

GAMES 2013

Goals for Achieving Mandatory Education and Safety

Annual Required Training for
all WellStar Team Members

we believe
in life well-lived.

WELLSTAR.


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Introduction

Welcome to **GAMES2013**, our annual mandatory team member training program. This program provides a refresher on the information and skills you need to be successful in your role at WellStar.

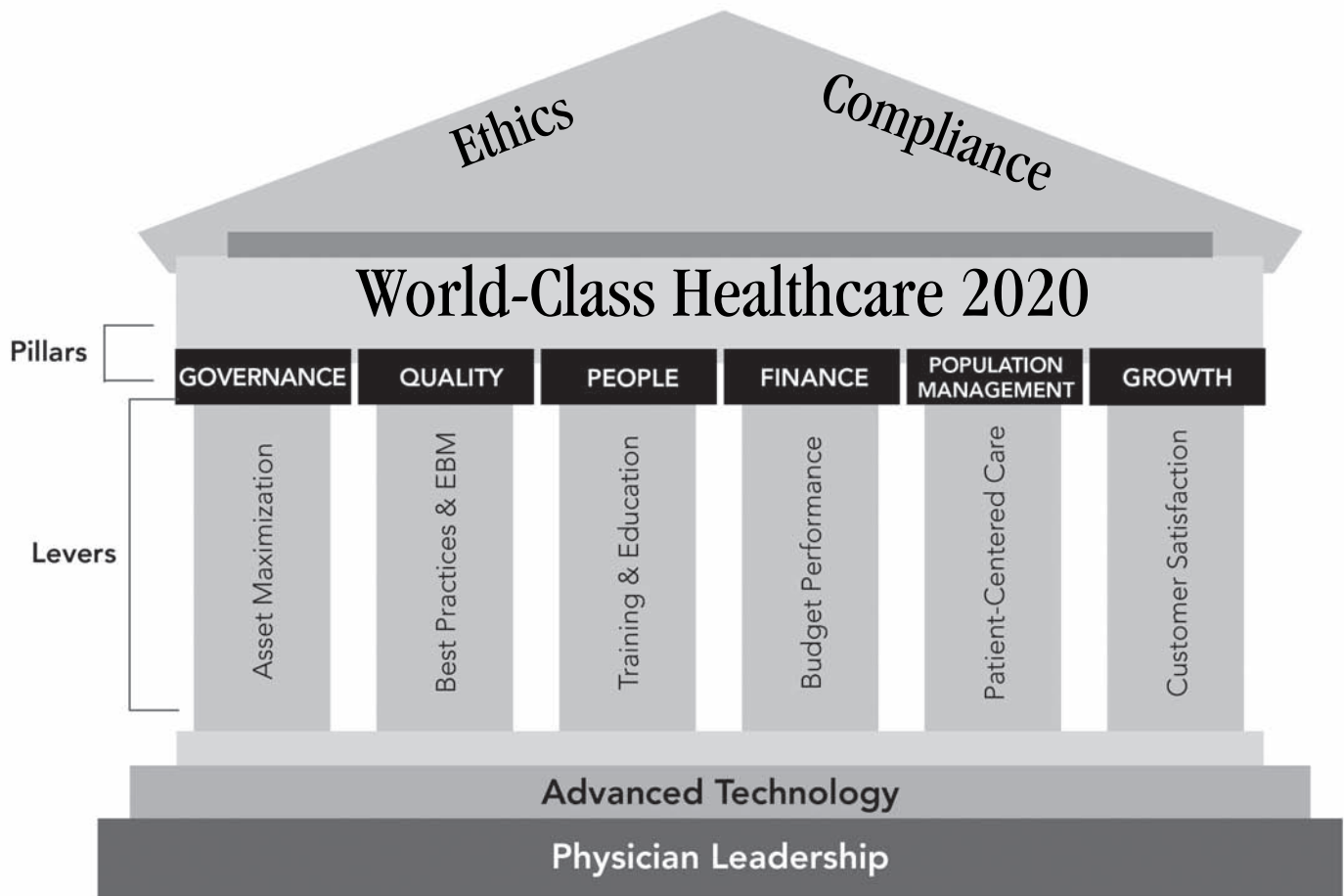
GAMES reviews vital System policies and programs – from infection prevention to health information privacy – as they relate to regulatory agencies such as The Joint Commission and the Occupational Safety and Health Administration.

In addition, **GAMES** provides you with the opportunity to review topics that define our culture and make WellStar a great place to work.

Our Vision	To deliver world-class healthcare.
Our Mission	To create and deliver high quality hospital, physician and other related healthcare services that improve the health and well-being of the individuals and communities we serve.
Our Credo	<p>I believe every person and every job is important and I am accountable for achieving my goals.</p> <p>I believe in compassion and understanding.</p> <p>I believe in innovation and creative thinking.</p> <p>I believe in the WellStar team and we are making a difference in people's lives.</p> <p><i>We believe in life well-lived.</i></p>
Our Pillars	<ul style="list-style-type: none">» Governance» Quality» People» Finance» Population Management» Growth

GAMES - Pillars of Excellence

WellStar Health System: Architecture for Success



WellStar sets goals and measures success in six areas, which we refer to as our Pillars of Excellence. These pillars support our Architecture for Success and the achievement of our vision and mission. The foundation for our architecture is Physician Leadership and Advance Technology. Our ability to focus our attention on top strategic priorities is how we will build our success.

The Pillars of Excellence are:

Governance: A new addition to our pillar structure, the Governance Pillar emphasizes the maximization of our assets as directed by the WellStar Board of Trustees. As the governing body of WellStar, this Board is comprised of community and physician leaders who provide the strategic direction for WellStar to best meet the healthcare needs of our community.

Quality: Through the Quality Pillar, WellStar measures our ability to achieve targets related to core measures, readmission rates and hospital acquired infections. We use best practices as determined and supported by our physician and clinical leaders to continue our journey to improve quality and patient care.

People: At the center of all success and the facet of our architecture that enables us to achieve our goals is the People Pillar. By recruiting, retaining, leading and training a superior workforce, we can accomplish our goals. We measure our success in this area through team member turnover, engagement and trust index scores, physician satisfaction scores and benchmarking WellStar against top companies nationally. This pillar uses the business lever of training and education to ensure that our team members have many opportunities for growth and development.

Finance: Without strong and stable finances, our System cannot grow and prosper. Ensuring budget performance through proactive planning and good stewardship helps ensure a strong financial future for our System. Each year, the WellStar Board of Trustees sets a desired operating margin against which we measure our financial progress.

Population Management: The Population Management Pillar is key to our success as an Accountable Care Organization (ACO). Our ability to achieve excellence in this area will make us a leader in healthcare delivery and ensure the future successful growth of WellStar.

Growth: The Growth Pillar now incorporates customer service along with strategic planned growth to address the needs of our community. Improving customer satisfaction by creating memorable, positive patient and family centered care experiences builds consumer loyalty and translates to valuable word-of-mouth advertising. We measure success in this pillar using customer satisfaction scores and set desire rates of growth for various areas across the System.

Through achieving our pillar goals, we can realize our vision of delivering world-class healthcare. While working toward these goals, we also must protect our reputation by ensuring that we meet all regulatory compliance criteria and exercise the highest ethical values in everything we do. We must build our System's architecture strong and sturdy so that we can adapt to the ever-changing healthcare environment.

Quality Pillar

Make Every Day a Safe Day at WellStar!

A key goal of the Safety First program is to create, hardwire and sustain an organizational culture of high reliability healthcare where safety is a core value. Each of us can keep the journey going by practicing simple, yet powerful, low-risk behaviors that prevent errors, resulting in increased safety for both our patients and team members. All team members, physicians and leaders will learn these behaviors and be expected to adopt them. Culture affects how we behave, and our behaviors determine outcomes. Together, we can maximize safety at WellStar.

Low-Risk Behaviors That Help Prevent Errors

- Practice 200 percent 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 “hand-off process” when transferring patient care responsibility.
- Use SBAR (Situation, Background, Assessment, Recommendation) to communicate patient concerns; use repeat-backs and read-backs with one or two clarifying questions when communicating with others.
- Document legibly and accurately.
- Pay attention to important details by practicing STAR (Stop, Think, Act, Review).
- Adhere to our WellStar Safety Absolutes by using two approved patient identifiers to verify patient identity and department/unit specific double checks.
- Always practice good hand hygiene.
- Utilize Safe Patient Handling techniques, every time.

The above behaviors can be utilized by all team members, clinical and non-clinical.

Environment of Care and Safety

Another goal of the Safety First program is to provide an environment of care that is safe for patients, team members and other individuals using our facilities. Achieving this goal requires:

1. Planning for safe and effective space, equipment and resources to support services
2. Educating staff about their role in keeping the environment safe for patient care, team members and other individuals
3. Implementing plans to manage the environment of care including safety, security, hazardous materials and wastes, emergency preparedness, fire safety, medical equipment and utility systems
4. Hardwiring personal ergonomics so that team members work safely and prevent personal injuries

Safety Coaches

Safety coaches are team members who have been trained in basic safety behavior expectations and error prevention techniques. They teach, coach and exemplify these behaviors and techniques to advocate safety in their department and throughout WellStar. The safety coaches observe team members performing day-to-day tasks and monitor team members’ use of the Safety Absolutes and error prevention techniques. Safety coaches are intervention agents—people willing and able to observe and support safe behaviors or observe and correct at-risk behaviors through constructive feedback. Injuries and undesired outcomes are directly linked to at-risk behaviors, and if these at-risk behaviors can be decreased and safe behaviors increased, injuries and undesired outcomes will be prevented. Safety coaching is a key intervention process for developing and maintaining a safety culture. Our goal is for everyone to feel responsible for safety and pursue it daily.

Safety Events

WellStar has adopted a system to classify our safety events which enables us to consider and review events from a patient’s perspective of harm. This system is one that focuses on evaluating and

improving processes rather than seeking to place blame. Classifying events also allows us to measure the success of our safety journey. Currently we utilize a metric called the Serious Safety Event Rate (SSER). The SSER is a rolling 12-month rate of Serious Safety Events per 10,000 adjusted patient days. The SSER for each facility is posted on the Safety First website.

“Near Misses” are events that do not reach the patient because they are caught by a detection barrier such as patient verification or a double-check.

Precursor Safety Events are events that reach the patient and result in minimal or no harm due to a deviation from generally accepted performance standards (GAPS) and result in minimal or no harm to the patient.

Serious Safety Events are events that reach the patient due to a deviation from generally accepted performance standards (GAPS) and result in death or severe to moderate physical or psychological injury.

Sentinel Events are unexpected occurrences involving death or serious physical or psychological injury. They are called “sentinel” because they signal the need for immediate action and response. Sentinel events do not necessarily involve a deviation in standard of care. The following events are to be handled as Sentinel Events:

- Any unanticipated death, or major permanent loss of function, not related to the natural course of the illness or underlying condition.
- Suicide of any individual on WellStar property, or a patient receiving care, treatment and services in a staffed round-the-clock care setting or within 72 hours of discharge
- Unanticipated 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
- Discharge of an infant to the wrong family
- Sexual abuse/assault (including rape)
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities (ABO, Rh, other blood groups)
- Surgical and non-surgical procedure on the wrong patient, wrong site or wrong procedure
- Unintended retention of a foreign object in a patient after surgery or other procedure. After surgery is anytime after completion of the skin

closure even if the patient is still in the OR under anesthesia. Reopening the skin wound to retrieve a retained foreign object while the patient is still under anesthesia is considered a Sentinel Event.

- 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 percent above the planned radiotherapy dose

Risk Management should be contacted immediately regarding any potential Serious Safety or Sentinel Event. After hours and holidays, please contact the Risk Management on-call representative at 770-238-9022.

For more information about Safety First, contact your department safety coach, your manager or the Director of Patient Safety.

Performance Improvement (PI)

Performance Improvement (PI) focuses on improving processes and systems that affect the way our work is done. The result of PI is improved safety, quality of care, and customer service for our patients, visitors and team members. Improving performance helps WellStar to achieve its vision to provide world-class healthcare.

PI opportunities are identified through customer service surveys, clinical outcome measures, financial measures, human resource measures, safety measures and various operational measures. Best of all, many of our PI opportunities are identified by WellStar team members.

All approaches to performance improvement are collaborative involving the people closest to the process; Lean, rapid cycle, root cause analysis, FMEA, etc. Here at WellStar we are learning the principles and practices of Lean and are making those principles and practices our primary performance improvement tools.

Lean thinking and doing helps us see those things in our workplace that are hiding in plain view that make our jobs harder and our goals more difficult to achieve. Lean challenges us to be more innovative and creative.

Lean is about finding a better way for our patients, their families and our team members, every day!

Get started by going to where the work is happening (gemba) to observe it. Get those who do the work to help you to understand how the process works.

Gemba knowledge means you have “seen it, heard it, touched it and felt it.”

Look for the waste (muda) in the process. Some examples of waste include:

- **Waiting or idle time** – patients waiting, physicians waiting, customers waiting
- **Inventory** – Products and supplies in the work place, par levels, batched items that need to be processed (piling up)
- **Excess** – work created by doing more than is necessary (too many tests, too much paperwork, too many supplies)
- **Re-work** – something done several times because it was not done right the first time (calling a physician several times, looking for something not returned to proper location, illegible handwriting, completing duplicate forms)
- **Avoidance** – when we see a process that needs improvement or correction and we do not stop to correct it (avoiding calling IT/Bio-Med to have equipment fixed)

Identify opportunities for improvement and have the courage to change the way it has always been done.

Sources of additional information can be found on the PI page on eSource. Refer to our Lean handbook as a source of additional information.

PI coordinators at each hospital organize, educate and lead PI efforts at their facility. For more information about Performance Improvement at WellStar, contact your facility PI coordinator.

Accreditation and Certification

For more information regarding accreditation and certification, contact the director of Accreditation Support and Patient Safety, at 770-792-5471 or your facility's Accreditation coordinator.

- Reviews by regulatory bodies lead to higher quality of care and greater patient safety.

Regulatory Agencies

There are many regulatory bodies that set performance guidelines for healthcare. The Joint Commission, OSHA, CMS, CARF, CLIA/CAP and DCH (Georgia Department of Community Health, previously known as “DHR”) are the primary regulatory bodies encountered. WellStar also pursues and holds other recognitions and certifications in specific departments or services. The goal of all these agencies is to ensure that we're providing safe and

quality healthcare. Below are descriptions of the major regulatory agencies that team members should be familiar with.

Center for Medicare & Medicaid Services (CMS)

CMS acts as a purchaser of healthcare services and quality and safety for Medicare and Medicaid beneficiaries. WellStar must comply with CMS Conditions of Participation to receive Medicare and Medicaid funding.

Georgia Department of Community Health (DCH) previously known as Department of Human Resources or DHR

The DCH licenses healthcare organizations in Georgia and acts as the agents for CMS ensuring WellStar is in compliance with the Medicare/Medicaid Conditions of Participation. The DHR also investigates complaints by patients, residents, family members or team members who report concerns related to healthcare services.

Commission on Accreditation of Rehab Facilities (CARF)

CARF is the recognized accrediting body for Rehab Units across the country. WellStar has two CARF-accredited Inpatient Rehab Units at WellStar Cobb and Kennestone Hospitals. They operate under CARF guidelines and regulations.

The Joint Commission (TJC)

The Joint Commission (TJC) is a private organization that helps ensure quality patient care by setting minimum acceptable standards of care for health-care accredited organizations. The Joint Commission accreditation meets CMS and private company requirements for reimbursement. TJC surveys are unannounced and typically occur every 18-36 months. We do not know the exact dates when our facilities will be visited and surveyed. Staying “survey ready” is critical to WellStar providing safe, high quality care and to our survey success. All WellStar facilities were most recently surveyed by The Joint Commission in 2011 and are expected again in 2014. The tracer process is the method used during the survey. The following information describes this process:

- The Joint Commission surveyors arrive with pre-survey information specific to each facility they visit. This information includes previous survey results, complaints made to TJC about the organization, CORE measures and other publicly reported data.
- The surveyors will review patient records,

interview patients, team members, medical staff and bedside caregivers. They will “trace” the patient’s stay in the facility by conducting record reviews, interviews and observations in the various areas that have provided services to the patient. A typical tracer will take the surveyor approximately 90 minutes to complete.

During TJC surveys, the surveyors also conduct discussion sessions and/or tracers to assess specific functions within our organization. Functions that are evaluated in this manner include data use, medication management, infection prevention, environment of care, leadership and medical staff credentialing. These sessions address performance improvement and how information is used to improve patient outcomes and safety and include topics such as National Patient Safety Goal compliance, ORYX/CORE measure performance, medication error data, infection surveillance, safety, etc.

- Surveyors will observe staff during the performance of their typical job duties (e.g., administering medication and blood or blood products, preparing patient trays or making building repairs).
- They observe to verify that we are following our policies and procedures, including hand hygiene, two patient identifiers, safety precautions, using personal protective equipment, etc.
- While visiting the units and staff, the surveyors may ask to see policies, competence records, equipment preventive maintenance records and performance improvement documentation.
- The survey team may include a nurse, an administrator and/or a physician. A “Life Safety Code Specialist” will join each survey team for one or two days to conduct the building tour.

How to Be Prepared

- Participate in educational offerings on PI, accreditation and survey readiness.
- Know and follow standard policies and procedures as well as your department policies and procedures. (Policies and procedures are frequently based on regulatory requirements.)
- Participate in mock surveys and tracers led by WellStar Accreditation to promote survey readiness.
- Consistently and accurately document – as required by your job – cleaning logs, equipment maintenance, patient records, etc.
- Be familiar with our mission, vision and credo.

- Know how your job helps meet the overall goals of WellStar and your facility.
- Be sure all quality control data is current and a system is in place to check items such as refrigerator/freezer temperature logs, Cidex, code carts, etc.
- Know the performance improvement initiatives for your department.
- When talking with a surveyor, think carefully before answering questions and answer what is being asked without offering additional information. Be honest, refer to policies and procedures and give examples.

