with TB.
- Medical management of Medical Staff Members with active TB.

If you are exposed to TB:

As a healthcare worker you may be exposed to a patient or person with TB. In the event an exposure occurs, the following process will be implemented:

- Infection Prevention receives verification that a patient has TB and determines if isolation was instituted and maintained.
- Infection Prevention sends a memo to managers of the departments/areas involved in the patient care and, when appropriate, to Employee Health.
- POST-EXPOSURE TB TESTING IS MANDATORY.
- Medical Staff Members can be kept from working for failure to complete TB exposure follow-up

What Should Be Reported to Infection Prevention and/or Employee Health?

- Any exposure to communicable disease.
- Any healthcare worker who has fever, diarrhea, draining wound, any sign or symptoms of possible infectious disease.
- Any needle/sharp injury or splash of blood/body fluid to eyes, nose or mouth.

Influenza

Unvaccinated healthcare workers can be infected with the flu without having any symptoms and can spread the flu to others!

- The single best way to protect against the flu is to get vaccinated each fall!
- Healthy adults can infect others with the flu up to one day before they start having symptoms.
- Once sick, they can infect others for up to five days.

Non-vaccine Control and Prevention Measures

1. Cough Etiquette:
 - Cover your mouth and nose with a tissue when you cough or sneeze.
 - If you do not have a tissue, then cough or sneeze into your upper sleeve, not your hands.
 - Put your used tissue in the waste basket, not uniform pocket or desk top.
2. Clean hands after coughing or sneezing:
 - Wash with soap and water for 15-20 seconds or
 - Clean with an alcohol-based hand cleaner.

3. Avoid close contact with people who are sick. If you are sick, also keep your distance from others to protect them from getting sick.
4. Do not come to work if you have the flu.
5. Try not to touch your eyes, nose, or mouth. Germs are often spread this way.
6. Clean and disinfect surfaces handled often by hands. Examples include: phones, door handles, and keyboards.

Prevention of Central Line Infections

Central lines increase the risk of serious blood-borne infection. Always verify that a central line is necessary. If a central line is necessary, try to place the line in a subclavian location or use a PICC line which has a lower rate of infection. Use ultrasound to assist with line insertion. Select a catheter with the minimal number of ports needed.

Perform Hand Hygiene with an antiseptic agent prior to insertion. Prep the insertion site with Chlorhexidine gluconate) before insertion. Wear hair cover, surgical mask, sterile gown and gloves to protect the insertion field. Drape the patient with a sterile full body drape. Scrub the hub for 20 seconds with alcohol or Chlorhexidine Gluconate before accessing a line. Remove or replace central lines that have been placed in emergency situations within 24 hours. Assess the need for a central line every day.

Prevention of Surgical Site Infections

Surgical site infections are a source of patient harm that is often avoidable. Avoidance of infection begins pre-operatively and extends through and after the operative period. The number of surgical site infections can be reduced by:

Pre-operatively: Ask patients to refrain from smoking for 30 days prior to surgery. Identify and treat remote infections prior to surgery. Postpone the surgical procedure until the patient is free of remote infection. If the patient is hospitalized prior to surgery, limit the hospitalized time as much as possible. Keep serum glucose levels in control and under 200. Have patients bathe or shower with Chlorhexidine Gluconate before surgery. Remove hair around the surgical site only when necessary and use a clipper, never a razor, to remove hair. If prophylactic antibiotics are used, assure that antibiotic prophylaxis is given within 1 hour of incision time and that the recommended antibiotic is ordered. Use an appropriate surgical prep. Scrub with CHG and alcohol. Help keep patients' temperature normal through the operative period.

Intra-operatively: Keep operative times as short as possible. Handle tissues gently. Assure effective hemostasis. Remove devitalized tissue and foreign bodies. If drains are necessary, use closed suction drains and exit them through a site remote from the surgical incision.

Post-operatively: Maintain normothermia. Protect primarily closed surgical incisions with a sterile dressing for 24 -48 hours post-operatively. Keep blood glucose levels in control and under 140. Order supplemental oxygen for patients who will stay in the hospital.

Use Hand Hygiene before and after dressing changes or contact with the surgical site. Stop prophylactic antibiotics within 24 hours of the close of the surgical incision. For Cardiac surgery, prophylactic antibiotics must be stopped within 48 hours. Instruct the patient and family about appropriate wound precautions. Ask them to report any sign of infection.

Patient Needs

Patient Rights and Organizational Ethics

The daily mission of WellStar, its medical staff, employees and volunteers is to assure that patient rights are preserved for each of our patients. Information regarding patient rights and responsibilities can be found posted throughout all WellStar facilities. In addition, a list of patient rights and responsibilities can be found in the information booklet in every inpatient room.