Additional Regulatory Agencies and Selected Special Certifications/Accreditations

Occupational Safety and Health Administration (OSHA)

OSHA is a division of the U.S. Department of Labor that oversees laws and regulations designed to protect employees and ensure that the workplace is safe.

Clinical Laboratory Improvement Amendment (CLIA) and College of American Pathologists (CAP)

CLIA is the law that governs laboratories. It establishes quality standards for all laboratory testing to ensure reliability, timeliness and accuracy of patient test results, regardless of where the test was performed. CLIA specifies quality standards for lab tests, patient test management, quality control, personnel qualifications and quality assurance. CAP is the surveying body for laboratories to determine CLIA compliance.

TJC Disease-Specific Care Certification

The Joint Commission’s Disease-Specific Care Certification is a voluntary review of a clinical program that delivers care to a defined patient population. Disease-Specific Care recognizes programs with exceptional efforts to foster better outcomes for people with chronic conditions. Certification is granted after an onsite review that looks at your commitment to excellence in providing disease-specific services in a comprehensive manner. WellStar Cobb and Kennestone hospitals have achieved Disease-Specific Certification in stroke and joint (hip and knee) care, WellStar Douglas and Paulding hospitals are certified in joint (hip and knee) care.

Chest Pain Accreditation

The Society of Chest Pain Centers evaluates facilities across the country to ensure that they meet or exceed quality-of-care measures based on improving

the process for the care of the acute coronary syndrome (ACS) patient. The Chest Pain Center is promoted by the Society as an operational model for ACS care. Within this model, facilities can plan and organize the delivery of care in a systematic manner conducive to a process improvement and patient safety approach. In an effort to make this model approach available to the widest possible hospital constituency, the Society offers Chest Pain Center Accreditation. WellStar Cobb, Douglas and Kennestone hospitals hold Chest Pain Center Accreditation.

American College of Surgeons Commission on Cancer & National Accreditation Program for Breast Centers (NAPBC)

WellStar's Cancer program is accredited by the Commission on Cancer (CoC) of the American College of Surgeons. Periodic surveys for this accreditation take place at WellStar Cobb and Kennestone hospitals. Accreditation of a cancer center is granted only to those facilities that have voluntarily committed to provide the best in cancer diagnosis and treatment and are able to comply with established CoC standards. Additionally, WellStar is the first accredited breast center in Georgia to be granted a three-year/full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC).

Core Measures = Evidence-Based Measures

- Evidence-based measures are based on best practices.
- CORE Measures are approved measures used nationwide to assess the quality of care provided for specific conditions or procedures. This information is available to the public through various websites 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, statins 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 appropriate antibiotic administered.

Immunizations

All admitted patients of all ages need to be assessed for their influenza (flu) and/or pneumococcal vaccine status. Assuring all patients have received their flu and/or pneumococcal vaccines decreases the risk of developing a serious pneumonia.

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 to prevent infections are good blood sugar control, avoiding razors for hair removal, and keep patient warm during the surgery. To prevent post-op heart attacks or stroke patients who are on Beta Blocker therapy at home should continue their medications and may take them in the morning with a small sip of water and resuming after surgery.

Deep vein thrombosis and/or pulmonary embolus (clot to the lung) can be prevented by using sequential hose and/or blood thinners post-operatively. Finally, timely removal of foley catheters decreases the risk of urinary tract infections.

Stroke

The first goal is to first recognize signs and symptoms of a stroke such as:

- Numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination

- Sudden severe headache with no known cause

If someone is having the symptoms of a stroke we want to quickly have a confirmed diagnosis by CT scan so the physicians may begin treatment to improve the circulation to the brain. Improving circulation saves brain tissue and improves the outcome for the patient. In addition, we want to decrease the risk for a second stroke thus we should assure atrial fibrillation is appropriately treated, actions are taken to prevent clots forming in the legs, medications to lower cholesterol levels and education related to risk factors and when to call for help.

Deep Vein Thrombosis (Blood Clots in Legs) and Pulmonary Embolus Prevention

Know your patient risk factors and assure they have appropriate prophylaxis started.

What can help prevent complications for all of these?

If you are a smoker, **stop smoking!** Be sure we reinforce this with our patients and provide the education to help them be successful.

Safe, Ethical and in Compliance with Legal and Regulatory Requirements

For more information about safety at WellStar, contact your facility safety officer.

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.

Tobacco-Free Environment

In accordance with HR Policy 3075: Tobacco-Free Environment, and SPP EC-10, effective Jan. 1, 2012, all WellStar facilities became tobacco-free environments. This policy prohibits the use of tobacco products by anyone, anywhere on WellStar facilities. Residents of the WellStar hospice facilities and assisted-living facilities are excluded from this policy. Please review it carefully and understand your responsibilities regarding the policy.

As a healthcare organization, we know the detrimental effects of smoking and use of tobacco products.

Cigarette smoking accounts for nearly one of every five deaths each year in the United States. It increases the risk of:

- Coronary heart disease by two to four times
- Stroke by two to four times
- Men developing lung cancer by 23 times and women by 13 times
- Dying from chronic obstructive lung diseases (such as chronic bronchitis and emphysema) by 12 to 13 times

For these reasons, WellStar believes it is important that we set an example and protect the safety and health of all those who work in or visit our facilities by being tobacco-free. This is also part of a major wellness initiative to improve the health of our team members.

Workers' Compensation Benefits and Return to Work Program

For more information about workers' compensation and the Return to Work Program, contact Chris Shaw, manager of Workers' Compensation, at 678-331-6860 or chris.shaw@wellstar.org.

Workers' Compensation Benefit

WellStar Health System provides workers' compensation coverage for job-related injuries/illnesses in accordance with state law which sets forth requirements for the timely reporting of claims. Report every injury immediately. Your manager will complete an Online Event Report. Follow the policy guidelines completely.

Return to Work Program

WellStar is committed to helping injured team members return to work as soon as possible. The Return to Work Program helps make this happen. When an employee loses time from work due to an occupational injury or illness, or a department cannot provide light duty work for an injured employee, please call the Risk Management Department immediately. They will evaluate the situation, and when appropriate, place the employee in a modified work situation. This program provides a transitional return to work opportunity based on the employee's physical, medical and skill limitations until the authorized physician releases the employee to a normal work assignment.

Risk Management and Event Reporting

For emergencies, a risk manager is on call 24 hours, seven days a week at **770-238-9022**. For further information or questions regarding risk management, call **678-331-6860**.

Recognizing and reporting events is important for all WellStar team members. In addition to being a regulatory requirement, this is one of the ways we continue to improve our processes and make the environment safe for patients, guests, physicians and team members. Completing the Online Event Report every time is critical.

Team Member Events

Injury to employee or employed physician may include but is not limited to:

- Exposure to blood or body fluids
- Exposure to hazardous chemicals or substances
- Fall or injury

Reporting Accidents

- When a team member is injured on the job at WellStar, the event must be reported using the Online Event Reporting System (eSource > Sign In drop down > Online Event Reporting System) within 24 hours.
- If a team member requires medical treatment beyond the initial response, he/she must be directed to the posted Workers' Compensation Panel of Physicians. This is a pink poster, which lists physicians who will treat WellStar team members for a workers' compensation injury.
- Compensability of a workers' compensation claim may only be determined by Risk Management. Initial treatment of the condition does not guarantee that the incident will be covered by workers' compensation.

Patient, Visitor, Volunteer and Non-Employed Provider Events

Events involving patients, visitors, volunteers and non-employed providers may include, but are not limited to:

- Procedure, treatment or test issues
- Consent issues
- Leaving against medical advice issues
- Equipment and/or implant issues
- Patient care management issues
- Medical management issues
- Falls
- Security issues
- Missing or damaged property

- Patient and/or family grievances
- Disruptive physicians, employees, patients and/or visitors
- Any other adverse incidents which cause or have the potential to cause injury

Please note that medication and/or intravenous variances, and adverse drug reactions should be reported on the electronic Medication Occurrence application, WebMeds. A link to WebMeds is located in each employee's application launcher and through the online reporting system (CS STARS). The report should be completed immediately after the incident occurs by the person with knowledge of the incident. When this is not possible, it must be completed by the end of that person's shift. All information reported should be as factual and non-judgemental as possible. Risk Management should receive notice from the Online Event Reporting System within 24 hours of any type of event involving team members, patients, visitors, volunteers and both employed and non-employed providers.

Personal Ergonomics

Ergonomics is a science that studies work and home environments to prevent all types of muscle and skeletal pain and disabilities. The following tips can help you work safely and prevent injuries.

Lifting and Carrying

- Assess the need for help from others prior to lift/carry.
- Get a firm footing.
- Stand close to the load; bend from the knees; keep back straight.
- Get a firm grip of the load and then lift with your legs.
- While carrying the load, hold it close to your body to avoid strain to your back.
- Slowly lower the load while bending with your knees.

Reaching

- Do not stretch for an object; use a stool or ladder.
- Let your arms and legs do the work, not your back.

Sitting

- Do not slouch. Sit firmly against the back of your chair.
- Avoid leaning forward and arching your back.

- Arrange your desk area in a way to reduce reaching and twisting.
- Adjust your chair height so your feet are flat on the floor or on a stable footrest.
- Maintain ninety-degree angle or more between upper and lower legs.
- Maintain adequate back support when seated.

Tips for Computer Users

- Relax arms and shoulders and sit at least an arm's length away from the computer screen.
- Elbows to fingers should be in a straight line with your wrists in a neutral position.
- Avoid pounding the computer keys with excessive force.
- Rest your wrists on pads to reduce pressure.
- Take breaks from constant typing.

Arranging Computer Equipment

- Keep top of monitor at seated eye level.
- Keep documents at eye level and near the monitor.
- Keep keyboard at elbow height.
- Arrange equipment appropriately.
- Reduce glare on monitor.
- Clean monitor screen often.
- Take visual breaks and rest your eyes.
- Have regular eye exams and use corrective lenses, if prescribed.
- Maintain appropriate distance from monitor.
- Arrange keyboard and monitor in a straight line to avoid twisting of body to type and view monitor/screen.

Moving Patients Safely

- Ask for assistance when moving patients.
- Whenever moving a patient or object, always push rather than pull to avoid back injuries.
- Adjust bed to the proper height when turning patients or pulling them up in bed.
- Use your legs and not your back to avoid injury.

Caregivers of all ages and experience levels become injured on the job while performing tasks such as getting patients out of bed, transferring them to stretchers, or pulling them up in bed. Many tasks require the use of safe patient handling equipment,

which is called ergonomic intervention or modifying the job to protect the team member. Patient care ergonomics improve your productivity and help you feel less tired at the end of the workday. Remember to use proper body mechanics in conjunction with safe patient handling equipment when handling and moving patients, because body mechanics alone are not sufficient to protect you from the heavy weight, awkward postures and repetition involved in manual handling.

Key Points for Caregivers to Consider when Using Lift Equipment:

Assess the Patient

- Ability of the patient to provide assistance, bear weight, upper extremity strength, cooperativeness and ability to follow instructions
- Patient's height and weight
- Circumstances likely to affect transfer or repositioning tasks, such as abdominal wounds, contractures or presence of tubes, etc.
- Specific physician orders or physical therapy recommendations that relate to transferring or repositioning patients. (For example, a patient with a knee or hip replacement may need a specific order or recommendation to maintain the correct angle of hip or knee flexion during transfer.)

Assess the Area/Environment

- Decide on the appropriate lifting equipment.
- Know how to use the lift equipment.
- Plan the lift and communicate with staff and patient.
- Work together, including actions of more than one caregiver as well as the patient.
- Have the right equipment available, in good working order, and conveniently located.

For more information about lift equipment, contact the director of Risk Management, at 770-793-7044.

Fall Prevention

There are proven, effective strategies for preventing falls. Our patients need to be reminded that they're on a number of medications, in an unfamiliar environment and being put through a routine of tests, procedures and bed rest, all of which can make them more susceptible to falling. All team members

will utilize fall prevention strategies within their scope of practice to minimize the patient's risk of falling (see examples listed below). Encourage participation by all members of the healthcare team to keep our patients safe. For additional information, refer to SPP EC-85 and Nursing DPP PS-45.

Example Strategies to Prevent and Reduce Falls:

Communication of Fall Risk

- Communicate to all team members that a patient is at risk for falls verbally and by using specific Fall Risk Identifiers: yellow non-skid socks, yellow "call don't fall" armband, yellow "call don't fall" door sign.
- Educate patient/family on fall risk and prevention strategies being implemented.

The Care Environment

- Prevent equipment, tubing and clutter from becoming a trip hazard.
- Keep bed in lowest position and locked with two or three side-rails up (not all four).
- Bed alarms to be utilized for ALL patients on fall precautions at all times.
- Keep call light, phone and personal items within easy reach of the patient.
- Provide adequate lighting for increased visibility (night light, bathroom light).
- Provide assistive devices for ambulation and transfers when indicated
- Use specific fall risk prevention items when indicated by patient situation: purple oxygen tubing, glow-in-the-dark urinal.

Hourly rounding

- Strongly encourage "P=potty" during your rounding. Many falls occur with toileting.
- "May I please assist you to the bathroom while I am here?"
- Emphasize to patient/family "Call, Don't Fall" (may not realize they need help until patient fall occurs).

Safety Information – Electrical Safety through Emergency Power

Electrical Safety

Keeping yourself and others safe while using electrical devices is important to having a safe environment.

Using Cord and Plugs Safely

DO

- Keep cords away from heat and water.
- Pull on the plug, not the cord, when removing a plug from an outlet.

DON'T

- Run cords under rugs or through doorways, windows or holes in walls.
- Use cords with insulation that is cracked, torn or rubbed off.
- Use any cord or plug that appears broken or loose.
- Use so-called "octopus" adapters.

Using Electrical Devices Safely

DO

- Get safety instructions before using electrical power equipment, especially cleaning equipment that will be used with water.
- Make sure you, your clothes, tools and surroundings are dry.
- Disconnect electrical equipment from the power source before cleaning.
- Be aware of tags indicating repairs are being made on any machinery.
- Report all shocks immediately - even small tingles.
- Use pliers, screwdrivers and stripping tools with insulated handles.

DON'T

- Use any electrical equipment or wall receptacle that appears to be damaged or in poor repair.
- Use any device that trips a circuit breaker or gives a shock. Have it inspected and repaired.

Active Shooter - Plan Silver

An active shooter is defined as an individual engaged in shooting or attempting to shoot people in a confined and populated area. In most cases, active shooters use firearms and there is no pattern or method to their selection of victims. As with all overhead public address announcements in our hospitals, we have selected a code name "Plan Silver" as the announcement for notification of an "active shooter" on the property or in the building.

Hazardous Materials Decontamination - Plan Orange

For more information about hazardous materials decontamination (Plan Orange), consult the Safety/Emergency Preparedness manual or the STEP into Action manual.

The hazardous materials decontamination procedure ensures that we take action and apply appropriate decontamination techniques and processes during events involving suspected or confirmed hazardous materials contamination:

1. Notification of a hazardous event comes from EMS personnel, the on-scene commander at the event, or when a patient arrives by private automobile from a probable event. All reports for an unknown source are confirmed with the local fire department prior to activation of the Decon Team.
2. When the event is confirmed, the Decon Team is activated by overhead announcement (Plan Orange). Equipment is prepared at the designated Decon Station.
3. The nature of the event, prior decontamination and method of arrival determine patient management.

General Guidelines for Initial Response to Patients with Probable Contamination

- Do not touch the patient until appropriate Personal Protective Equipment (PPEs) are in place.
- Do not stand downwind of the patient without appropriate PPEs.
- Limit patient care to Basic Life Support (BLS) even when the caregiver is appropriately protected by PPEs.
- Obtain as much information as possible about the event, i.e., substance, number of victims, symptoms, etc.

Recognition, Isolation and Notification (RIN)

For more information about RIN, consult the Safety/Emergency Preparedness manual or the STEP into Action manual.

The RIN procedure guidelines assist WellStar team members when they encounter a victim of suspected hazardous materials contamination. Team members at WellStar must anticipate the unexpected arrival of an individual or many individuals who may have been exposed to or are contaminated with a hazardous material or biological substance. Our main focus should be to:

- Protect the facility from contamination
- Protect ourselves and other staff from contamination
- Protect patients and visitors who are already in our facility
- Render aid to the victim(s) of the contamination

Following the RIN protocol provides you with the tools necessary to respond to situations of suspected HazMat contamination:

1. Recognition of contamination through verbal, sensory and visual means
2. Isolation of the contaminated individual(s)
3. Notification of Emergency Services, Security, the facility safety officer, along with the administrator and/or house supervisor.

Bomb Threat - Plan Green

For more information about responding to bomb threats, consult your department/unit safety manual or the STEP into Action manual.

In the event of a bomb threat, publicity must be minimal and search must be maximal. Personnel should remain in their work areas and function as search teams. Patients will not be moved unless approved by the hospital president or designated alternate. The Control Center will be established according to HICS protocols. In most cases, the PBX operator would most likely receive the threat, but if the threat is received by another person, he/she will contact Security Services immediately. Security Services will initiate the program.

Severe Weather/Tornado

It is the intention of WellStar Health System to ensure that team members are safe from the dangers of tornadoes and severe weather.

WellStar's Severe Weather/Tornado Plan

Severe thunderstorm warning: Issued by the National Weather Service in Peachtree City when the following criteria have been met:

- Sustained wind speed 50 knots (58 mph).
- With hail 3/4" in diameter or greater, severe thunderstorms move across a region with relative speed and produce strong winds and dangerous lightning.
- Under the right conditions, these storms are conducive to the formation of tornadoes.
- Dispatch/communication centers in WellStar facilities monitor local broadcasts of the National Weather Service until the severe thunderstorm warning has expired.

Emergency Codes and Responses

WellStar Health System takes every precaution to ensure safety. Our planning process considers and plans for all types of potential catastrophes, both naturally occurring and artificial. This encompasses different types of emergencies that could compromise the safety of patients, visitors and staff, and place an undue burden on the facility's ability to provide care. The following summarizes the most important codes along with the initial response to take in the event they occur.

Overhead Announcement	Condition	Initiated By	Procedures Found
Plan F	Fire	Pull alarm and dial appropriate number for facility to report location	STEP Into Action manual
Plan Delta	Disaster	Administration or house supervisor	STEP Into Action manual
Plan Green	Bomb threat	Remain on phone line and get as much information as possible	STEP Into Action manual
CODE (location)	Cardiac/pulmonary	Dial appropriate number for facility and report location	STEP Into Action manual
Tornado warning in effect	Tornado warning	Administration or Security	STEP Into Action manual
Plan Stork	Infant abduction	Notify nurse manager or house coordinator	SPP EC-75, eSource and STEP Into Action manual
Plan Orange	Hazardous materials decontamination	Notify operator and follow protocol steps	STEP Into Action manual
Plan Silver	Active shooter	Notify operator and security	STEP Into Action manual

- Changes are communicated to the security manager/supervisor on duty.

Tornado Watch

Issued when conditions are favorable for the development of tornadoes, tornado watches are usually issued for large regions and can last for several hours. Upon issuance of a tornado watch by the National Weather Service that includes regions involving WellStar facilities, the following actions will be implemented:

- All staff will remain vigilant to changing weather conditions.
- The dispatch/communication center will monitor broadcasts of the National Weather Service or other media centers until the watch is lifted.

Tornado Warning

Issued when an actual funnel cloud or tornado has been sighted or upon notification from the National Weather Service or county emergency management agency. Today's technology provides more accurate storm tracking and can identify embedded tornadoes by use of Doppler Radar. Upon issuance of a tornado warning that includes geographical regions involving WellStar facilities, the following actions will be implemented:

- Announcement: Security Services, administration or house supervisor will contact PBX operator and have the alert paged on the public address system.
- Announcement shall be "A tornado warning is now in effect" at 30-second intervals and at a minimum of three times each interval.
- Dispatch/communication center will continue to monitor weather broadcasts of storm's progress.

Staff Actions

Patient Service Areas

- Non-ambulatory patients are moved away from windows, covered with thick blankets/pillows, have window blinds and curtains drawn and privacy curtain pulled around their bed. Close door to patient room upon exiting.
- Ambulatory patients, visitors and staff should move to an interior public corridor away from exterior windows, walls and doors.
- Patients shoes should be given to them.
- Off-site departments should move to the central-most point of their facility, away from exterior windows, walls and doors. Seek shelter behind or beneath heavy furniture.

General Self Protection

- Remain calm.
- Crouch on floor facing an interior wall away from windows.
- Cover head with arms, and if time permits, cover with coats, blankets or other suitable articles.
- "All clear" will be announced only when the National Weather Service or county emergency management agency issues the all clear for your region. Upon notification from Security Services or administrative representative, the PBX operator will page "tornado warning is all clear."

For More Information on Environment of Care and Safety Policies and Procedures, Review the following:

- Safety manual (on eSource)
- Bomb threat procedures (Plan Green, STEP manual)
- Active shooter (Plan Silver, STEP manual)
- Disaster response (Plan Delta on eSource)
- Hospital Incident Command System (HICS)
- Emergency decontamination operations (Plan Orange)
- Recognition, Isolation and Notification (RIN, on eSource and STEP manual)
- Evacuation plans
- Fire safety plan (Plan F)
- Severe weather response (tornado warning)
- Utility failures

Standard Policy & Procedures Manual

- EC 05 - Latex Allergy/Sensitivity
- EC 10 – Policy Smoking Prevention
- EC 15 - Reporting Medical Device/Product Failure/Recalls
- EC 25 - Compliance Plan for Those Protected by the Americans with Disabilities Act (ADA)
- EC 30 - Biomedical Waste Handling
- EC 35 - Use of System Vehicles
- EC 60 - Sentinel Events/Serious Safety Event
- EC 65 - Incident Reporting
- EC 75 - Infant or Child Abduction Policy
- EC 95 - Warming Cabinets
- EC 96 - Use of Fans in Clinical Areas

Fire Safety and Prevention

According to the National Fire Protection Association, more than 8,000 fires occur in hospitals each year. Fire spreads fast and can fill a room in as little as three minutes. Smoke rises, forming a dense cloud that slowly descends. Smoke inhalation is a major cause of deaths from fire. Flashover occurs when the air is so hot that it ignites every combustible object in the room. Intense heat can sear lungs and fuse clothing to the skin. Not surprisingly, research shows that deaths and injuries are dramatically reduced when people are educated and trained on how to prevent and respond to fires. Report all fire and safety hazards. Following the basic precautions and steps below can save the lives of patients, co-workers and visitors.

Plan Silver (Active Shooter)

*Immediately seek shelter and report: Call facility emergency number - **DO NOT DIAL "0."**

Provide your name, location of shooter, description of suspect(s), type of weapon, casualties and direction of travel.

**Do not attempt to intervene or negotiate.*

Avoid area of Plan Silver and prevent others from entering area.

Ignore any fire alarms you hear during a Plan Silver unless you see a fire or smell smoke. This could be a false alarm used by the suspect to draw staff out of the safe area into danger.

Even if you hear the police outside your safe area, stay in your area until you are told to come out by the police or you hear the "all clear" announcement.

- Clear hallways of patients, visitors and seek shelter.
- Close all departmental doors in your area.
- Close blinds and stay away from windows.
- Continue all necessary patient care activities as much as possible to keep patients safe.
- Do not leave building until the "all clear" is announced.

Use **PASS** to help you remember how to use a fire extinguisher in the event of a small fire:

- Pull the pin between the handles.
- Aim at the base of the fire.
- Squeeze the handles together.
- Sweep from side to side.

Always Remember

- Read the fire prevention plan for your facility (found on eSource).
- Know your facility's emergency notification number to report a fire.
- REMEMBER: This number will differ from facility to facility.
- Know your evacuation plan to an area of refuge and out of the facility.
- Know the location of and how to operate alarm pull stations and fire extinguisher.
- Know the location of oxygen shut-off valves and how to operate them.
- All staff are authorized to shut off oxygen valves during fire once all appropriate patients have been placed on portable oxygen supply.

Following the RACE procedure when a fire is involved can save lives. Take time to review and remember RACE:

Rescue

Your priority is to remove patients from immediate danger. If you smell smoke from behind a closed door, be careful to first touch the door with the back of your hand before opening. If the door is too hot to touch, do not open it. If you can touch the door, open it slowly, crouch low to the ground and approach the patient.

Alert/Alarm

There are two ways to call for help: activate the fire pull stations and dial your facility's emergency notification number. When you dial the number you will reach the PBX operator. Let the operator know the type of emergency (Plan F in this case) and where it is located. The red fire pull stations are located by exits on your way to an exit.

Contain

Always close doors once you make sure the room is empty. They can help to contain a fire for up to two hours. In many WellStar facilities fire doors are designed to close automatically in the event of a fire. Do not block them in any way at any time.

Extinguish or Evacuate

If a patient is on fire, wrap a blanket around him/her to smother the fire. A fire in the trash can be smothered with a towel or rag. For small fires, use an extinguisher. Know the location of the fire extinguisher cabinet closest to your worksite.

Fire Extinguisher and the Types of Fires

- Class A: Ordinary combustibles (paper, cloth, wood)
- Class B: Flammable liquids/gases (alcohol, grease, oil)
- Class C: Electrical components (computers, toaster ovens)

Oxygen Tanks: Safe Handling and Storage

We frequently see and handle oxygen tanks, but how often have we thought about their potential danger? These tanks can cause great harm, explode and even cause death if they are not handled or stored properly.

Handling

- Even though many oxygen tanks are green, always read the label.
- Never depend on tank color alone to identify a gas.
- Never drag, drop or bang tanks against each other because doing so may cause sparks, fire and/or explosion.
- Do not carry tanks by the valve cap or regulator.
- Do not carry tanks on your shoulders or head.
- Transport tanks in the brackets or carts made for this purpose.

Storage

- Tanks must be stored in secured carts or in divided storage containers.
- Tanks must never be stored near heat sources such as boilers, furnaces and steam pipes or in the sun because heat can raise the internal pressure of a tank.
- Never let oil, grease or fuel of any type come in contact with cylinder valves or regulators because of the fire hazard.
- Each tank should have a cap over the valve when it is not in use.
- Tank valves should be turned off (closed position) when not in use, even if the tank is believed to be empty.

- Notify the Respiratory Department if you see any tanks or regulators that are damaged or empty.
- Tanks should be replaced when the contents read below 500 psi.
- Any individual at a fire scene can be assigned to the oxygen shut-off valve should the valve need to be shut off. This is coordinated with getting portable oxygen supply to the identified patients in the affected area.
- Be aware when entering the MRI suite with patients on portable oxygen. Check with technologist before entering.

Emergency Power

Emergency power is available throughout the hospitals in the event of commercial power interruption:

- A red receptacle and/or light switch indicates emergency power is available at that location. Critical patient care equipment should always be plugged into the red outlets.
- Details on emergency power for your location can be obtained from the Facilities Engineering Department.

WellStar's Medical Equipment Management Plan, Medical Imaging Service and Biomedical Engineering

For more information about the WellStar Medical Equipment Management Plan, Medical Imaging Service or Biomedical Engineering, contact John Richards, executive director of Biomedical Engineering, at 770-956-6597 or john.richards@wellstar.org, or Carol Scoggins, executive director of Diagnostic Outreach at 678-581-5870 or carol.scoggins@wellstar.org.

Medical Imaging Service and Biomedical Engineering are responsible for assessing and assuring the safety and performance of fixed and portable equipment used in the diagnosis, treatment and monitoring of patients. Currently Medical Imaging Service and Biomedical Engineering service approximately 34,000 medical devices throughout WellStar. All medical devices brought into WellStar need to be inspected by Medical Imaging Service or Biomedical Engineering prior to use. This includes purchased, rented, loaned, demonstration and educational medical devices. Any vendor demonstrations or loaned equipment arrangements should be coordinated through Medical Imaging Service or Biomedical Engineering.

WellStar's Medical Equipment Management Plan

WellStar's Medical Equipment Management Plan is designed to promote the safe and effective use of medical equipment throughout WellStar. The plan enables Medical Imaging Service and Biomedical Engineering to:

- Increase team member knowledge of medical equipment requirements and support the routine operational needs of medical equipment users.
- Assist in the pre-purchase process for equipment selection and System evaluations.
- Manage and track all required maintenance, activities and expenses.
- Maintain quality assurance that takes equipment function, safety risks and maintenance requirements into account.

Monitoring and Reporting Incidents

Medical Imaging Service and Biomedical Engineering, in coordination with Materials Management and Safety, respond to a variety of sources of information regarding medical device alerts, recalls or updates by performing or tracking the correction. In the event of a medical equipment-related occurrence, team members are directed to remove medical equipment involved in the occurrence, maintain the settings and accessories as they were during the incident, and to notify leadership, including the facility Safety officer. Medical Imaging Service or Biomedical Engineering will then perform or coordinate the investigation of the device involved in the event. Requests for service for medical devices can be made by calling 770-732-3895 (Cobb); 770-793-5265 (Douglas, Kennestone, Paulding, Paulding Nursing Center, Windy Hill and Medical Group); 770-732-3899 (all Medical Imaging equipment).

MRI Safety

For more information about MRI safety, contact Barbara Ruplin, MRI clinical specialist, at 404-304-0997 or barbara.ruplin@wellstar.org or the site department manager.

MRI is a service offered in the Medical Imaging Department. There are many safety precautions that need to be followed by staff when in this area due to the magnet's extremely strong force. The magnet is always on, no exceptions!

- Only MRI-compatible metal items are allowed into the room. Unapproved metal items taken into the room can pose a safety hazard to patients and staff, causing injury and sometimes death.
- No patients or staff are to enter the room until they have been screened and approved by MRI

personnel. This screening must take place prior to each entry. Please ask before entering and do not take any object into the room unless it has been cleared by the MRI personnel.

Radiation Safety

For more information about radiation safety, contact Brian Snipes, CT clinical specialist, at 678-581-5862 or brian.snipes@wellstar.org.

Radioactive materials are primarily used and stored in Nuclear Medicine, PET and Radiation Oncology. Radioactive materials are to be kept locked or stored in supervised areas. If your duties require you to work in the areas above, check with department personnel before entering the area. X-ray machines, such as those used to take chest X-rays and CT scans, are also a source of radiation exposure, but only when the machines are actually taking a picture. Even then, only a small amount of radiation scatters away from the patient. Also, the patient does not become "radioactive" from this type of X-ray. Below are some simple guidelines that will help you avoid or minimize radiation exposure:

- If you must be in the room during a patient exposure, follow these three principles to reduce your exposure: time, distance and shielding (barrier protection).
- **Time:** minimize the amount of time you spend in the area of exposure when possible to lower your dose. **Distance:** increase your distance from the source of radiation when possible (every 6 feet you move away from the source, your dose is cut in half). **Shielding:** when possible, wear shielding or stand behind a lead barrier to reduce your exposure.
- **Radiation badge:** if you were issued a radiation badge, be sure to wear it regularly and properly so your exposure amounts may be recorded and reviewed. Be sure to store your badge in an appropriate location. Do not leave the badge on an apron, in a room or exposed to sunlight as this may report false higher readings.

Infection Prevention

Infection prevention reduces the risk of acquiring and transmitting (spreading) infections among patients, employees, medical staff, including licensed independent contractors, visitors and volunteers in the healthcare setting. The following section is to provide you with the tools to protect yourself, other healthcare providers and our patients.

- The single best way to prevent infection is hand hygiene.
- Healthcare workers who care for patients in airborne precautions must be fit tested annually with the N-95 mask.
- When caring for patients with *C. difficile*, hand washing must be performed with soap and water. The mechanical friction generated when washing hands removes the *c.diff* spores.

For more information about infection prevention, contact the director of Infection Prevention at 770-792-5437 or your facility's Infection Prevention staff.

Latex Allergy

Due to continued prolonged exposure to the proteins found in natural rubber, the body's immune system may identify the latex protein as a foreign invader and react to it. Signs and symptoms include burning eyes, sneezing/nasal irritation, mild hand rash/irritation and generalized itching. Worsening symptoms can include hives, wheezing, bronchial asthma, increased skin rashes/blisters/swelling and tachycardia. If you have these symptoms, complete an online event form and follow up with Employee Health for evaluation. "Latex Free" carts are available at each WellStar facility for latex sensitive patients. For questions or concerns, contact Employee Health or Infection Prevention.

OSHA Bloodborne Pathogens Standard

The Occupational Safety and Health Administration (OSHA) requires that in order to reduce or eliminate the hazards of occupational exposure to bloodborne pathogens, an employer must implement an exposure control plan which details employee protection measures. The plan must also describe how an employer will use a combination of engineering and work practice controls, ensure the use of personal protective clothing and equipment, provide training, medical surveillance, hepatitis B vaccinations, signs and labels, among other provisions. WellStar's Exposure Control Plan can be found in the SPP manual on eSource. All employees with patient contact are required to review this plan annually to be aware of any changes.

What are bloodborne pathogens?

Bloodborne pathogens are infectious microorganisms in present blood that can cause disease in humans. These pathogens include, but are not limited to hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Needlesticks and other

sharps-related injuries have the potential to expose workers to bloodborne pathogens.

1. The three bloodborne pathogens of most concern to healthcare workers are: HIV, Hepatitis B and Hepatitis C:
 - Hepatitis B Virus (HBV) attacks the liver and can cause flu-like illness that can last for months. If the person develops chronic hepatitis, he/she may have no symptoms, but can pass HBV to others. Chronic hepatitis can lead to cirrhosis, liver cancer and death. Fortunately, there is a hepatitis B vaccine to prevent this infection. This vaccine is now administered to all age groups to prevent HBV.
 - Hepatitis C Virus (HCV) also attacks the liver. It causes an illness that is usually milder than HBV. HCV often causes chronic liver disease. Illness from HCV may not appear until years following infection with the virus. To date, a vaccine is not available for HCV.
 - Human Immunodeficiency Virus (HIV), which causes AIDS, attacks the immune system, making the body less able to fight off infections. To date, there is not an HIV vaccine.
 - HBV, HCV and HIV can be spread when infected fluids enter the body through:
 - a. Needle-stick injuries
 - b. Cuts, scrapes and other breaks in the skin
 - c. Splashes into the mouth, nose or eyes
 - d. Oral, vaginal or anal sex
 - e. Sharing infected drug needles
 - f. Infected pregnant women can pass the infection to their babies
2. There are other diseases such as syphilis, malaria, arbovirus (mosquito transmission) infections, etc., that can be transmitted through blood and body fluids; however, the greatest risks to healthcare workers are HBV, HCV and HIV. If you have questions about a patient's infection or how to protect yourself from infection, contact Infection Prevention or Employee Health.

How Infections are Spread

1. Source – The source can be persons or things that house or carry the germ. This can be a patient, team member, volunteer, physician, student, visitor, another patient, object or even an object.

2. Methods of spreading infection –

- a. Contact - This can be direct contact, which involves skin-to-skin contact between two persons or indirect contact, which involves contact with another object such as a dirty instrument or needle.
 - b. Droplets - Created when a person with the germ coughs or sneezes and the germ is propelled a short distance to the eyes, nose or mouth of another person. The distance a droplet can travel is approximately 3 feet.
 - c. Airborne - Very small "droplet nuclei" can travel on dust particles when the germs are propelled into the air. They can spread through the air long distances and can be inhaled by another person in the same room or even another area into which the air has moved.
 - d. Common Vehicle - Germs spread through contaminated food, water, medications, devices or equipment.
 - e. Vector-borne - Germs spread through small living things like mosquitoes, flies, rats and other vermin.
3. Host – Person who catches or acquires an infection or organism that is spread from the source.

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).

Personal Protective Equipment

Use appropriate personal protective equipment to stay safe! This includes gloves, gowns, masks and eye protection as indicated.