Staff Rights

WellStar has a policy that addresses a staff member's request not to participate in aspects of patient care. The policy addresses:

- How the organization ensures that patient care or treatment is not affected negatively if the request not to participate in aspects of care or treatment is granted.
- The process for staff to request to be excused from participating in aspects of patient care due to conflicts with cultural values, ethics or religious beliefs.
- For more information, see Personnel Policy #34.

Ethics Committee

For more information about ethics at WellStar, see SPP# RI-25 Committee. Each Hospital has an Ethics Committee that offers support and consultation to patients, families and staff in dealing with issues related to end-of life decisions and/or ethical issues. While the committee does not act in a decision-making role, the committee does offer options for dealing with difficult decisions; and will make advisory recommendations based on ethical principles. A request for consultation may be brought to the Ethics Committee by a physician, nursing or healthcare staff, and/or a patient/family member; and does not require an order from the physician. To initiate an Ethics Committee Consult, contact Administration, Nursing Supervisor, Patient Services or the facility Medical Staff/Medical Affairs office.

A WellStar System Ethics Steering Committee is made up of representatives of Hospital Ethics Committees and advisors and plays an active role in establishing System policy concerning patient rights and organizational ethics and in improving organizational performance in these areas.

Care at the End of Life

For more information, read SPP# RI-15.

Anyone approaching the end of life should be comfortable and have the option to be surrounded by his or her family/loved ones, and supported by the staff in meeting their special needs.

Emphasis is placed on ensuring the patient's comfort and dignity by:

- Managing pain effectively.
- Involving the patient/family in decision-making.
- Respecting the patient's/family's values, i.e., social, emotional, psychological, spiritual, cultural, religious and personal wishes, i.e., advance directives, DNR, etc

Palliative Care

Palliative Care consultations are available at Kennestone Hospital and Cobb Hospital to assist physicians in caring for patients. To consult Palliative Care, call 770-426-3828

Advance Directive

All competent adults over the age of 18 have the right to accept or refuse medical treatment. An Advance Directive is a legal document that allows one to indicate, in writing, their wishes regarding care at the end of life should they become unable to express those wishes. An Advance Directive identifies a Health Care Agent, outlines medical treatments, and allows for the nomination of a legal guardian. Under the medical treatments section one can state preferences regarding Cardiopulmonary Resuscitation, antibiotics, artificial nutrition, and other treatments.

When patients are admitted to the Hospital they are asked about the existence of an Advance Directive. If one exists, a copy is placed in the Medical Record. If one does not exist, information is available for patients and families to consider creating an Advance Directive. WellStar is a member of Georgia Health Decisions, a group whose Critical Conditions guide helps patients and families with Advance Directives. Should patients want more information about Advance Directives while in the hospital, the Care Coordination staff can assist them.

WellStar honors Advance Directives, when applicable, for inpatients as well as Living Wills and Durable Power of Attorney for Healthcare. Information about these documents, if they exist, can be found in the Medical Record behind the AD/POLST tab or in the Portal under the Patient Information tab. Advance Directives are stored in HPF under the unique documents section.

Summary of Patient Rights and Responsibilities at WellStar Health System

For more information, read SPP #RI-02

Patient Rights

Quality Clinical Care

- Treatment decisions are made based on healthcare needs.
- Clinical decisions are made independently of how the staff is compensated for their services.

Access to Care

- Impartial access to treatment or accommodations that are available or medically indicated regardless of color, age, disability, race, creed, gender, religion, ability to pay, and national origin.

Respect and Dignity

- Considerate, respectful care at all times and under all circumstances, including reasonable attempts to respect spiritual, religious or cultural beliefs and practices and to make efforts to accommodate whenever possible.

Privacy and Confidentiality

- Be interviewed, examined and treated in surroundings designed to provide reasonable privacy.
- Have your medical record read only by those directly involved in your treatment, payment or healthcare operations.
- Review your medical record and to have information explained, except when restricted by law.
- Request a transfer to another room if you feel a patient or visitor is compromising your right to privacy and/or confidentiality.

Participate in Treatment Decisions

- Be informed and participate in decisions concerning your care.
- Be given a clear and understandable explanation of procedures including the reason why a procedure is needed, the risks and benefits, probability of success, and possible alternatives.
- Complete an advance directive to indicate your treatment preferences should you become unable to make your own decisions in the future.
- Refuse treatment to the extent permitted by law.
- Be informed of any research activities that affect your care and to choose voluntarily to participate. Refusal to participate will not compromise care.

Personal Safety

- Expect reasonable safety related to treatment and environment.