- Gloves are worn when there is a potential for touching blood, body fluids, secretions, excretions, non-intact skin and mucous membranes. Remove gloves and wash hands promptly after removal. 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 latex free gloves.

- Gowns are worn when you think your clothing has the potential for becoming 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 or sprays of blood, body fluids, secretions or excretions. Avoid touching the front of mask during use or removal.
- Always remove personal protective equipment immediately after use. Avoid contaminating hands. Discard in appropriate container and wash hands.

Handling of Patient Care Equipment

- Handle soiled patient care equipment in a manner to limit contact with your skin or mucous membranes.
- Reusable patient equipment must be cleaned and disinfected prior to use by another patient.
- Cleaning and disinfection is a two-step process:
 - » CLEAN the equipment to remove soil and/or debris.
 - » DISINFECT the equipment by applying the disinfectant and leaving the equipment shiny wet.
 - » For contact time, follow the recommendations of the manufacturer.

- » Dispose of needles and other sharps immediately after use in appropriate sharps disposal container.

Handling Linen and Laundry

- Handle and transport soiled linen in a manner to prevent contamination of your clothing and/or skin.
- Handle, transport and store clean linen in a manner to prevent contamination with dust, moisture or microorganisms.

Respiratory Etiquette

- Provide simple face masks/surgical masks to patients with acute respiratory illness symptoms or tissues if patient is unable to wear a mask.
- Instruct patient on use and disposal. Encourage patients to perform hand hygiene frequently.
- Move patients with respiratory symptoms out of waiting areas as soon as possible. Healthcare providers should wear masks when caring for a patient with respiratory symptoms. Use the 6 foot rule for distance.
- Use Droplet Precautions for patients with respiratory symptoms until cause is determined not to be infectious.

Environmental Control

Develop procedures for routine care, cleaning and disinfection of environmental surfaces, especially high touch areas.

Transmission-Based Precautions (Isolation)

- Used for patient suspected to be colonized or infected with a transmissible organism.
- Three types of precautions: airborne, contact and droplet.

Flagging of medical records for select resistant *germs* (MDROs) :

View patient armband for isolation flag (see below for codes) and take action as needed for isolation precautions.

Code	Description	Explanation of codes
G	MDR-GNB (CRE,ESBL,*O)	Multiple Drug Resistant - Gram Negative Bacilli; O = Other; Multiple Drug Resistant Bacteria
M	MRSA	Methicillin Resistant Staph aureus
MG	MRSA/MDR-GNB	Methicillin Resistant Staph aureus/ Multiple Drug Resistant - Gram Negative Bacilli;
MV	MRSA/VRE	Methicillin Resistant Staph aureus/ Vancomycin Resistant enterococcus
MVG	MRSA/VRE/MDR-GNB	Methicillin Resistant Staph aureus/ Multiple Drug Resistant - Gram Negative Bacilli
V	VRE	Vancomycin Resistant enterococcus
VG	VRE/MDR-GNB	Vancomycin Resistant enterococcus/ Multiple Drug Resistant - Gram Negative Bacilli

ARMBAND SAMPLE



- Signs are posted on the door of the room for a patient requiring any of these precautions.
- For more information or a listing of diseases, refer to SPP # IC- 03 located on eSource.

Biohazardous Waste

The biohazard sign identifies containers that have items soiled with blood or other infectious materials. Use solidifier for body fluids whenever possible. Dispose of the following in the red bags:

- Blood transfusion bag and tubing with spike
- Sealed containers with pooled blood or body fluids (hemovacs)
- Dressings saturated (dripping) with blood or body fluids
- Saturated, grossly contaminated disposable equipment

Dispose of items such as the following in the sharps containers:

- Disposable needles
- Syringes
- Scalpels, blades or razor blades
- Staples, wires
- Lancets, pipettes
- When sharps containers are 3/4 full, securely close the container and insure removal/disposal as per facility procedure

Dispose of items such as the following in the regular trash:

- Paper, paper towels, wrappers, newspaper, etc.
- Dressings with small amounts of blood, body fluids, emptied foley bags and used Band-Aids

Clean Up of Blood Spills

Spills of blood or body fluid should be cleaned up promptly. The process includes immediately cleaning up the spill and then using a disinfectant. If using a spill kit, follow kit instructions:

1. Put on disposable gloves and wear other personal protective equipment (gowns, masks, face shields/goggles) if needed.
2. Remove visible material by placing paper towels or other absorbent materials directly over the spill. Wait until all the liquid is absorbed.
3. Use more paper towels if needed.

4. Carefully remove paper towels or other absorbent materials and place in red bag.
5. Linen/cloth items are to be placed in appropriate linen containers, not red bags.
6. Clean the area with appropriate cleaner.
7. Disinfect using hospital-approved disinfectant for blood/body fluid spills.
8. Remove gloves and dispose of appropriately.
9. Wash hands.

Multi-Drug Resistant Organisms (MRSA, VRE, ESBL, CRE) and C. difficile

- Private Room NO cohorting for CRE.
- Private room or placement with a roommate (cohort) who has the same germ.
- Contact Precautions – gown and gloves required. Wear upon entry and remove before leaving the room.
- Hand hygiene
- MRSA, VRE, ESBL, CRE – hand sanitizer or hand wash with antiseptic soap
- C. difficile – hand wash with antiseptic soap and water
- Environmental cleaning – detail cleaning of frequently touched areas. A bleach solution may be used for patients with C. difficile.
- Patient care equipment must be dedicated or cleaned and disinfected before use on another patient.
- Transport – clean the patient's hands and cover the patient with a clean gown and sheet.
- Discharge – Leave the door sign up until the room is terminally cleaned by EVS.

Respiratory Protection Plan

Team Members Responsibilities:

- Always wear the appropriate respirator (n95 or PAPR) when required and in the manner in which you were trained. Wear only the N95 size mask that you have been fit tested to wear.

Inform your manager of any condition that would require refitting. These include, but are not limited to, weight changes of 20 pounds or more, significant dental changes and any facial conditions would interfere with face piece sealing (i.e., broken facial bones, surgery, facial scarring, beard growth, etc.).

- Annual fit testing and training is an OSHA requirement. You can be fit tested either by a trainer on your unit or at one of the Employee Health mass fit test clinics..
- Perform user seal check prior to wearing an N-95 mask. Masks can be reused, unless damaged or wet.

Protect Yourself and Others from Tuberculosis (TB)

TB can be spread from one person to another through the air. The mycobacterium (germ) is expelled into the air when a person coughs, sneezes or even with talking. It enters the body through the lungs. Early identification and treatment of persons with TB is essential. This includes evaluation of signs, symptoms, diagnostic testing and initiation of appropriate, timely treatment. The signs and symptoms of active TB include fever, coughing up blood, weight loss, night sweats, loss of appetite and fatigue. Diagnostic testing includes the TB skin test, chest X-ray, AFB smear and culture.

Isolation of Hospitalized Patients Using Airborne Precautions

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

CAUTION!

Remember, if you have not been fit tested to use the N95 mask, 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:

- All WellStar team members are assessed for TB upon hire and annually thereafter.
- Baseline TST (tuberculin skin testing) for all new employees using the two-step method.
- Annual TST of employees working in facilities classified as medium risk of TB transmission.
- All team members must complete TB symptom questionnaire with the annual health screening regardless of risk of TB transmission.
- TST positive employees require documentation of Chest X-ray.

- Employee Health initiates follow up for all employees who have been potentially exposed to a person with TB.
- Team members who have active TB will be treated and restricted from work until treatment is completed and employee is cleared to return to work.

NOTE: A positive TST skin test does not mean you will infect someone else. It does mean that you have been exposed to TB and the TB germ has entered your body. This is called Latent TB. It also means you should be evaluated for treatment. You can only infect others if you have symptoms of TB.

TB Exposure Protocol

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 Employee Health.
- The manager reviews the medical record to determine which employees have been exposed, sends a list to Employee Health, and also notifies all exposed team members to follow up with Employee Health.
- Employee Health determines dates for post-exposure follow-up based on dates of exposure.
- Post-exposure follow-up for TB Exposure IS MANDATORY.
- Failure to complete TB exposure follow-up may result in team member being unable to work until completed.
- Team members with previously positive skin test will be evaluated annually for symptoms of TB by Employee Health. Employee Health will determine if repeat Chest X-ray is indicated.

Influenza

CAUTION!

Unvaccinated healthcare workers can be infected with the flu and can spread the flu to others before experiencing any symptoms.

Know These Facts About the Flu!

Influenza is a contagious disease that causes more

than 36,000 deaths annually. More than 200,000 patients are hospitalized with flu complications every year. Approximately 5 to 20 percent of the overall population gets the flu each year.

- The single best way to protect yourself and your patients against the flu is to get vaccinated.
- Flu strains vary each year. Annual flu vaccine protects against the most prevalent strains of the flu virus.
- Flu vaccine is safe and effective. Flu vaccine has been given for more than 50 years and has a proven safety record.
- The most common side effect of the flu vaccine is slight soreness at the injection site.
- Employee Health offers flu vaccination for all WellStar team members and staff beginning each fall
- Flu vaccinations can be given through the spring months.

Non-Vaccine Influenza Prevention and Control Measures

1. Cough etiquette:

- a. Cover your mouth and nose with a tissue when you cough or sneeze.
- b. If you do not have a tissue, then cough or sneeze into your upper sleeve, not your hands.
- c. Put your used tissue in the waste basket, not uniform pocket or desktop.

2. Clean hands after coughing or sneezing:

- a. Wash with soap and water for 15-20 seconds or
- b. Clean with an alcohol-based hand sanitizer.
- c. Avoid close contact with people who are ill.
- d. If you are feeling ill, try to keep your distance from others to protect them from getting sick.

3. Do not come to work if you have the flu. Work is restricted until 24 hours without a fever and without the use of fever-reducing medications (i.e., Tylenol, Motrin or Asprin).

4. Avoid touching your eyes, nose or mouth. Germs are often spread this way.

5. Clean and disinfect surfaces handled often by hands. Examples include phones, door handles and keyboards.

6. Flu symptoms include:

- High fever
- Headache
- Extreme tiredness
- Dry cough
- Sore throat
- Runny or stuffy nose
- Muscle aches
- Nausea, vomiting and diarrhea can also occur but are more common in children.

Transmission: How the Flu is Spread:

- Droplet - coughing or sneezing the flu germs onto someone's face.
- Contact - Touching something with the flu germ on it (door knobs, elevator buttons, etc.) and then touching your mouth, nose or eyes without first washing your hands.

Hand Hygiene: The best way to prevent to 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
- Anytime you are in doubt

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 Sanitizer

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.

What should be reported to Infection Prevention and/or Employee Health?

- Exposures to communicable or transmittable diseases
- Symptoms of fever, diarrhea, draining wounds, any sign or symptoms of possible infectious disease
- Needle and/or other sharp injuries or splash of blood or other body fluid to eyes, nose or mouth.

Employee Health Screenings

All WellStar team members are required to complete both a pre-placement and an annual health screening. During the health screenings, risks associated with job duties are assessed and appropriate protection is provided. This ensures a safe work environment for every team member. Employee Health screenings meet all regulatory requirements.

Patient Needs

Patient Rights and Organizational Ethics

The daily mission of WellStar, its medical staff, team members and volunteers is to assure that patient rights are preserved for each of our patients. Information regarding patient rights and responsibilities is posted throughout all WellStar facilities. In addition, a list of patient rights and responsibilities can be found in the Patient Guide 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 HR Policy 2015.

Ethics 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 and can be anonymous. To initiate an Ethics Committee Consult, see SPP# RI-25-01 Mechanism to Address Biomedical Ethical Issues.

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-10 End of Life Care and Documentation. Anyone approaching the end of life should be comfortable and have the option to be surrounded by his/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 and honoring the patient's/family's values, i.e., social, emotional, psychological, spiritual, cultural, religious and personal wishes, including advance directives, AND/DNR (Allow Natural Death), POLST, etc.

Advance Directives: Critical Conditions

For more information about advanced directives and WellStar's process, read SPP# RI-10-01 Advance Directive.

All adults over 18 years of age have the right to accept or refuse medical treatment. An advance directive is a legal document that allows a person to indicate, in writing, his/her wishes regarding medical treatment, should they become unable to state their preferences in the future. As addressing this for the first time on hospital admission is often frightening to our patients, WellStar is participating in a statewide project through Georgia Health Decisions called Critical Conditions. The purpose is to educate our communities prior to admission regarding their right to execute an advance directive and to provide resources to assist them in completing a directive. A

Critical Conditions Planning Guide is provided and used in helping individuals understand and make these often difficult choices. Once a patient's wishes are known, we must all work to ensure that these wishes are carried out to the extent permitted by law. Georgia recognizes the following advance directives:

- Advance directive for healthcare: a written document voluntarily executed by the patient in accordance with the requirements of GA Code Section 31-32-5 that expresses a patient's wishes for how they wish to live at the end of their life. In addition, the patient can name a healthcare advocate to speak for them should they be unable to speak for themselves. This includes a Living Will and/or Durable Power of Attorney for Healthcare if existing on or before June 30, 2007.
- Living Will: Allows a person to indicate his/her wishes regarding life sustaining procedures, including respiratory support, nourishment and hydration, as well as other treatments (if existing prior to June 30, 2007).
- Durable Power of Attorney for Healthcare: Allows a person to indicate his/her wishes and/or to designate an agent to speak on his/her behalf should they become unable to do so in the future (if existing prior to June 30, 2007).
- Physician Order for Life Sustaining Treatment (POLST): A standard order form that gives direction for cardio-pulmonary resuscitation options in the event of respiratory or cardiac arrest.

CMS and The Joint Commission requires that we ask each patient on admission if they have an advance directive and make efforts to place a copy of the advance directive in the Medical Record. We are also obligated to provide information about advance directives if patients or families request that information. This process begins in Patient Access Services (PAS) when patients are admitted, and continues with the nursing and Care Coordination staff once patients have been admitted to the hospital.

Should the patient want additional information or to complete an advance directive, Care Coordination will provide that information. Whenever a patient indicates they have an advance directive on admission, we must obtain a copy (patient to keep original) and place in front of the chart, under the pink "AD/POLST" tab. If a copy is not readily available, the general content of the directive is included in the admission database by the admitting nurse. Physician must be made aware of directive (label on front of

chart, phone call, etc.). Information about advance directives for any patient is located under the Patient Information tab on the physician portal.

It is important that members of the care team read a patient's advanced directive. Having an advance directive does not automatically mean the patient does not want resuscitation. An advance directive could indicate that the patient wants everything done. A copy of the advance directive should be sent with patients upon discharge/transfer to another hospital, nursing home, sub-acute unit, etc., and a copy kept as part of the permanent medical record in "global documents" and can be recovered on future admissions.

POLST – Physician Orders for Life Sustaining Treatment

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 his/her wishes from instructions given by their healthcare advocate. Upon discharge, the original POLST is to be given to the patient and a copy placed on the chart. On future admissions, a previous POLST can be found in the "Documents File" under "POLST."

An Allow Natural Death/ Do Not Resuscitate (AND/ DNR) 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 his/her Health Care Advocate has consented to the AND/ DNR order. When a AND/DNR 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 AND/DNR order is appropriate.

When questions or concerns arise about the appropriateness of End of Life orders, guidance can be obtained from a Palliative Care consultation, the Hospital Ethics Committee or the WellStar Legal Department.

Summary of Patient Rights and Responsibilities

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.
 - » 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.
 - » Follow instructions, policies, rules and regulations in place to support quality care and a safe environment for all.
 - » Support mutual consideration and respect by maintaining civil language and conduct in interactions with staff and physicians.

Healthcare Team Rights and Responsibilities

You as the healthcare team member, have a responsibility to the patient to:

Provide Treatment and Services

- » Provide treatment regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity
- » Provide emergency treatment
- » Provide resources related to protective and advocacy services

Be Respectful

- » Provide a respectful, safe environment
- » Honor their cultural and personal values, beliefs and preferences
- » Accommodate religious and other spiritual services
- » Provide confidentiality, privacy and security
- » Honor their right to voice complaints and recommend changes
- » Utilize restraints and/or seclusion only when clinically necessary

Communicate Effectively

- » Notify their attending physician of their admission
- » Introduce yourself and explain your role
- » Utilize language, interpreting and translation services when appropriate
- » Explain their diagnosis and treatment options, including continued and timely updates
- » Provide information about outcomes of care, treatment and services including unanticipated outcomes
- » Provide them access to their health information

Provide Protection

- » Protect them from neglect; exploitation; and verbal, mental, physical and sexual abuse while under our care
- » Provide information needed to make a decision whether to participate in research, an investigation or a clinical trial

Involve the Patient and Others in Care Decisions

- » Involve them in decisions about their care, treatment and services and to involve their family when they choose
- » Involve their healthcare representative, when they are unable to make their own decisions
- » Manage their pain
- » Allow a support person of their choice to be present
- » Honor their right to refuse care, treatment and services

Provide Informed Consent

- » Honor their right to give, withhold or revoke informed consent including consent to produce or use recordings, films or other images for uses other than their care

Honor the Patient's End of Life Decisions

- » Provide written information about advance directives and POLST (physician order for life sustaining treatment)
- » Provide assistance in formulating an advance directive if requested
- » Assist in the revision of their end-of-life decisions if requested
- » Review and honor their end-of-life decisions
- » Honor their wishes concerning organ and tissue donation

You are the Healthcare Team Member, Have a Right to:

- » Be treated in a respectful and considerate manner
- » Be communicated to with honesty
- » Transfer care when there is a value conflict
- » Raise concerns when it is felt that ineffective care is requested by the patient or family or a physician
- » Raise concerns when it is requested to provide harmful or futile interventions, even when requested by the patient or family or a physician

Eye, Organ and Tissue Donation

For more information, read SPP#'s RI-20-01, RI-20-02 and RI-20-03. 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. Referrals are initiated by calling the Hospital Donation Referral Line at **800-882-7177**.

Patient and Family Education

Questions regarding Patient and Family Education at WellStar may be directed to Learning & Development Department within Organizational Learning. Call **770-956-6411** for more information.