Access to Community Protective Services

- Request and be assisted in the contact of advocacy or protective service agencies if you are being neglected or abused in your home and/or need outside support.

Information

- Be informed about your illness, possible treatments and likely outcome.
- Know the names and roles of caregivers.
- Know the relationships the hospital and/or physicians have with outside parties (such as healthcare providers or insurers) that may influence your treatment and care.
- Be informed of actual outcomes, including unanticipated outcomes.

Pain Management

- Appropriate assessment and management of pain.
- Ethical Standards
- Expect that high ethical standards be followed in providing your care.
- Whenever conflicts in care arise, a mechanism has been established to assist you, your family and caregivers to help resolve any ethical issues surrounding care.

Transfer and Continuity of Care

Expect that the physician and/or the hospital will provide necessary health services to the best of their ability. If a transfer is recommended, you will be informed of the benefits and alternatives. You will not be transferred until the other institution and/or physician agrees to accept you.

Understand Charges

- Be billed fairly for those services provided.
- Request an itemized bill for services rendered.
- Ask questions and receive assistance in understanding charges and payment methods.
- Receive timely notice prior to termination of your eligibility for reimbursement by any third party payer for the cost of care.

Understand Rules and Regulations

- Know about system rules that affect your treatment.

Patient Responsibilities

- Provide caregivers with accurate and complete information about your health and convey understanding of what is expected of you in regard to your treatment.
- Inform care providers of any safety issues that need attention.
- Participate in planning your care (if able to do so).
- Comply with instructions for your treatment plan. If you believe that you cannot follow through with treatment, you are responsible for telling your physician.
- Comply with hospital or office rules and regulations.
- Meet your financial obligations as promptly as possible
- Be considerate of the rights of other patients and personnel in the control of noise, number of visitors and the respect of property.

Although patients who come for outpatient surgery or other invasive procedures are asked about an Advance Directive, such a document would not be applicable in those areas because patients can usually communicate their wishes and are not in the clinical conditions where an Advance Directive are applicable.

Do Not Resuscitate (DNR) and Allow Natural Death (AND)

A Do Not Resuscitate/Allow Natural Death (DNR/AND) order may be written using a POLST or a regular physician order form. It is important that the Medical Record indicate that the patient or their Health Care Advocate or their Next of Kin has consented to the DNR/AND order. When a DNR/AND order is written based on an Advanced Directive, Georgia law requires that a second physician examine the patient and concur in writing that such a DNR/AND order is appropriate.

Physician Order for Life Sustaining Treatment (POLST)

A POLST is a standard order form that gives direction for cardio-pulmonary resuscitation options in the event of respiratory or cardiac arrest. The POLST has sections that give instruction on medical interventions, antibiotics, and artificially administered nutrition along with CPR guidance. A POLST is completed from information communicated by the patient, from information contained in an advanced directive if the patient cannot communicate their wishes, or from instructions given by the next of kin if the patient cannot communicate their wishes and an advanced directive does not exist.

The POLST is unique in that it is given to the patient when discharged and may be honored outside of the hospital.

Eye, Organ, and Tissue Donation

For more information, read SPP# RI-20.

WellStar encourages and supports the donation of eyes, organs and tissue. LifeLink and Georgia Eye Bank work closely with the System to identify and approach all potential donors. Based on recent changes, we must call to determine medical suitability for all deaths and document on the Death and Anatomical Gift Log. LifeLink and Georgia Eye Bank have taken on the responsibility of offering the opportunity of donation to families of all suitable donors.

Cultural Competence

Cultural competence is “a set of behaviors, attitudes and policies that enable a person to work effectively in cross-cultural situations.”

Cultural competence begins with a desire not to allow biases to keep us from treating every individual with respect. It also requires an honest assessment of our assumptions about others. This is not an easy task because no one wants to admit that he/she has negative stereotypes and prejudices. Taking an active interest in developing and improving our cultural competency skills will make WellStar a more welcoming place for team members, patients and providers to deliver and receive high quality care. WellStar provides tools, training and resources to all team members to encourage cultural competence. The resources that follow can be found on eSource.

CultureVision is a database of the knowledge necessary for healthcare professionals to overcome the uncertainty associated with cultural differences. It enables you to care for people of varying backgrounds and assist, support and facilitate the patient's ability to maintain the highest levels of independence and wellness. The Diversity Toolkit is a unique resource designed for managers, leaders and front-line workers to successfully build, manage and thrive in our diverse organization. The Toolkit is available on eSource under the WellStar Learning network tab.