Team members may also refer to the patient and family education policies in the standard policy and procedures section on eSource. Patient/family education is a need which must be addressed by all members of the healthcare team. It is the expectation of WellStar Health System that assertive efforts be made to educate patients, as well as their families, to promote optimal health. Patient/family

education involves an interdisciplinary approach, with involvement from all healthcare providers. Communication among members of the healthcare team is critical.

Assess Patient and Family Education Needs (SPP # PF-05-01)

Upon admission, a learning assessment is to consider:

- Learning needs, readiness to learn, physical and cognitive limitations/abilities, methods/preferences of learning, age specific academic/education needs, cultural and religious practices, emotional and language barriers.
- Assess the available resources needed to meet the patient/family's educational needs.

Patient and Family Education Includes:

- An individualized learning goal
- The plan of care, treatment and services
- Patient rights and responsibilities
- Basic health practices and safety
- The safe and effective use of medications
- Nutrition interventions, modified diets or oral health
- Safe and effective use of medical equipment or supplies when provided by the hospital
- Understanding pain, the risk for pain, the importance of effective pain management, the pain assessment process and methods for pain management
- Habilitation or rehabilitation techniques to help them reach the maximum independence possible
- Falls prevention and reduction strategies
- Communication of safety issues before, during and after care
- Parents/guardian are notified of the need to contact the board of education of their county of residence for continued educational needs for children and adolescents hospitalized for 10 consecutive school days or longer. Children and adolescents hospitalized for 10 consecutive school days or longer receive academic instruction from a certified teacher employed by the board of education of the county of residence.

Resources for Patient and Family Education

Staff are highly encouraged to use numerous resources available throughout WellStar to enhance patient/family education. Some of these include:

- Video Education on Demand is available through the WellStar Closed Circuit TV (CCTV) library of health-related videos. This is available to all inpatient rooms at WellStar Cobb, Douglas, Kennestone and Paulding hospitals (SPP #PF-05-01 Job Aid#2).
- **Krames on Demand** is the provider of a comprehensive patient family educational resource via eSource that contains HealthSheets, Medication Sheets and Exit-Writer designed for the Emergency and Urgent Care Centers.
- **HealthSheets:** a library of over 3,000 HealthSheets and 400 discharge instructions. The health sheets explain diseases, treatments, anatomy, conditions, procedures, etc. Discharge instructions are comprehensive and disease specific.
- **Medication Sheets:** a library of over 2,400 Medication Sheets that cover over 40,000 meds, ranging from prescription, over-the-counter, herbal, nutritional, brand name and generic.
- **Exit-Writer:** a library of over 1,600 discharge instructions that contain brief descriptions of the current diagnosis, a section on "Home Care," "Follow Up" and Get Prompt Medication Attention If." These discharge instructions are specifically designed for the types of treatment that will be provided in an ER and Urgent Care Centers.
- Health Sciences Library at WellStar Cobb and Kennestone hospitals have resources and materials to assist with patient and family education.
- WellStar Cobb and Kennestone Women's Centers each have a Women's Resource Library available to all patients and staff for health and wellness-related materials.

Additional information to promote age-specific competence is on SuccessFactors. Click on Course Catalog and search by:

- Growing Families (Infant/Children)
- Growing Up With Us (Adolescents)
- Grown Up (Adults/Geriatrics)

Evaluation and Documentation of Patient/Family Education

- Patient education should be documented every shift.
- Evaluate the patient's and/or family's comprehension using comprehensive measures including, but not limited to, the teach back method and return demonstration.
- Documentation should allow for interdisciplinary collaboration noted in patient's electronic record and goals documented in the Nursing Care Plan.
- Documentation of patient and family education should consist of the material provided and the patient's method of understanding (teach back, verbalization, demonstration, etc.)
- Documentation should include essential elements:
 - » Assessment including learning needs, cultural and religious barriers, physical and cognitive limitations appropriate to the patient's condition based on plan of care, health practices, safety issues, pain management, infection control, nutrition and rehabilitation
 - » What was taught
 - » What education materials were provided
 - » Patient/family comprehension
 - » Additional follow-up needed
 - » Additional follow-up instructions
 - » Discharge instructions including but not limited to activity, medications, follow-up appointments, diet and when to call the doctor
 - » Video on Demand should include the video number and full title
 - » For children/adolescents hospitalized more than a week, education arrangements should be noted in the electronic record

Population Specific Care

Population specific care involves eliminating barriers to the delivery of health care and providing care that is respectful of the differences of the various populations we serve. A population can be defined based on various attributes such as gender, culture, language, disability/special needs and age.

Although the majority of our patients are adults, we treat people of all ages depending on the service and department. Any employee who has direct patient

contact with patients who are younger or older must be educated about those age groups and evaluated yearly. Team members who interact with patients and guests need to follow these guidelines:

Neonate/Infant

- Involve the parents in education and planning.
- Keep parents in the infant's line of vision.
- Provide protective environment by "baby proofing" the area.
- Use distraction (pacifier, bottle, etc.).
- Keep infants warm (use a blanket when bathing or transporting infants).
- If immobilization is required, include the parents and/or use appropriate immobilization devices as defined by departmental policy.
- Use equipment specific to size and age of child.

Child

- Explain procedures and equipment to child using language and terminology that can be understood.
- Include the parents in teaching.
- Provide for the safety of child. Do not leave unattended.
- Keep side rails up on stretchers/cribs/beds.
- Provide familiar objects and toys in order to provide emotional support for the child.
- Use equipment specific to size and age of child.

Adolescents

- Explain the procedure and equipment. Check for understanding. The self-conscious adolescent may be reluctant to ask questions.
- Keep patient covered with a gown and blanket.
- Adolescents are concerned about body image.

Older Adult (Geriatric)

- Explain the procedure by talking and standing within the patient's field of vision.
- Speak slowly and do not shout. Do lower your voice and avoid excess background noise.
- Assess the patient's ability to safely ambulate, providing assistance when in doubt. Use one-on-one physical support for frail, elderly patients when walking or moving them.
- Use table pads, pillows and positioning sponges to support frail limbs and protect bony prominences.
- Reassess patient status frequently during long and uncomfortable procedures, noting verbal and nonverbal cues for distress.

- Maintain privacy and warmth by keeping patient covered with a gown and blanket.

Safety Tips for Children

The System provides compassionate quality medical care to a younger community, too. Children are not simply small adults; they have different needs, which require additional safety considerations. Remember that small children may express fear, pain or sadness by crying. Older children need explanations they can understand. Parents and families must be included in the decisions made.

- Falls are the leading cause of injury. Some safety tips include: use bed and crib rails and keep toys out of walkways and paths.
- Poisoning can occur accidentally because young children will put anything in their mouths – even if it tastes bad. Keep the following items out of the reach of children: cleaning supplies, tools, paint, medications and cords.
- Choking is the fourth leading cause of accidental death in young children. To help prevent choking and suffocation, avoid the following foods for children less than five years of age: peanuts, grapes, popcorn, hot dogs and hard candies. Check toys for small removable parts.
- Avoid giving small children balloons, especially latex, because of choking and allergic reactions.
- Clear floors of any small objects.
- Scalds or burns can occur from hot liquids such as coffee, soups and even tap water. Remember to place hot foods away from bedside tables and out of reach.
- Child safety begins with proper supervision.

Guidelines for Preparing Children and Families for Healthcare Experiences

Keep in mind to deliver education on a health literacy level of 5th to 8th grade.

- Ask the parents and family what they understand and solicit their concerns.
- Assess the child's knowledge, understanding and concerns about the situation before deciding what information to share.
- Determine any special needs or concerns of the child or family that might affect the timing, style or content of the preparation.
- Select materials and style of presentation to match the cognitive, experience and interest of the child and family.
- Use non-threatening, developmentally

appropriate language.

- Describe the procedure in terms of the child's sensory experiences (what the child will feel, see, hear, taste and smell), the sequence of events, and the anticipated duration.
- Suggest a range of feelings that the child might experience: "I don't know exactly how it will feel for you; it may hurt, sting or just be uncomfortable. Perhaps you can tell us how it feels." By using this approach, the child is not conditioned to automatically feel pain.
- Describe the steps involved in the procedure, demonstrating with teaching materials and using actual medical equipment when possible.
- Encourage the child to handle and explore the medical equipment that he/she will directly experience during the procedure.
- Describe, draw or demonstrate behaviors, such as a position, that are expected of the child during each step of the procedure (and after the procedure, if appropriate).
- Offer choices and describe options of how the child might cope during the procedure.
- Use the Teach Back method to provide the child with opportunities to rehearse effective coping behaviors (directly or with a doll) and demonstrate understanding of the information.
- Discuss with parents and family members how they can support the child and family.
- Encourage the child and family to ask questions and express their feelings.
- Arrange for visits to areas associated with the treatment and, when possible, introduce the child to staff who will be present.
- Assess the child's and family's understanding of and reactions to the information.
- Allow time for follow-up after the preparation.

Patient Assessment (SPP# PE-05)

- Patients are assessed by various disciplines and in various settings.

The Initial Patient Assessment:

- Screens various patient parameters in order to determine appropriate need for care, type of care required and need for further assessment
- Provides data used to develop the initial multidisciplinary plan of care

- Identifies patient needs which require further collaborative assessment
- Time parameters are determined by each discipline

Assessment includes:

- Physical, psychological, social, functional, hydration/nutritional, educational and discharge needs
- Assessment is population-specific (age, gender, culture, etc.)

Reassessment:

- Evaluates the patient's response to treatment
- Occurs at specified times as related to the patient's course of treatment or when there is a significant change in condition or diagnosis

Patients with Special Needs regarding Assessment & Reassessment Include:

- Patients receiving treatment for alcoholism or other drug dependencies; patients receiving treatment for behavioral health issues; infants, children and adolescents; possible victims of abuse or neglect, and patients hospitalized greater than 30 days

Care of Patients

Care of patients includes use of medication, nutrition, operative/invasive/other procedures, anesthesia care, use of blood and blood components, and rehabilitation services. Components of care include:

- Planning care
- Providing care
- Monitoring and determining outcomes of care
- Modifying care
- Coordinating follow up

Care Processes Specific to Operative, Invasive and other Procedures Include:

1. Selection of procedure
2. Pre-procedure preparation
3. Use of time-out procedure to identify patient, procedure to be performed, and site for surgery/procedure
4. Performance of procedure
5. Post-procedure monitoring
6. Patient education

Discharge Planning (SPP# CC-15)

- The disposition planning process is the coordination of services/resources to ensure that the patient's healthcare needs will be met as the patient transitions to the next level of care.
- Collaborative process that begins when the patient enters the organization. Early assessment for discharge assures continuity of care and appropriate, timely post-discharge care.
- Requires input from any discipline involved in the patient's care.
- Discharge planning conferences may be utilized to coordinate essential resources.
- Discharge plan is continually evaluated during hospitalization for appropriateness and timeliness.

Waived Testing (SPP# PE-15)

- Waived tests are simple laboratory examinations and procedures which employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible when manufacturer instructions are followed in the performance of the test.
- These procedures include bedside blood glucose tests, body fluid pH testing, fecal occult blood testing and gastric occult blood testing.
- Hospital personnel performing these tests must be trained in the appropriate use of equipment/supplies, documentation, quality control, treatment guidelines and patient testing procedures.
- All personnel must be trained to perform a test procedure, have a visual skill assessment and complete a written learning assessment (test) prior to performing patient tests.
- Personnel with blue color blindness cannot perform fecal/gastric occult blood, gastric pH testing or amniotic fluid pH (nitrazine) testing.
- To maintain certification, each employee will be required to recertify annually.

Patient Nutrition

Safe Storage of Food (SPP # NC-32)

- Perishable foods need to be stored under refrigeration at temperatures of 34-40 degrees Fahrenheit.
- Frozen foods shall be stored at temperatures not to exceed zero degrees Fahrenheit.

- Dry and staple foods will be stored at controlled room temperature of 70-86 degrees Fahrenheit.

Storage of Food and Food Products:

Food is stored at appropriate temperatures in a well-ventilated and clean storage area, refrigerator or freezer:

- Store promptly after receiving.
- Non-food items are stored separately from food.
- Patient food is stored separately from employee food.
- Food items are not stored under a sink or directly on the floor.
- Food items must be stored 18 inches from the ceiling and six inches from the floor.
- All foods will be rotated with the oldest products being used first.
- It is the responsibility of the department storing the food to discard any out-of-date product.
- Remove food from the original shipping containers to prevent insect infestation.
- Spills are cleaned immediately. When cleaning a refrigerator or freezer, all items are first removed and perishable items are temporarily stored under safe conditions.

Maintenance of Refrigerators and Freezers:

- Temperatures of refrigerators and freezers shall be checked daily. Thermometers are in plain view away from the door. It is the responsibility of the department storing the food to verify and record the temperature on the form provided for that purpose.
- A refrigerator/freezer temperature monitoring tool will be placed on each refrigerator (available from purchasing under item #60451).

The Department Responsible for Monitoring Temperatures will Maintain the Completed Tool for 12 Months.

- Those departments not open daily will record temperatures daily when the department is open.
- During closed hours, back-up monitoring procedures will be in place.
- Notify Engineering Department for any temperature reading outside the acceptable range (indicated by the dashed lines on the monitoring tool) or any indication of power loss. Document the following information on the back

of the monitoring tool: date, time, initials, any follow-up action.

- Refrigerators will be cleaned and defrosted as indicated. Completion of these cleaning chores will also be documented on the monitoring tool.

Diet Manual/Standardization of Practice (SPP # NC-05)

- The Georgia Dietetic manual is used throughout WellStar to standardize and communicate nutrition care approaches and processes.
- The standards of the Georgia Dietetic Association are in accordance with the current recommended dietary allowances.
- The nutrition care delivered to all WellStar patients adheres to standards contained in the manual.
- The Georgia Dietetic manual is approved, reviewed/revised as warranted at least every three years and approved by the WellStar Pharmacy and Therapeutics Committee.
- The manual represents a complete selection of diets. The manual is used as a resource when ordering or prescribing diets including enteral nutrition.
- Nutritional deficiencies of any diet not in compliance with the recommended dietary allowances are specified.
- The manual is available on eSource > Departments > Nutrition and Food Services.

Monitoring Nutritional Care

Calorie Counts - (SPP # NC-55)

- Initiated by a physician's or registered dietitian's order to assess intake on patients.
- Nursing staff will document all patient intake on either the calorie count sheet or the patient's menu.
- The dietitian will document an initial progress note to include an estimation of patient's nutritional requirements and calculate the total calories and grams of protein for the foods recorded on calorie count record sheet.

Enteral Nutrition - (SPP # NC-85)

- When the physician consults the dietitian for enteral nutrition management, RD/LD will assess the patient and complete the Enteral Nutrition Protocol form. The form will be placed in the

order section of the medical record.

- The RD/LD will write orders for the enteral nutrition feeding and any monitoring of laboratory tests while the patient is receiving enteral nutrition therapy.

Parenteral Nutrition - (SPP # NC-50)

- A prescriber may request the assistance of the Pharmacy Department for the management of patients receiving parenteral nutrition support therapy by ordering a pharmacy consult.
- The pharmacy consultant writes orders for the Parenteral Nutrition and necessary monitoring of laboratory tests while the patient is receiving Parenteral Nutrition therapy.
- The pharmacy consultant may adjust the patient's maintenance IV fluids and incorporate compatible IV medications into the PNS solution to streamline the patient's therapy.
- The pharmacy consultant orders/adjusts supplemental electrolyte replacement therapy as needed.
- The pharmacy consultant, in conjunction with the prescriber, orders additional tests to monitor caloric utilization and/or nutritional requirements in appropriate patients.

Food and Drug Interactions - (SPP# PF-10)

1. Pharmacy responsibilities:
 - When a patient is prescribed a drug with potential food/drug interactions, the Pharmacy indicates a need for teaching on the electronic MAR with a notation that states: "Food/Drug Intrx" and what the interaction is.
 - The Pharmacy generates a daily list of patients receiving the target medications requiring modification to the patient's meals for the Nutrition and Food Service Department.
2. Nutrition and Food Service Responsibilities:
 - Consult with Pharmacy to determine which target medications will be used to generate the daily list of patient's requiring modification of meals.
 - Nutrition and Food Services representative enters required information into the nutrition computer system, which automatically modifies the patient's menu.
3. Nursing Responsibilities:

- The nurse caring for a patient requiring food-drug interaction education is prompted on the electronic MAR with the notation: "Food/Drug Intrx" and what the interaction is. Micromedex can be used as a reference to provide information regarding food/drug interactions to the patient.
- The nurse documents education of medication(s) and patient's level of understanding in the medical record.

Bariatrics: Sensitivity and Patient Care

People who are obese often avoid seeking medical care due to a fear of being embarrassed, chided or humiliated. Often they have had prior negative experiences with healthcare providers. Our aim at WellStar is to encourage all team members to treat not only bariatric patients, but also visitors and employees with respect at all times. The bariatric patient deserves caregivers who are open communicators:

Communication begins with body language – speak to the person, not past them.

Avoid eye-rolling, eyebrow lifting, and staring. Instead, look directly at the patient and go about the tasks required.

- A smile goes a long way to reassure any patient – sincere compliments are appreciated.
- Ask open-ended questions that allow the patient to voice his/her needs and concerns.
- Respond to depreciating humor with a compliment. You may praise their efforts to regain their health and improve their quality of life.
- Gather equipment and staff necessary to assist the patient without making comments about the patient's size, need for special equipment or need for additional people.
- Introduce any new team members that have not previously assisted in the patient's care.

Ergonomics: Maintaining Safety for the Bariatric Patient and Staff

- Take responsibility to participate in regular lift training.
- Know where to locate lifts and how to identify weight limits on all equipment you use or may need to use.
- Depending on the patient's ability to assist, the morbidly obese surgical patient may require: no transfer assistance; two or more people and a

friction device; at least two people and a lift; at least two people and a hover device.

- » Staff should never lift greater than 40 pounds and caution should be taken to avoid positions that place either the patient or healthcare worker off balance.
- » Ability to assist is based on cognitive ability, narcotic or sedating medication load, or pain and guarding status.
- » Regardless of dependency status, all patients should be lifted from the floor with a lift device and at least two people.
- Clear the path; barriers such as tubing, blankets, IV poles and over bed tables may create an unsafe transfer environment.
 - » Careful assessment of the direction of the move is essential to result in a safe and efficient transfer.
- Once the way is clear it is important to gather the most appropriate tools (lifts, friction devices, hover devices, gait belts, walkers and the like), as well as the correct number of people.
 - » Lateral transfers may be accomplished with the use of two people and a hover device.
 - » Lateral transfer cots with handles are not appropriate for bariatric patients.
 - » Lateral transfer boards or mats may not be suitable for bariatric patients.
 - » Friction-reducing devices such as Maxi slides may not be suitable for bariatric patients.
 - » Labeling the transfer equipment with their weight limits is recommended to ensure proper use of equipment and maintain staff and patient safety.

Kennestone Hospital maintains a list of bariatric-friendly equipment on eSource. Click on Kennestone/Nursing/Bariatric Center of Excellence. As a Center of Excellence in Bariatric Surgery we are compelled to educate all staff on sensitivity and ergonomics. Care providers must have additional training on risks and complications of bariatric surgery. For more information regarding care of the bariatric patient, contact Sue Wood, Bariatric Program manager at 770-919-7050.

Patient Restraints

WellStar SPP #RI-40 outlines the policy and procedure related to patient restraints. As a healthcare System committed to providing exceptional health services and dedicated to personal service and quality,

WellStar has established a goal to reduce the use of physical restraints while maintaining a safe environment for our patients. The decision to place a patient in restraints 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 have failed.

Patient Assessment/Evaluation

The physicians, advanced practitioners and/or a registered nurse determine when a patient requires restraints based on a comprehensive assessment of the patient. This assessment is completed initially and reassessments are done during the restraint episode. The assessment includes, but is not limited to:

- Identification of physical and/or psychological problems that may be causing the behavior
- Assessment of risks and addressing special needs associated with vulnerable patient populations, such as emergency, pediatric, cognitively or physically limited patients and patients with a history of abuse. Attention to these problems may eliminate or decrease the need for restraint or seclusion.
- Risk versus benefit of restraints
- Least restrictive device
- The patient's immediate situations, the patient's reaction, along with the need to start, continue or terminate the restraint

Alternatives to Restraints

Alternative strategies are attempted prior to and during the use of restraints. If the patient's behavior places the patient and/or others at an increased risk for harm, alternatives may be deferred until the situation is contained. Alternatives to the use of restraint include:

- Educate patient/family regarding alternative strategies to avoid restraint use.
- Implement Fall Prevention Program for high-risk patients.
- Involve family/friends in visiting patient more often, especially in evening hours.
- Increase patient observation and needs assessment by staff-evaluation for underlying cause of confusion (i.e., medications, pain, abnormal labs, etc.) and attempt to correct.
- Modify environment by placing all personal items, assistive devices, etc., within reach. Evaluate use of side rails (raising side rails may actually cause more serious injury if patient attempts to get out of bed).

- Keep bright lights on in early evening (helps elderly to see more clearly).
 - Provide diversion activities such as newspapers, magazines, folding wash cloths, music therapy, etc.
 - Utilize ancillary staff in attending the patient during periods of agitation and restlessness.
 - If restraint is necessary to prevent pulling at IV, tubes, etc., first evaluate need for continued use (heparin lock vs. IV), and if necessary, attempt to wrap/conceal tubes in such a way to prevent disruption.
 - Use bed/chair alarms for patient at risk for falls.
 - Utilize psychosocial interventions, i.e., reality orientation, verbal calming, active listening, etc.
4. To ensure the patient remains safe when restraints are applied and during use, signs of injury are checked and addressed. Staff must have knowledge of how to respond to injuries related to restraints. The patient could experience respiratory difficulty if the lapbelt is improperly tied or placed. The staff would need to remove the restraint and assess airway and breathing and act accordingly. If the patient experiences circulation issues related to limb restraints, the staff would need to remove the restraint and assess the circulation and treat the circulation problem accordingly. For any injury related to restraints, the physician is notified and an incident report is completed.
 5. Monitoring is required to meet the physical and psychological needs of the patient. Monitoring consists of checking the safety, circulation and vital signs of the patient, along with assessing the nutrition, toileting and activity needs of the patient. For safety reasons, if the violent patient would become agitated by the monitoring it can be deferred, as long as safety and circulation checks are completed.

Restraint Guidelines

If restraint use cannot be avoided through use of alternative strategies, the following guidelines are followed:

1. An explanation must first be given to the patient/family regarding restraint use and the reason why necessary.
2. The least restrictive device should be selected.
3. The physician is notified immediately for non-violent, non-self destructive and violent self-destructive (VSD) restraints orders.
 - » Non-violent, non-self destructive restraints are renewed every calendar day.
 - » VSD restraints for adults are renewed every four hours. Telephone orders are acceptable for renewals up to 24 hours for VSD restraints.
 - » Physician is required to conduct a face-to-face evaluation of the patient in VSD restraints within one hour of the patient being restrained and then every 24 hours thereafter. If the physician is unable to conduct the face-to-face, only nurses or physicians assistants who have completed additional training can conduct this face-to-face evaluation, and must notify the physician as soon as possible. For non-violent, non-self destructive restraints, the physician evaluates the patient within 24 hours of being restrained and every calendar day thereafter.
 - » If an NP or PA provides a restraint order, they must notify the physician as soon as possible for both non-violent, non-self destructive and VSD restraints. Documentation of this notification is done on the order sets.
6. CMS requires any patient who expires while being restrained or within 24 hours of being restrained be reported.
7. Restraint use is closely monitored through a combination medical record audit, concurrent chart review and the reporting of relevant data at several WellStar committees. Data on restraint use and documentation compliance is entered into the electronic system monthly and is reported out in report manager. The data is accessible to all managers at any given time to use for performance improvement.

Refer to SPP #RI-40 for more specifics of restraint use to promote healing versus management of violent behavior. Turn to page 46 of this guide for nursing specific information.

Care of the Patient with Behavioral Health Needs

Care of the patient with behavioral health needs begins at patient admission. The patient receives treatment based on his/her past history, assessment and symptoms related to the patient's medical and psychiatric needs. WellStar's Nursing Division Policy and Procedure, DPP PS – 67 and DPP EC - 73, define guidelines for care of the patient with behavioral health needs, or turn to page 46 of this guide for nursing specific information.

Medication Use

WellStar SPP #MU-55 outlines the policy and procedure for identification and reporting of medication errors and adverse drug events.

Adverse Drug Event (ADE)

An adverse drug event is “an injury from a medicine (or lack of an intended medicine).” These include the traditionally reported Adverse Drug Reactions, such as allergic and idiosyncratic reactions, as well as injury resulting from medication error, accidental or intentional overdose, or underdose of a medicine. Please report all ADEs by using the electronic reporting function WebMeds e-reports, which can be found on eSource and on the Workstation On Wheels (WOWs).

Behavioral Health Assessors are available 24/7 and may be reached at 770-732-3789.

Staff may call at anytime for assistance.

Services offered:

- Support for staff, patient and family
- Education for all regarding mental health and suicide prevention
- Assistance with facilitating open communication
- Helps patient with regards to feelings, stress and safety
- Reduces anxiety
- Schedule formal mental health assessment
- Psychiatrist consult, which requires a physician’s order, is considered best practice, especially for suicidal patients

Adverse Drug Reaction (ADR)

ADRs include any unexpected, unintended, undesired or excessive response to a medicine requiring discontinuing the medicine (therapeutic or diagnostic), changing the medication therapy, modifying the dose (except for minor dosage adjustments), necessitates admission to a hospital, prolongs stay in a healthcare facility, significantly complicates diagnosis, negatively affects prognosis or results in temporary or permanent harm, disability or death.

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.

First provide any needed care to the patient, and then report the error using WebMeds e-reports. All reporting is anonymous. Reports are automatically submitted to the Medication Occurrence Analyst (MOA) for review and entry in the medication occurrence database.

Department supervisors should immediately report errors that result in patient harm to Risk Management. Medication errors that are caught before they reach the patient are also considered medication errors and should be reported via the WebMeds e-reports tool.

The only way to prevent errors from occurring is to know what errors have occurred. The only way to know an error has occurred is when team members submit reports of errors that reached the patient and resulted in harm, errors that were caught before they reached the patient, and errors that reached the patient but did not result in harm.

Cultural Competence

For more information about Cultural Competence or Language Access Services, contact Stephanie Taylor, director of Cultural Competency, at stephanie.taylor@wellstar.org or 470-956-6419.

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. While there is a lot that we don’t know or may not understand about other cultures, we should all commit to learning from each other. Our journey to provide world-class healthcare and to provide culturally competent care requires a commitment to self-awareness, being sensitive to others, a willingness to seek knowledge about other cultures and a commitment to enhance our cultural literacy.

Steps to Cultural Competence include a commitment to self-awareness and sensitivity to others. WellStar team members 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, etc.

- Understanding how cultural differences could impact our relationships with patients and co-workers
- Taking care not to say things that might be interpreted as judgmental, patronizing or ridiculing
- Showing a willingness to seek knowledge about other cultures
- Recognizing that gestures and other nonverbal communications vary from culture to culture

Remember:

- Symbols and signs are not universal
- To ask questions that will help to understand what's important to patients
- To listen to others without judgment
- To learn about the values and beliefs of co-workers and patients.

Additionally, WellStar team members must make a commitment to increase their cultural competency skills, paying close attention to:

- **Physical Closeness** - There are variations within cultures and by gender. When interacting with someone of an unfamiliar culture, allow that person to determine how close to you he/she wishes to remain.
- **Showing Respect** - Calling someone Mr. or Ms., 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. These phrases may be difficult to understand.
- **Age and Gender Roles** – Usually when there are age roles in a culture, the eldest person in a group is 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.
- **Candor** – In some cultures assertiveness is appropriate; in others it is seen as aggressive or rude behavior.
- **Stereotyping** - Oversimplifications about people that we don't know very well. Everyone is sensitive to stereotypes, whether positive or negative.

Abuse, Domestic Violence, Neglect and Exploitation Definitions

Abuse - Any intentional or grossly neglect act, series of acts, or omission to act which causes injury, including, but not limited to, assault, battery, failure to provide treatment or care or sexual harassment.

Child or Minor - Individual less than 18 years of age.

Disabled Adult - Person 18 years or older who is not a resident of a long-term care facility, but who is mentally or physically incapacitated or has Alzheimer's disease or dementia.

Domestic Violence - Physical and/or psychological abuse of one family member against another. (Mandatory reporting is not required by state law.)

Neglect - The absence or omission of essential services to the degree that it harms or threatens with harm the physical or emotional health of a disabled adult or elder person.

Negligence - Failure to provide adequate food, clothing, hygiene, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition.

Elder - Individual greater than 65 years of age.

Exploitation - The illegal or improper use of a disabled adult or elder person or that person's resources through undue influence, coercion, harassment, duress, deception, false representation, false pretense or other similar means for another's profit or advantage.

Team Member Responsibilities – Reporting abuse

Any team member, independent contractor or contract individuals engaged by WellStar who observes or suspects abuse, neglect or exploitation shall notify Social Services or appropriate protective services agency. Social Services or the agency will need an oral report including the names and addresses of involved parties, nature and extent of the complaint, evidence of previous injuries, and other pertinent information. Either the reporting individual or the staff of Social Services Department shall document the report in the medical record.

Reporting Alleged Abuse/Exploitation by Healthcare Worker:

All cases of reported or suspected abuse/exploitation of a patient by a healthcare worker must be immediately reported to the WellStar Risk Management Department for investigation.

For detailed information regarding abuse, domestic violence, neglect and exploitation, please refer to SPP# PE - 10 on eSource.

Available Resources

To enhance your cultural competence skills, use available WellStar resources. These include:

- On eSource – Human Resources > Cultural Competency
- On the unit - Cultural Competence Resource (a three-ring binder for quick reference located on the hospital units)
- In the library – Lipson & Dibble, Culture & Clinical Care, 2007, and Purnell & Paulanka, Transcultural Health Care - A Culturally Competent Approach, third edition

Accessing Medical Interpretation Services

Medical Interpretation

To enhance communication with patients with Limited English Proficiency (LEP) WellStar has established in-person medical interpretation services for patients who speak Spanish at two facilities with the greatest need.

- **WellStar Kennestone Hospital** – In-person medical interpretation for patients who speak Spanish are available 24 hours a day, 365 days a year. To request in-person medical interpretation, dial extension 36810.
- **WellStar Cobb Hospital** – In-person medical interpretation for patients who speak Spanish is available, Mondays – Fridays, 8 a.m. – 4:30 p.m. To request in-person medical interpretation, dial extension 0404.

Documentation: Always remember that whenever a medical interpreter is used, whether telephonic or in-person, you should always document that this was done in the progress notes section of the patient's medical record. Documentation includes date, medical interpreter's name and identification number, and the beginning and end time of the interpretation session. A new Medical Interpretation Services Documentation Form (WS1389) has been added to patients' charts. Team members should completely fill out this form each time interpretation services are used.

Accessing In-Person Medical Interpretation - Pre-arranged Appointments

Option One:

In-person interpretation for all languages, including Spanish, for appointments requiring extended times and which are pre-planned (i.e., diabetes education, rehabilitation services, outpatient surgery, etc.).

- When a pre-arranged appointment is needed, submit an Interpreter Request Form which can be obtained from eSource (Human Resources > Cultural Competency > Interpretation & Translation Services).
- Send e-mail to interpretationservices@wellstar.org.
 - » Attach Interpreter Request Form.
 - » Place "Patient's Name and Requested Language" in the subject line.
- Best when the need for interpretation can be anticipated.
- Requires an 8 - 10 day advanced notification.
- Appointments can be scheduled on a monthly basis.
- Request an interpreter of the same gender and approximate age as the patient.
- At the time of the appointment, record date, interpreter's name and code, and beginning and end time of interpretation in the patient's record.

Option Two

Telephonic Interpretation (Certified Languages International)

- Each department has access to Language Identification Cards which help 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 (Human Resources > Cultural Competency > Interpretation & Translation Services).
 - » Note: Signage which informs patients of their right to interpretation services is conveniently placed at all patient entrances at each facility, including urgent care centers and Patient Access Services.
- When a team member identifies a patient with Limited English Proficiency (LEP), show him/her the card. The message underneath each language instructs the patient to point to his/her language.
- Contact Certified Languages International (CLI) at 1-800-225-5254 (1-800-CALLCLI).
- You will be asked for the customer code. The customer code for each facility is as follows:
 - » CH - Cobb
 - » DH - Douglas
 - » PH - Paulding
 - » KH - K-N-Stone
 - » WH - W-N-D-Y-Hill
 - » WAB, WellStar Medical Group and other clinics – WellStar

2013 National Patient Safety Goals - Hospital Only

National Patient Safety Goal	Requirement
Goal 1: Improve the accuracy of patient identification	<ul style="list-style-type: none"> • Use at least two patient identifiers when providing care, treatment and services. • Eliminate transfusion errors related to patient misidentification.
Goal 2: Improve the effectiveness of communication among caregivers	<ul style="list-style-type: none"> • Report critical results of tests on a timely basis. <ul style="list-style-type: none"> » Lab values and diagnostic procedures
Goal 3: Improve the safety of using medications	<ul style="list-style-type: none"> • Label all medications, medication containers and other solutions on and of the sterile field in perioperative and other procedural settings. • Reduce the likelihood of patient harm associated with the use of anticoagulant therapy. • Maintain and communicate accurate patient medication information.
Goal 7: Reduce the risk of health care-associated infections	<ul style="list-style-type: none"> • Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines. • Implement evidence-based practices to prevent: <ul style="list-style-type: none"> » Healthcare-associated infections due to multi drug resistant organisms in acute care organizations » Central line-associated bloodstream infections » Surgical site infections » Catheter-associated urinary tract infections
Goal 15: The organization identifies safety risks inherent in its patient population	<ul style="list-style-type: none"> • Identify patients at risk for suicide.
Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery	<ul style="list-style-type: none"> • Conduct a preprocedure verification process. • Mark the procedure site. • A time-out performed before the procedure.

- Tell the phone operator, the language and gender of the patient so they can connect you with the right interpreter.
 - When the interpreter comes on they will identify themselves by name and interpreter code. Document interpreter's name and ID code, date, beginning and end time of the call in the patient's record using the Medical Interpretation Services Documentation Form.
- Note: After 10 p.m. when patients' bedside phones are turned off, access telephonic interpretation by using the Ascom Wireless phones to call the patient's bedside phone number. Once the patient picks up the phone, press "start."
- Interpreters will convey the spirit of the communication without additions, deletions or changes in meaning, and without interjecting their own opinion.

Tips for Working with Interpreters

- Allow extra time.

- Assure and confirm patient confidentiality and patient privacy.
- Speak directly to the patient, not the interpreter (i.e. ask "how long have you had pain?")
- Keep sentences brief and pause often to allow time for interpretation.
- Avoid technical medical jargon and expressions.
- Use diagrams and pictures to facilitate understanding.
- Ask patient to repeat information back to you to ensure that he/she understands.
- Speak in a normal voice and not too fast or too loudly.

Best Practices for Effective Interpretation

- Never ask a bilingual employee to interpret outside of his/her area of expertise/responsibility.
- Family/friends should not be used as interpreters except when patient specifically requests.

Note: When a family member is used, team members should request an in-person medical interpreter or use telephonic interpretation during the session to ensure that the information that is exchanged is accurate.

- Minor children should never be used as interpreters.
- Due to the sensitive nature of certain medical procedures (OB/Gyn, urological, etc.), it is important that whenever possible, the gender of the patient and medical interpreter is compatible. Ask the patient if he/she would prefer a male or female interpreter.