Because culture influences a person's beliefs, expression of pain and grief, health-seeking behaviors and health related decisions, a poor diagnosis due to lack of cultural understanding can have fatal consequences. Steps to Cultural Competence include a commitment to self awareness and sensitive to others. WellStar can achieve this by:

- Creating an environment that promotes inclusivity, respects differences and encourages colleagues to work collaboratively.
- Understanding how our own culture influences our beliefs, human behavior, values, communication, biases, etc.
- Understanding how differences could impact our relationships with patients and coworkers.
- Taking care not to say things that might be interpreted as judgmental, patronizing or ridiculing. WellStar team members should also be willing to seek knowledge about other cultures, being mindful that gestures and other nonverbal communications tend to vary from culture to culture.

Remember that:

- Symbols and signs are not universal.
- Ask questions that will help to understand what's important to patients.
- Listen to others without judgment.

- Learn about the values and beliefs of coworkers and patients. Additionally, WellStar team members must make a commitment to increase their cultural competency skills paying close attention to:
 - Contact Certified Languages International (CLI) at 1-800-225-5254 (1-800-CALLCLI).
 - Once you call the 800 number, you will be asked for the customer code. The customer code is the name of the facility that you are calling from (i.e. Douglas Hospital, Kennestone Hospital, Cobb Hospital, etc.).
 - Record the medical interpreter’s name and employee code, along with the date and beginning and end time of the call in the patient’s chart.
- Physical Closeness - There are variations within cultures and by gender. When interacting with someone allow that person to determine how close to you he/she wishes to remain.
- Showing Respect - Calling someone Mr. or Mrs., if they are older than you is a good rule of thumb. You could also ask “what would be best to call you?”
- Speech - Avoid using idioms (i.e. “go out on a limb,” “bummer”) and contractions (i.e. can’t, shouldn’t) to patients. They may be difficult to understand.
- Age and gender roles – Usually when there are age roles in a culture, the eldest person in a group are treated with the most respect and deference. Similarly, a culture in which you observe strict age roles will expect strict rankings of respect according to gender.

Language Interpretation

For document translation needs, contact Kippie Lipham, Supervisor of Language Access Services, Organizational Learning at 770-956-6426 or kippie.lipham@wellstar.org.

- In-person:
 - For pre-determined appointments for patients who speak Spanish, request a medical interpreter by contacting Spanish on call at 770-499-8452. Appointments should be made at least 24-hours in advance.
 - For pre-determined appointments for patients who speak a language other than Spanish, request a medical interpreter by sending an email to Kippie Lipham at kippie.lipham@wellstar.org. Requests should be made at least one week in advance of the appointment. Two weeks notice is preferable.
 - The medical interpreter’s name and employee code, along with the date and beginning and end time of the call should be noted in the patient’s chart.
- Telephone:
 - Each department has access to Language Identification Cards which helps to identify which language a person speaks and informs the patient of his/her right to receive interpretation services at no cost. This document can be found on eSource (WellStar Learning Network/Cultural Competency/Interpretation & Translation Services). When a non-English speaking person is encountered, show him/her the card. The message underneath each language instructs them to point to his/her language.

Meeting the Needs of the Hearing and Speech Impaired

The initial assessment identifies patients having hearing or speech impairments who may need special communication assistance. Communications with the hearing or speech impaired may include, but are not limited to:

- Use of sign language and/or oral interpreter.
- Lip reading.
- Handwritten notes/communication boards.
- Amplified hand sets.
- Portable bedside telecommunication device for the deaf (TDD) that provides a communication device via telephone.
- Dual relay services available through the Georgia Relay Center at (800) 255-0135. This service allows incoming calls from hearing impaired individuals to be received by the facility or outgoing calls to hearing impaired individuals using a TDD.
- Closed-caption decoded televisions.

Determining the Type of Interpreter

When a request is made for a sign language interpreter, the staff member arranging the service must obtain the following information from the speech- or hearing-impaired individual to ensure effective communication:

- Determine if the patient or client wants a sign language interpreter or an oral interpreter.
- Determine the discipline desired; ASL (American Sign Language) or Signed English.
- Ask the patient, client or resident if they have a particular interpreter or agency in mind. If so, take the name and number from them to make arrangements.
- Due to the sensitive nature of certain medical procedures (OB/Gyn, urological or gender specific), it is important that gender of parties be compatible. Ask if the patient, client, resident or family member would prefer a male or female interpreter.
- Once these questions are answered, inform the party that you will get back to them when interpreting arrangements have been made.

Resource List for Sign Language Interpreters

As needs arise either through outpatient appointment, admission to one of our facilities, or if a patient or employee requests a sign language interpreter, contact the agency below. The agency is available 24/7 and can respond usually within 30-90 minutes.