Providing Feedback about Medical Interpretation Services

Annually, providers are surveyed to solicit input regarding the quality of medical interpretation services at WellStar (both telephonic and in person), however, when problems arise or to submit immediate praise and recognition for any member of the medical interpretation team, e-mails should be directed to Stephanie Taylor, director, Cultural Competency at 470-956-6419 or stephanie.taylor@wellstar.org.

Medical Interpretation Training Program

At WellStar, we value the vast diversity of our team members. While many of our team members are bilingual or multilingual, we recognize that not everyone who is multilingual is able to communicate medical information in a secondary language.

Given the importance of effective communication between patients and providers in healthcare and the critical nature of medical information, there is a need to ensure not only the language fluency and comprehension of all multilingual team members (nurses, physicians, techs, etc) that may be called upon to convey medical information to patients and their families with limited English proficiency (LEP), but also to ensure that any team member who serves as a medical interpreter adheres to the Standards of Practice and Code of Ethics of this profession. Annually, WellStar trains over twenty team members to serve as medical interpreters. This training program ensures WellStar's compliance with federal Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Spiritual Needs

For more information about spiritual needs, please contact Rev. Renée Owen, director of Pastoral Care, at 770-793-5006 or renee.owen@wellstar.org.

The mission of WellStar's Pastoral Care Department is to impact the healing experience by offering compassionate presence and bringing hope to patients and residents, families, staff and community. Meeting patients' and families' spiritual and religious needs is an important part of creating a healing environment. Our offering of pastoral and spiritual care is the expression of our commitment to the health and well being of the whole person – mind, body and spirit. Chaplains are available 24/7 to help ensure that these spiritual needs are met during a patient's hospital stay.

Clinically trained professional staff chaplains are in-house at all WellStar hospitals, Atherton Place and Hospice, Monday through Friday during normal business hours and can be contacted by calling the Pastoral Care Office at each facility. Staff chaplains are available off-site after-hours (5 p.m. – 8 a.m. weeknights, and 24 hours on Saturday and Sunday) for emergencies and can be reached by dialing "0" and asking the hospital operator to contact the on-call chaplain.

Staff chaplains are available to meet the spiritual, religious and emotional needs of patients and families and can be called upon to make a spiritual assessment. All of our staff chaplains are professionally and clinically trained and offer care in an interfaith manner, always respectful of each person's faith tradition of choice or chosen spiritual path. Staff chaplains are also available to offer support to staff.

You can help us to ensure that the spiritual and religious needs of our patients and families are met by:

- Asking every patient upon admission if they have a special religious preferences and if they would like to receive spiritual support during their hospital stay.
- Making every effort to accommodate the spiritual and religious preferences of patients and families, unless these preferences interfere with patient care or safety. In these limited cases, staff chaplains can assist with alternatives to meet these needs in a safe and appropriate manner.

WellStar Pastoral Care Departments

WellStar Atherton Place: 770-421-7363

WellStar Cobb Hospital: 770-732-3780

WellStar Douglas Hospital: 770-920-6140

WellStar Hospice: 470-245-9963

WellStar Kennestone Hospital: 770-793-5005

WellStar Paulding Hospital: 770-505-7118

WellStar Windy Hill Hospital: 770-644-1148

The Americans with Disabilities Act (ADA) – (SPP no.EC-25)

For more information, questions or if a patient or family member needs information, contact Stephanie Taylor, ADA/504 coordinator, at 470-956-6419 or stephanie.taylor@wellstar.org.

The Americans with Disabilities Act (ADA) in accordance with Section 504 of the Rehab Act of 1973 and Title III of the Americans with Disabilities Act, is the System's policy that no program or activity administered by WellStar Health System shall exclude from participation, deny benefits to or subject to discrimination any individual solely by reason of his/her handicap.

Guidelines for ADA Compliance

Listed are instructions and aids for you to use when assisting a patient/family member who is hearing- or speech-impaired. The following terms are related to the ADA.

- TDD/TTY: Telecommunications for the Deaf/Text Telephone. A keyboard device used in conjunction with a telephone that allows communication by telephone for persons with hearing/speech challenges.
- Relay Center: A third-party service that allows a non-TDD/TTY user hearing person to communicate by phone with a TDD/TTY using hearing or speech impaired individual. The third-party reads text typed by the TDD individual (Deaf/Hearing/Speech Impaired) and verbalizes the text over the telephone to the non-TDD person. The hearing person's verbalization is then put into text by the third-party so the TDD person on the other end of the telephone can read what is being spoken.

Meeting the Needs of Patients Who Are Hearing or Speech Impaired

The initial assessment identifies patients having hearing or speech impairments who may need special communication assistance. Communicating with patients who may have hearing or speech impairments 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

Requesting a Sign Language Interpreter

To request an interpreter for patients who are deaf/hard of hearing, providers should contact Sign Language Interpreting Specialists at 770-531-0700. This service is available 24 hours a day, 365 days a year. The agency usually responds within 60-90 minutes. They can also be contacted via TTY at 770-287-9479. In order to best respond to patient needs, providers should:

- Determine if the patient wants a sign language interpreter or an oral interpreter
- Determine the discipline desired; ASL (American Sign Language) or Signed English

As a team member of WellStar, if you are in contact with a patient/resident or family member requesting an interpreter or auxiliary aids, you are authorized to make appropriate arrangements to effect communication.

United States Department of Health & Human Services/Office of Minority Health National Standards on Culturally and Linguistically Appropriate Services (CLAS)

The Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care issued by the U.S. Department of Health and Human Services/ Office of Minority Health are composed of 15 Standards that present individual providers and organizations with a blueprint for successfully implementing and maintaining culturally and linguistically appropriate services to advance health equity, improve quality, and help to eliminate health care disparities.

Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, are increasingly seen as essential to reducing disparities and improving health care quality. The enhanced National CLAS Standards are organized into one Principal Standard and three themes namely (1) Governance, Leadership, and Workforce; (2) Communication and Language Assistance; and (3) Engagement, Continuous Quality Improvement, and Accountability. We are working to implement these principles and activities throughout WellStar Health System.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

RN/LPN Section

If you are not an RN or LPN working in the clinical setting, please skip to the Financial Pillar on Page 73.

Medication Reconciliation - Med Rec (Refer to SPP MU-04-01)

The overall process for med rec is an electronic process. There are some areas, such as procedural areas, that utilize a paper process. After the implementation of WellStar Connect (Epic), Medication Reconciliation will be an integrated electronic process. The purpose for medication reconciliation is to ensure patient safety and provide continuity of care. Medication reconciliation is performed upon admission or entry into the system, at points of transfer and at patient discharge.

The patient's current home medication list is primarily obtained by nursing for use throughout the patient's hospitalization. Remember to avoid the use of unapproved abbreviations and include the last time the patient received the medication. This list is compared to the physician's orders and clarification made as needed to prevent medication errors.

Case Study Examples:

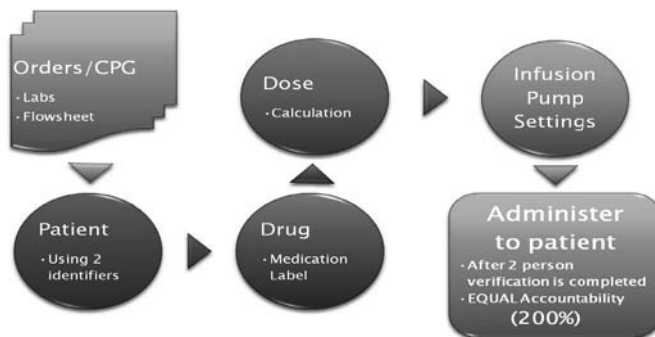
1. Home med rec ordered an inhaled medication to be administered by respiratory. Pharmacy entered the medication, however the order for the treatment was not entered into the computer by either the secretary or nurse. The respiratory therapists were unaware of the medication order, treatments were missed and the patient required oxygen therapy that could have possibly been avoided.
2. Medication times of administration were not obtained initially by the nurse completing the med rec form. The pharmacy did not know when to time the next doses and for several days the patient missed the medications all together as a result of both missing documentation and lack of follow-up.

High-Risk Medication Administration

Administering any medication requires the use of the five rights:

1. Patient
2. Medication
3. Route
4. Dose
5. Time

High-risk medications require additional verification using an independent double-check performed by two licensed providers (MU-08). For infusions, verification occurs upon initiation, with every change (dose, rate, etc.) and with each new bag hung. This includes the verification of the infusion pump and is performed at the bedside.



Moderate Analgesia/Moderate Sedation

Moderate Analgesia/Moderate Sedation is the administration of sedatives and/or analgesic medicines that allow a patient to tolerate unpleasant procedures without a loss of protective reflexes. Moderate Sedation is not defined by the amount of medications administered; it is the direct response of the patient. During moderate analgesia, the patient will maintain cardiopulmonary function and the ability to respond appropriately. Drugs given for anti-anxiety/pain control effect are not considered moderate sedation. Administration of the patient's routine PRN pain medications prior to an intervention such as dressing change, removal of drainage tube, etc. is considered mild/minimal analgesia and not moderate sedation.

Moderate sedation cases are done in specialty units, not on general nursing floors.

Departments utilizing moderate sedation/analgesia include, but are not limited to:

- Surgical services
- Endoscopy unit
- Cardiac Catheterization Unit
- Medical Imaging
- Emergency Services
- LTAC
- Critical Care

The minimum staff for procedures performed under sedation in all departments include the privileged physician, and RN administering the medication and monitoring the patient. The monitoring staff member has no other responsibility that would leave the patient unattended or that compromises continuous monitoring during the procedure. The appropriate reversal agent (Romazicon or Narcan) for the administered analgesia/sedation is readily available. If a reversal agent is administered to the patient it is considered an adverse medication event and is reported to pharmacy via a WebMeds e-report. For more information related to moderate analgesia, including monitoring requirements and documentation, refer to SPP# OP-05-01.

Collection, Handling and Labeling of Peripheral and Central Line Blood Specimens

Peripheral Collection Procedure (DPP # PS-36 & Phleb – 02)

- Verify orders and patient (use two patient identifiers).
 - » Collect supplies prior to entering room.
 - » Coordinate/consolidate venipunctures as possible.
- Select site (antecubital).
 - » Only use other sites if antecubital is not accessible.
- Avoid using an arm with an IV infusing.
 - » Limit to two attempts/sticks.
- Obtain specimen.
 - » Utilize aseptic technique and standard precautions.
 - » Label tubes at bedside using two patient identifiers.

- Date/time/initials and employee number on specimen label.
 - » Send specimen(s) to the lab.

Central Line Collection Procedure (DPP # IV – 68)

- Verify orders and patient (use two patient identifiers).
 - » Collect supplies prior to entering room.
 - » Coordinate/consolidate all blood collection when possible.
 - » Stop infusions. (Note: Infusions are stopped and lumens clamped in multi lumen catheter while blood is being drawn from one lumen.)
 - » CVAD is flushed with 5 ml of preservative-free 0.9 percent sodium chloride.
- Obtain specimen.
 - » Utilize aseptic technique and standard precautions, disinfect needleless connector with antiseptic solution. Allow to dry completely.
 - » Discard 5 ml waste prior to collection.
 - » Blood may be collected with vacutainer or syringe with leur adapter.
 - » Withdraw appropriate amount of blood for ordered labs.
 - » Flush CVL with 10 ml 0.9 percent sodium chloride and restart infusion(s) if appropriate (see flushing guide).
- Label tubes at bedside using two patient identifiers.
 - » Date/time/initials and employee number on specimen label.
- Send specimens to the lab.

Order of Blood Specimen Collection (tubes)

The proper order to fill the tubes is as follows

1. Blood cultures
2. Blue
3. Red/gold
4. Green
5. Lavender
6. Pink
7. Gray
8. Other additive tubes

Acceptable Collection and Labeling Requirements for Blood Bank Specimens

- Always call the Blood Bank first before removing the patient's Blue R# Blood Bank band.
- The R# ID system must be used when drawing all Type and Crossmatches, Type and Screens, or Type and Rh needed for possible transfusion purposes.
- Refer to SPP IV-52 for complete instructions. All samples must include employee ID# with legible signature (initials not acceptable)
- Samples received in the Blood Bank and not labeled appropriately are not accepted for testing. The patient must be recollected.

WellStar Central Line Flushing Guide

Blood Administration

Refer to SPP BU-10-01 and BU-10-02 and BU-10-03 for the policy/procedure on administering blood. The following outlines the details regarding the RN and LPN roles in administering blood, monitoring of the patient and signs and symptoms of transfusion reactions (found in SPP BU-10-02).

Administering Transfusions

- Verify physician's order
- Verify patient consent to receive blood.
 - » If competent, patient signs consent form.
 - » If mental status is compromised, an authorized individual or patient representative signs consent.
 - If patient becomes competent later, have patient co-sign the original consent form then (date/time patient's signature).
- Administration
 - » RN initiated
- Blood may be transfused via gravity or electronic infusion device, prime tubing with NS only. Initiate blood within 30 minutes of pick-up
- In non-emergent situations, whole blood and PRBCs may be transfused over a minimum of one hour but not longer than four.
- In emergent situations, blood given via electronic infusion may have a rate set at the nurses discretion

- » Observe closely for first five (5) minutes for S/S of transfusion reaction.

- VS frequency:
 - » Baseline – prior to obtaining blood from blood bank
 - » 15 minutes after initiation of transfusion
 - » Every one hour during transfusion
 - » 30-60 minutes post transfusion

Transfusion Reactions (SPP BU-10-02)

Signs and Symptoms

- Fever and/or chills - increase in temperature of two degrees Fahrenheit or one degree Celsius over baseline
- Pain – at infusion site, chest, abdomen, or flank
- Respiratory distress or anaphylaxis – dyspnea, tachypnea, or hypoxemia
- Blood pressure changes – hypertension or hypotension
- Flushed skin, jaundice, edema (local or general), nausea and/or vomiting, hematuria

Nursing Actions

- Stop blood transfusion and disconnect from patient and place sterile dead end at end of administration set.
- Start 0.9 percent normal saline at 20 cc/hr via new tubing.
- Re-verify patient ID with patient's armband, transfusion request and record form, and label on back of blood/blood component bag.

Notifications

- Charge nurse
- Physician
- Blood bank

Send to Blood Bank immediately

- Blood remaining in bag and tubing setup
- Stat urine
- STAT blood - Two pink EDTA tubes
- Completed transfusion reaction report
- Both copies of transfusion request and record

Release of Blood and Blood Components from the Blood Bank

- Before arriving to Blood Bank, verify patient is wearing Blue Blood Bank ID Band with R#, if indicated.
- Proper patient identification must be presented to the Blood Bank for the release of all blood/ blood components which must include the following:
 1. Patient's Full Name
 2. Medical Record Number
 3. R#, if product is tagged with the R#
- Non-Emergent red cell transfusions require a Connect Order Form signed by physician, or authorized designee.
- A verbal cross-check between Blood Bank personnel and transporter is completed at the time of release on the donor unit and corresponding transfusion forms to verify accuracy. This transaction is captured electronically in the laboratory computer system.
- Filters are required for all transfusions. RBC filter sets are supplied by nursing services. Component filters for platelets, plasma, and cryoprecipitate are supplied by the Blood Bank.
- All blood products and components are transported immediately to the patient care area in a protective plastic bag or designated cooler.
- Never place blood or blood components in a refrigerator located outside the Blood Bank.

For more information regarding blood transfusions and/or transfusion reactions, contact Nancy Fike, Blood Bank assistant manager/function team leader, at 770-793-5480 or nancy.fike@wellstar.org, or your facility blood bank.

Care of the Morbidly Obese Bariatric Surgery Patient

Care begins during admission with the RN assessment of the bariatric patient. This provides the basis for planning safe patient handling. In addition to the routine admission assessment, the nurse customizes the care of the bariatric patient by assessing weight, functional status and available resources, such as bariatric equipment, in order to properly plan the care and maintain safety. It is important for the nursing staff to recognize post-surgical complications in providing care of the morbidly obese bariatric surgery patient.

Common Post-Surgical Complications and Symptoms with Nursing Interventions

(Always report untoward changes and trends promptly)

- Pulmonary Embolism – SOB, tachycardia, chest pain, hypoxia, cyanosis, syncope, sense of impending doom
- Leak – Abdominal or shoulder/back pain, tachycardia, N/V, distension
- DVT – Extremity swelling, tenderness, warmth, pain, redness
 - » SCDs in working order with proper-sized sleeves on 23/24 hours while in hospital
 - » Out of bed in chair day of surgery and ambulating in halls 3-4 times daily from POD1
- Bleeding – tachycardia, hypotension, N/V, abdominal pain, hematochezia
- Respiratory complications – atelectasis (common early finding) and pneumonia
 - » Keep O2 Sat > 92 percent - Use oxygen, continuous pulse oximeter, IS, C & DB, and Nebulizer treatments as needed
 - » CPAP/BIPAP (whenever sleeping) with a diagnosis of OSA

	0.9% Sodium Chloride --Minimum Flush Prior	0.9% Sodium Chloride Final Flush (to lock)	0.9% Sodium Chloride after Blood Draw	Frequency	Syringe Size
PICC	5 ml	5 ml	10 ml	Daily and after each use	12 ml
TLC	5 ml	5 ml	10 ml	Daily and after each use	12 ml
Tunneled	5 ml	5 ml	10 ml	Daily and after each use	12 ml
Implanted Port	5 ml	5 ml **5 ml of 100 unit heparin prior to deaccessing port	10 ml	Monthly and after each use	12 ml
Vascath pigtail	5 ml	5 ml	10 ml	Daily and after each use	12 ml

» Head of bed at 30 degrees

- Bowel obstructions, strictures and hernias may be later findings, developing weeks, months or even years after surgery. Symptoms are similar for all three and require a thorough history and evaluation.

For more information regarding care of the bariatric patient, contact Sue Wood, Bariatric Nurse Program manager, at 770-919-7050, X67645.