Sign Language Interpreting Specialists (770) 531-0700
(Voice) or (404) 746-1253 (Pager)

Assessment of Patients

Patient assessment is a collaborative process involving various healthcare disciplines. The admission assessment includes physical, psychological, social, environmental, educational, spiritual and cultural parameters.

Reassessment is done any time there is a change in the patient's condition and at specified intervals related to the course of treatment (a minimum of every 12 hours). An unexpected change in a patient's condition or a concern about a patient voiced by team members or by family members may prompt the calling of the Rapid Response team to evaluate the patient. The Rapid Response teams are trained to quickly assess a clinical situation and institute treatments that will help prevent continued deterioration. You will be notified if your patient's condition has changed however, the Rapid Response teams are authorized to begin some treatments before you respond if the clinical situation warrants. If you are unavailable, a Hospitalist may be called to assist the Rapid Response team.

Waived Testing

Waived tests are screening tests performed outside the laboratory, including Bedside Blood Glucose Tests, Body Fluid pH Testing, Fecal Occult Blood Testing and Gastric Occult Blood Testing. Medical Staff members who perform waived tests must document clearly in the Medical Record the type of test and the result. Waived tests are expected to have the same quality control safeguards that exist in the Laboratory

Abuse, Domestic Violence, Neglect and Exploitation Definitions

Medical Staff members who become aware of abuse, domestic violence, neglect, or exploitation have an obligation to report. Contact the Social Service representative in the area that is appropriate for assistance in reporting.

Moderate Analgesia/Conscious Sedation

Moderate Analgesia, also known as Conscious Sedation, is the administration of sedatives and/or analgesic medications that allow a patient to tolerate unpleasant procedures without a loss of protective reflexes. During moderate analgesia, the patient will maintain cardiopulmonary function and the ability to respond appropriately. The minimum staff for procedures performed under sedation includes a physician, nurse and additional staff as needed. Physicians who wish to administer agents that produce sedation are granted specific privileges for conscious sedation.

Patient Restraints

For additional information refer to SPP #RI-40

We are a healthcare system committed to providing exceptional health services dedicated to personal service and quality. We have established a goal to protect the patient's health and safety and preserve the patient's rights, dignity and wellbeing by creating a culture of safety emphasizing early interventions, less restrictive measures and appropriate use of restraint and seclusion. The decision to place a patient in restraint is never to be made lightly and must be used only as a last resort when all other reasonable efforts to maintain patient/staff safety are unsuccessful.

Patients and families must be informed regarding the use of restraints and the reason for their use.

Policies for ordering and renewing orders for restraints are based on whether the restraints are being used for Medical/Surgical reasons (ie. to prevent the patient from removing tubes or drains) or for Behavioral reasons (to prevent violent or self destructive behaviors)

For Med/Surg patients:

- The physician is notified immediately on placing the restraints

- The physician, or appropriately designated Advanced Practice Nurse (APN) or PA, must provide a face-to-face evaluation within 24 hours, time and date the order
- If the original order is placed by an appropriately designated APN or PA, the physician must be notified within one hour of placing the order
- Orders must be renewed, signed, date, and timed every day following a face-to-face exam.
- For patients with Behavioral needs:
- The physician is notified immediately on placing the restraints
- The physician, or appropriately designated APN or PA must provide a face-to-face evaluation within one hour, sign, time, and date the order. Describe the patient's immediate situation, the reaction to intervention, the medical and behavioral condition and the need to continue or terminate the restraint or seclusion
- The appropriately designated APN or PA must notify the attending physician within one hour of the initiation of restraint or seclusion
- For adults, the initial order must be renewed at 4 hour intervals up to a total of 24 hours. The renewal may be a verbal order given to a RN.
- For Adolescents the order must be renewed at 2 hour intervals up to a total of 24 hours. The renewal may be a verbal order given to a RN.
- For children <9 yrs old the order must be renewed at 1 hour intervals up to a total of 24 hours.
- For all age groups, the patient must have a face-to-face evaluation to evaluate the need to continue the restraints/seclusion a minimum of every 24 hours providing a signed, dated, and signed order.

Medication Use

Medication Error

A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient or consumer. Such events may be related to professional practice, healthcare products, procedures and systems, which can include prescribing, order communication, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.

If you become aware of a Medication error you should report that error to a Nurse or Nurse Manager familiar with the patient for appropriate logging and investigation.

Sentinel Events (SPP # EC-60)

A Sentinel Event is an unexpected occurrence involving a patient death or serious physical or psychological injury such as loss of use of limb or loss of organ function. Such events are called Sentinel because they signal the need for immediate action and response. The following events are considered as Sentinel Events:

- Any patient death, paralysis, coma or other major permanent loss of function associated with a medication error
- Suicide of an individual receiving care, treatment and services in a staffed round-the-clock care setting or within 72 hours of discharge (excluding Assisted Living, Emergency Department and Home Care)
- Elopement (unauthorized departure) from a round-the-clock care setting resulting in suicide, homicide, accidental death or major permanent loss of function
- Death of a full-term infant (unrelated to a congenital condition in an infant having a birth weight greater than 2,500 grams)
- Abduction of any individual receiving care, treatment and services
- Assault, homicide or other crime resulting in patient death or major permanent loss of function
- Discharge of an infant to the wrong family
- Intrapartum (related to the birth process) death
- Rape
- Hemolytic transfusion reaction involving major blood group incompatibilities
- A patient fall that results in death or major permanent loss of function as a direct result of injuries from the fall
- Surgery on the wrong patient or wrong body part
- Unintended retention of a foreign object in a patient who has undergone surgery or other procedure
- Severe neonatal hyperbilirubinemia (bilirubin > 30 milligrams/deciliter).
- Prolonged fluoroscopy with cumulative dose > 1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or > 25% above the planned radiotherapy dose
- Unanticipated death or major permanent loss of function not related to the patient's natural course of the illness or underlying condition

If you become aware of an incident that you believe meets the definition of a sentinel event, notify a Nurse Manager, your VPMA or Medical Director, or any member of the Administrative Team.

Safety First: Helping to Make Every Day a Safe Day at WellStar

WellStar's Safety First Initiative was launched in May 2008, with a goal to become a High Reliability Organization (HRO), reduce Serious Safety Events and "make every day a safe day at WellStar," this multi-year initiative has taken shape and is yielding results. Progress will continue as each of us adopts and "hardwires" simple, yet powerful, error-prevention techniques. You will learn about these techniques in your Safety Training

Low-Risk Behaviors That Help Prevent Errors

- Practice 200% accountability and demonstrate a personal and peer commitment to safety by practicing peer checking and coaching.
- Stop and resolve in the face of uncertainty using ARCC (Ask a question, Request a change, voice a Concern, use Chain of command when necessary).
- Be personally responsible for professional, accurate, clear and timely verbal and written communications by using the approved "handoff process" when transferring patient care responsibility.
- Use SBAR (Situation, Background, Assessment, Recommendation) to communicate patient concerns, using Repeat-Backs and Read-Backs with one or two clarifying questions. Document legibly and accurately.
- Attend carefully to important details by practicing STAR (Stop, Think, Act, Review).
- Adhere to our WellStar Safety Absolutes by using two patient identifiers and department/unit specific double checks.

Core Measures = Evidence-Based Measures

- Core Measures are Evidence-based measures established from evidence-based best practices.
- CORE Measures are approved measures used nationwide to assess the quality of care provided for specific diagnoses. This information is available to the public through various Web sites allowing consumers to choose the best hospitals for their care.
- The goal is to provide the right care for every person every time.
- SAVES LIVES!!

Disease Sets and Best Practices

Acute Myocardial Infarction, AMI, Heart Attack

The goal is to identify the patient having a heart attack

and to quickly provide appropriate treatment which will save heart muscle. Muscle is saved if a cardiac stent is placed within 90 minutes of arrival to the hospital or other appropriate medications are given quickly. Other medications such as aspirin, beta blockers and/or ACE inhibitors should be administered if indicated. Patients should be assessed on admission and discharge for their medication needs.

Heart Failure

Appropriate treatment for heart failure improves the quality of life for the individual. The treatment is based on a complete assessment for the type of heart failure, appropriate medications and complete discharge instructions. The discharge instructions are most important because it helps the person understand their disease and how to better manage it.

Pneumonia

To successfully treat pneumonia, patients must be readily identified and get blood cultures and administer the first antibiotic within six hours of hospital arrival. Studies have shown timely and appropriate antibiotic therapy improves the 30 day post-discharge survival rate. Assuring patients have received their flu and Pneumococcal vaccines will help prevent people from being admitted with pneumonia.

Stroke

Patients who present within 3 hours of a Stroke are evaluated for TPA with a goal of TPA administration within 60 minutes. Patients also receive a dysphagia screen on admission. They must receive the appropriate anti-thrombotic therapy by day 2 as well as VTE prophylaxis. All patients are evaluated for rehabilitation services, and receive, anticoagulant and statin therapy on discharge unless contraindications exist.

Surgical Care Improvement Project

The goal of this project is to prevent post-operative complications such as infections, heart attacks and stroke, deep vein thrombosis and pulmonary embolus. To prevent infections we must assure the appropriate antibiotic is administered within one hour prior to incision time and that it is discontinued within 24 hours after surgery. Other actions that prevent infections include blood sugar control, not using razors for hair removal, and keeping the patient warm during surgery. To prevent post-op heart attacks or strokes, patients who are on beta blocker therapy at home should continue their medications and take them in the morning with a small sip of water. Deep vein thrombosis and/or pulmonary embolus can be prevented by using sequential hose and/or blood thinners post-operatively.

Financial Pillar

The Financial Pillar speaks to our commitment to being fiscally responsible. We are aggressive in our efforts to contain costs, utilize our financial resources so that we can turn margins back into the organization and continue to serve our patients and community with world-class healthcare.

WellStar Foundation

WellStar is a not-for profit healthcare system. Not-for-profit organizations are created to benefit the community. They are established for charitable, humanitarian or educational purposes. All gifts to a not-for-profit organization, such as WellStar, are tax-deductible and must be used for charitable purposes. WellStar's charitable purpose is to serve all those in need of medical care – even those with limited financial resources. As a not-for-profit healthcare system, WellStar has a Foundation that accepts gifts from the community and team members to support the System. In other words, the WellStar Foundation is a “supporting organization” whose purpose is to encourage charitable giving to WellStar. WellStar depends on support from the community to grow and prosper.

We encourage all Medical Staff members to give to the WellStar Foundation. We encourage you to mention the foundation to your patients when they indicate an interest in helping WellStar help others.

For more information regarding the WellStar Foundation, call 770-956-GIVE or go to www.wellstar.org.

Successful Growth Pillar

The Successful Growth Pillar addresses our dedication to pursuing opportunities to provide new and innovative services, better access and new opportunities for revenue stream that also serve our community. Obtaining cutting-edge technology and remaining mindful of the needs of our community provides direction on the best way to ensure we can offer optimal healthcare to our patients.

Our Future - Strategic Plan Overview

For more information about WellStar's Strategic Plan, contact Christopher M. Kane, Senior Vice President, Strategic Business Development, at 770-792-7542 or chris.kane@wellstar.org

- Our strategic plan outlines our strategic priorities from 2009 through 2020
- We serve the communities of five counties, representing 1.4 million people by 2013.
- WellStar designated six service lines as high priorities: cardiovascular services, musculoskeletal services, pulmonary services, oncology services, surgical and procedural services and women's and babies services. In November 2008, WellStar adopted its long-range strategic plan, outlining our priorities through 2020.

Our strategic plan has three horizons:

- Present time through June 30, 2011: Growing, enhancing the core healthcare business.
- July 2011 through June 2014: Pursuing new and emerging opportunities.
- July 2014 through 2020: Envisioning new frontiers.

To do this, we will:

- Focus on customer value using lean thinking and six sigma methods to eliminate waste, simplify and streamline systems, and achieve zero defects.
- Revolutionize the current system of care through innovative models that promote wellness, restore health and support healthy aging across an individual's lifespan.
- Use advanced clinical and information technologies, and service innovations to transform the quality of care and customer relationships.
- Develop clinical centers of excellence that become destinations for people seeking patient-centered state-of-the-art medical care.
- Establish primary care and specialty services across northwest Georgia communities to promote accessibility and convenience for patients and their families; develop

primary care locations within a 15-minute drive and specialty services within a 30-minute drive of 80 percent of our target population.

Our Goal

To be widely recognized as a world-class healthcare leader, WellStar will be a physician-inspired integrated healthcare System centered on creating a memorable experience for each patient and customer through our services and personal relationships.

STRATEGIC INITIATIVE: Enterprise Wide Service Line Growth

Service line development strategies are organized into a set of six major service line plans: Cardiovascular Services, Musculoskeletal Services, Pulmonary Services, Oncology Services, Surgical and Procedural Services and Women's and Babies Services

STRATEGIC INITIATIVE: Medical Staff Development and Integration

Achieving WellStar Health System's vision to become a physician driven and inspired organization creates the need for an exceptionally strong level of alignment with its medical staff and the ongoing expansion of the growing partnership between the System and its aligned physicians and advanced practitioners.

STRATEGIC INITIATIVE: Information Technology

WellStar's information technology strategy is committed to align patient care delivery and the patient care experience, and will improve patient safety, enhance efficiency, reduce costs, advance quality and increase stakeholder satisfaction. Clinical information systems will include electronic medical records and computerized provider order entry ("CPOE") systems, as well as disease management, clinical decision support, nursing documentation, laboratory, radiology, pharmacy, surgical, emergency department, mobile health, picture archiving and communication systems components.

STRATEGIC INITIATIVE: Diversifying the Portfolio

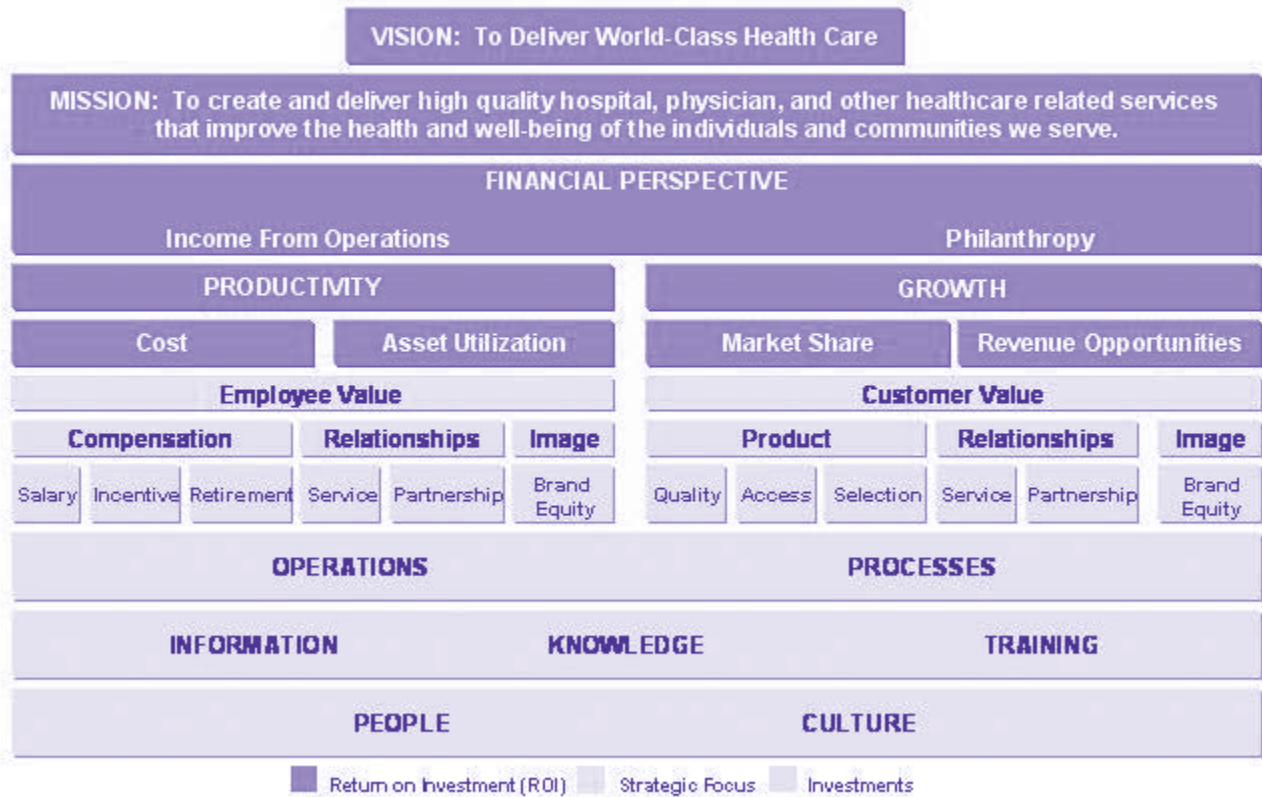
WellStar will seek to diversify its delivery network and breadth of services provided by extending its ambulatory services sector to provide consumer-focused diagnostic, therapeutic, and surgical services within the communities where patients reside. This strategy is intended to extend the geographic reach of WellStar by offering entry points into the WellStar network which will drive both outpatient and inpatient business development. Technology innovations, clinical protocols and consumer preference provide for more services to be performed and sought away from the traditional hospital setting. This strategy capitalizes on these trends to the benefit of the enterprise and communities served.

Strategic Plan - Vision Map

As part of WellStar’s 2020 Strategic Plan, a vision map was developed to provide a critical reference point for the analysis, brainstorming, discussions, strategy formation and, ultimately, decision-making. The map illustrates two critical paths, growth and productivity, to achieve WellStar’s vision and fulfill its mission. Further, it exposes the strategy-critical requirements for those two paths, the ability of the health system to increase and deliver both customer and employee value. The map decodes the components of how value is created, and the underlying capabilities, processes and culture that must be in place for success.

The map that evolved is illustrated below. Areas in the bottom half represent strategic investments aimed at delivering employee and customer value. Areas in the top half represent the return on that investment.

Vision Map: A Road Map to the Future



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