Catheter-Associated Urinary Tract Infection Prevention

Catheter-Associated Urinary Tract Infections (CAUTIs) are the most common healthcare-associated infection in the acute care setting. Approximately 32 percent of the 2 million patients a year who experience a healthcare associated infection are diagnosed with a CAUTI (National Quality Forum, 2010). The CDC has estimated there have been 561,667 CAUTIs, with 13,088 deaths in the United States (National Quality Forum, 2010). The strategies aimed at reducing the number of CAUTIs focus on minimizing those risk factors that can be controlled. The recommended bundle at WellStar aimed at preventing CAUTIs:

Catheter Associated UTI Prevention (for Adults Only)

Insertion

- Ask questions – is this medically necessary and consider alternatives
- Aseptic insertion – sterile supplies, hand antisepsis and sterile gloves
- Antiseptic application to meatal and/or perineal area prior to insertion

Daily Maintenance

- Maintain closed system
- Daily necessity evaluation
 - » Necessity includes: urinary retention, close monitoring of urine output, open sacral or perineal wound, recent surgery, patient request
- Automatic stop order for postoperative patients
- Routine perineal hygiene
- Secure catheter
- Keep drainage bag below level of bladder

Central Line-Associated Bloodstream Infection Prevention

Of the 2 million patients per year who experience a healthcare associated infection, 14 percent are bloodstream infections (National Quality Forum, 2010). Central Line-Associated Bloodstream Infections (CLABSIs) are bloodstream infections that occur with patients who have Central Venous Catheters (CVCs) when other sources of infection have been excluded. It has been determined that at least 48 percent of ICU patients have CVCs. This accounts for 15 million CVC days per year or an estimated 79,500 CLABSIs per year in ICUs (National Quality Forum, 2010). Measures must be taken to prevent and decrease the incidence of CLABSIs. The recommended bundle at WellStar aimed at preventing CLABSI is:

Central Line BSI Prevention (for Adults Only)

Insertion:

- Hand antisepsis
- Subclavian site as preferred insertion site
- Full sterile barriers for insertion (full body drape, gown, gloves, mask, cap)
- Site prep with chlorhexidine gluconate

Daily Care:

- Scrub the hub
- Stabilize the insertion site
- Daily bath with 4 percent chlorhexidine gluconate
- Daily assessment for necessity

Site care:

- Wear mask and sterile gloves during site care
- Site care with chlorhexidine gluconate and sterile dressing
- Change transparent dressing every seven days
- Change gauze every two days

Note: for NICU specific VAP bundle refer to Nursing DPP NI-65 for further information.

Nursing Care of the Patient with Behavioral Health Needs

The nursing care of the patient with behavioral health needs begins with the nursing admission assessment. WellStar's Nursing Division Policy and Procedure, DPP PS—67 and DPP EC—73, define guidelines for care of the patient with behavioral health needs. When caring for these patients, utilize reflective listening skills, maintain a quiet voice and calm

demeanor and be clear in your communications to reduce dramatically the risk of patient escalation.

A Behavioral Health Assessment is conducted upon admission and documented on the admission database (both inpatient and outpatient) to determine the following:

- Determine presence of depression, bipolar disorder or anxiety
- History of psychiatric medications; continue patient psychiatric medications as ordered through treatment unless contraindicated
- Inquire regarding suicidal thoughts or prior attempts if positive psychiatric history and report findings to primary care physician.
- Assess for signs of high risk:
 - » Affect and mood: tearful (sadness for more than two weeks may signal depression); feeling of hopelessness is hallmark of risk
 - » Level of agitation: angry, irritable (more than two weeks may signal depression)
 - » Chronic illness or bad news in diagnosis
 - » Sudden feelings of being a burden
 - » Questioning why they should live, thoughts of suicide
 - » Thoughts of actual plan for how to end life
- Document findings in patient medical record

Note: *Acute and chronic illnesses may exacerbate mental illness systems.*

Suicidal Precautions

All patients are assessed for self harm/suicidal thoughts upon admission. In the event of concern for patient safety, the nurse places patient on Suicidal Precautions and contacts physician for appropriate orders. The physician or psychiatric professional determines if patient has viable plan for suicide.

Suicide Precautions includes:

- Initiate Safe Room Guidelines
- Reassesses for suicide if patient exhibits psychosocial changes such as suicidal behaviors/ verbalizations, noticeable mood changes, periods of social withdrawal, etc.
- Supervise patients when using hazardous items such as razors, hair dryers, etc.
- Ensure use of plastic utensils during meals and verify return of all utensils on completion.

- Conduct mouth checks following oral medication administration to prevent accumulation of medication.
- Supervise patient when using the telephone to prevent phone cord hazard.
- Patients on suicide precautions are not eligible for passes away from hospital.
- For patients with sitters ordered, they are to accompany patient in patient room, bathroom and during tests administered away from the bedside.

Education

- Patients receive education from a mental health professional or nurse regarding suicide prevention.
- A physician order is required for mental health assessment and is arranged by contacting the Call Center.

Signs and symptoms of Abuse

- Abuse is defined as intentional or grossly negligent act, series of acts, or omission to act which causes injury, including, but not limited to, assault, battery, failure to provide treatment, care or sexual harassment.
- Types of abuse include physical assault, rape, sexual molestation, domestic abuse, elder neglect/abuse and child neglect/abuse.
- As already detailed in the main GAMES section, suspected abuse is to be reported immediately to Social Services.

Care of the Patient in the Emergency Department

The care of the patient with behavioral health needs in the Emergency Department is unique in some ways. All patients should be assessed on an individual basis each time they appear in the ED, regardless if patient frequents the ED for assistance. Every episode should be treated as a new occurrence and all threats by the patient should be taken seriously. Patients arriving to the ED with behavioral health needs should be triaged for acuity at an ESI Level 2. The patient should be placed in a patient treatment room immediately and the patient should not be asked to return to the waiting room.

Patient monitoring is provided per ESI level and the ED physician provides the patient with a physical exam and is medically cleared for behavioral health services. The behavioral health assessor can be contacted for a comprehensive psychiatric

assessment. They will assess for suicidal/homicidal thoughts and gestures for each patient with initial complaint of depression, violence, substance abuse, chronic pain/illness and/or emotional instability. Do not allow the patient to leave the ED if the patient is on continual observation or involuntary hold. If the patient does leave, it is considered an elopement and security should be notified immediately.

For additional information regarding care of the patient with behavioral health needs, please refer to the following Nursing Departmental Division policies:

- PS – 67 (Care of the Behavioral Health Patient – Medical)
- EC – 73 (Care of the Behavioral Health Patient in the Emergency Department)

Behavioral Health assessors are available 24/7 and may be reached at 770-732-3789. Staff may call at any time for assistance.

Patient Restraints and Seclusion

WellStar SPP #RI-40 outlines the policy and procedure related to patient restraints.

Assessment Tip and Alternatives to Restraint/Seclusion

The source of mental and/or behavioral changes can be determined by a good assessment:

- Review the history of present illness to determine the onset, duration, severity and precipitants of the problem. Has the behavior been present and how it has been managed in the past?
- The physical assessment focuses on alterations in all body systems:
 - » V/S, blood glucose and pulse oximetry assist to rule out certain medical conditions.
 - » Drug levels can uncover non-therapeutic, toxic level and or substance abuse.
 - » General labs such as CBC, BMP, liver and renal panels are also good diagnostics tools that cover many medical conditions.
- Medical vs Mental: Distinguish medical vs mental cause for the alteration in mentation or behavior.
 - » For most cases, confusion or a reduced awareness to the environment that is sudden in onset or fluctuating or both can be contributed to a medical cause.

- » A patient with a mental disorder may develop or have a medical issue that may produce changes in mentation and behavior. Look for new onset S/S, atypical or different S/S, age inappropriate S/S.
- » Assess for contributing factors and address

Aggressive/Combative or Violent, Self-Destructive Behaviors

Identification of viable alternatives and interventions begins with a good assessment:

- Assess the pattern of behavior, (e.g., triggers, timing, etc.).
- Assess history of behavior and identify interventions that have worked in the past.
- Assess patient's response to interactions.
- Assess for physical, psychosocial and pharmacological causes.
- Assess external contributing factors (e.g., just received bad news, acts out when a certain person phones or visits).
- Assess level of anxiety. Escalation of anxiety can be visualized: loss of eye contact or repetitive movements like pacing (hands, feet, legs or whole body).
- Change of voice or tone of voice: crying, complaining also indicates anxiety.
- Assess needs for psychoactive medications (e.g., anxiolytic, antipsychotic).

Tips on how to care for an agitated, anxious, or potentially aggressive patient:

Approach and Attitude

- Keep individual in visual range.
- Approach in a calm, slow manner.
- Maintain a calm demeanor/voice.
- Maintain an open posture and don't crowd the patient.
- Be empathetic and reassuring, instill sense of safety.
- Be careful with your nonverbal behaviors.
- Be clear, use simple language to state exactly what the patient needs to do (e.g., stay in room versus don't leave room).
- Avoid reacting to patient's behavior; ignore challenges; redirect challenging questions.

Legal Hold

Behavioral Health patients may be admitted via a legal hold. Patients with a legal hold will have documentation of the hold in the medical record.

Hold Type	Reason	Symptoms	Length of Hold	Signed by
1013	Mental health	Life endangering to patient or another	48 hours (includes weekends)	MD, LCSW, ARNP
1014/2014	Extension of 1013/2013	Same	Extends involuntary admission for five additional days (excludes weekends)	MD ONLY
2013	Alcohol and/or drug abuse	Life endangering to patient or another	48 hours (includes weekends)	MD, LCSW, ARNP

LCSW: Licensed Clinical Social Worker; ARNP: Psychiatric Advanced Registered Nurse Practitioner

The nurse ensures the following for patients on legal hold:

- Patient does NOT leave the unit unless accompanied by staff
- Patient has an appropriately trained WellStar sitter
- Patient receives care in a safe environment using the least restrictive measures to ensure patient safety
- Patient receives psychiatric evaluation per physician's order
- Does not leave unit
- Is respected and confidentiality is maintained
- Patient is respected and confidentiality is maintained
- Has an appropriately trained sitter (family members are not used as sitters)
- Receives care in a safe environment (no glass, matches, lighters, sharps, cords, plastic bags, etc.) using least restrictive measures to ensure safety
- Receives psychiatric evaluation per physician order

- Offer choices if patient can tolerate making choices; if not, offer suggestions. Don't say "you must."
- Be flexible and guiding.
- Avoid arguing or reasoning with the patient and avoid power struggles.
- Avoid surprising or overwhelming the patient

Interventions

- Engage the individual and include in conversations. Ask "What will help right now?"
- Use open-ended questions.
- Use reflective technique (Am I hearing...).
- Use stress management/relaxation techniques.
- Alert staff to sources of comfort or discomfort.
- Allow pacing, if helpful.
- Allow venting and validate patient's feelings and treat them as an adult, not a child.
- Set clear limits/expectations and follow through.
- Maintain regular schedule.
- Intervene in the early stages when signs of aggression or agitation occur.

- Distract or remove them from the situation.
- Reduce or eliminate stimuli.
- When anxiety occurs, delay care or attempt to reassure or distract patient and reassess your approach.
- Offer to help/tell them what you can do.

Additional Tips to Keep in Mind:

- Extremely confused or combative patients will not understand what is being said to them; return later to try again.
- Do not try to talk a psychotic patient out of the hallucination.

For Patients with Dementia or Alzheimer's Disease:

- » Avoid the words below, beside and between; they are hard for dementia patients to understand.
- » Assist the patient when he/she cannot find the right word.
- » Behavior modification is not useful with dementia patients.
- » Reality orientation sometimes helps, but is not useful for patients with memory problems.

Refer to SPP #RI-40 for more specifics of restraint use to promote healing versus management of violent behavior.

Physical Disorders that may cause mental status changes/ confusion or agitation:

Alzheimer's	Bowel obstruction	Cancer treatments
Cardiac insufficiency	Cerebral arthritis	Constipation/Impaction
CNS infections	CNS inflammations	CNS lesions, tumors
Cushing's	Dehydration	Delirium
Dementia	Diabetes	Drug withdrawal
Electrolyte disturbance	Exposure to toxins	Fever
Hepatic failure	HIV/AIDs	Hyperthermia
Hypo/hyperglycemia	Hypoxia	Hypothermia
Migraine	Multiple sclerosis	Lyme disease
Overdose	Pain	Neurosyphilis
Pneumonia	Sarcoidosis	Parkinson
Seizure disorders	Sensory change/ losses	SDH
Sleep deprivation	SLE	Sepsis
Thyroid disorders	Uremia	Syphilis
Vascular infarct	Vitamin deficiencies	UTI

Medications that can contribute to mental status changes, agitation:

Anesthesia	Antibiotics	Anticholinergics
Anticonvulsants	Antidepressants	Antihistamines
Antihypertensive	Antipsychotics	Corticosteroids
Hypnotics	Sedatives	Stimulants

Note: Consider the following when assessing for pharmacological contributions to changes in mentation and/or behavior:

- Multiple medications (interactions), new medication added, or home medication not started
- Check drug substitutions, interactions, side effects (esp. psychotropics, diuretics, cardiac meds)
- Toxicity levels

Interventions and alternatives for patients pulling at medical devices:

IV devices	Tubes/Drains (NG, PEG, JP, ET)	Urinary Catheters
Assess need for device	Assess need for device	Assess need for device
Cover with kling	Device holder	Follow CAUTI guidelines for necessity
Place soft washcloths in hands	Cover site	Device holder
Freedom splint on arm	Mitts	Sweat pants, scrub bottoms
Use stocking or sleeve protector to cover site (as available)	Freedom splint	Check for irritation
Mitts	Abdominal binder for ABD tubes	Check patency of catheter
Divert attention with activities	Divert attention with activities	Divert attention with activities
Move to hard-to-reach site		Mitts

LifeLink of Georgia

Eye, Organ and Tissue Donation: Georgia Eye Bank

Objectives:

- Understand federal regulations for referral of all deaths.
- Know how to make a referral on these deaths.
- Understand the eye and tissue donation process.

Donation Agencies

Georgia Eye Bank

- The designated non-profit eye donation agency for the State of Georgia
- www.georgiaeyebank.org

LifeLink of Georgia

- The designated non-profit organ and tissue donation agency for the State of Georgia
- lifelinkfound.org

Types of Donations

Eye: Cornea and Sclera

Organs: heart, lungs, liver, kidneys, pancreas, intestine

Tissue: bone, skin, heart valves, tendons, ligaments

Federal Regulations and Hospital Policy

- It is mandatory to refer ALL hospital deaths, regardless of age or medical/social history, to the Donation Referral Line at 800-882-7177.

The Donation Referral Line number is posted at all nurses' stations and is listed on the hospital's patient expiration form/deceased patient data form.

Who speaks with the family regarding their options for eye, or tissue donation?

- According to your hospital policy, the Georgia Eye Bank is designated to speak with families regarding their options for eye donation.
- According to your hospital policy, LifeLink of Georgia is designated to speak with families regarding their options for tissue donation.

Referral Process

- » Step One: Expiration
- » Step Two: Call donation referral line (1-800-882-7177)
- » Step Three: Medical suitability is determined

- » Step Four: The appropriate eye or tissue coordinator will contact you if the patient is found medically suitable to be a donor.

Timing of Referrals — Cardiac Deaths

- Upon cardiac death, please call the donation referral line within one hour of death.
- Call the referral line prior to calling the funeral home.

Did You Know?

- The donor family is never charged for donation.
- The donor is always treated with respect and dignity.
- The removal of donated organs and tissues is similar to any other surgical procedure.
- The family may proceed with any funeral arrangements they wish, including a viewing.
- To preserve the option of cornea donation, eye care is important. This includes lacrilube or saline drops to each eye, complete closure of the eyelids and elevate the head-of-bed slightly.

Thank You

The Georgia Eye Bank, LifeLink of Georgia and the many donor families and transplant recipients say "thank you" to the nursing staff. Without your calls, donation and transplantation would not be an option for many families. **THANK YOU!**

People Pillar

What You Can Expect from WellStar and What WellStar Expects from You

WellStar is committed to being a great place to work and to helping all team members achieve their fullest potential. We believe that WellStar team members deserve - and can expect - a work environment:

- That is equitable and culturally competent.
- That has great leaders.
- Where employee opinions count and open communication is encouraged.
- That supports work-life balance.
- Where you receive regular performance feedback and are rewarded and recognized for your outstanding performance.
- That provides opportunities to “learn and grow at work.”
- That is safe, ethical and in compliance with legal and regulatory requirements.

WellStar team members need assurance that procedures and guidelines are clear and that they are applied uniformly throughout all facilities and programs. To achieve this important goal, rules and procedures for managing the most valuable resources of WellStar - its people, need to be succinctly stated and widely disseminated throughout the System. WellStar's Human Resources Policies and Procedures are written policies adopted to describe the responsibilities of team members and management.

For more information about Human Resources, please contact WellStar's executive vice president of Human Resources, Organizational Learning and chief compliance officer, David Anderson, at 770-792-5030 or david.anderson@wellstar.org.

Equal Employment Environment

In accordance with Human Resource Policy HR 2000: Equal Employment Opportunity, WellStar ensures that everyone is afforded equal employment and advancement opportunities regardless of race, color, religion, sex, national origin, age, disability, marital status, parental status or veteran status. All

team members have a duty to report any actual or perceived harassment, mistreatment, discrimination, safety issue, hostile activity, legal violation or other non-compliance issue occurring in the workplace. Team members are encouraged to notify their supervisor, Human Resources or any WellStar leader of any instances or concerns of this nature.

We conform to the standards of our industry professions and exercise reasonable judgment and objectivity in the performance of our duties. For more information, please refer to Human Resources Policy HR 1000: Human Resources Policy Objectives.

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 staff. This includes candid discussions about problems and concerns. All team members have a responsibility to report any significant actual or perceived communication problems 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. Initially, a team member should contact his/her own supervisor, Human Resources representative or the Compliance Hotline to voice concerns. If the concern remains unresolved, the employee is then expected to raise the issue with individuals at the next supervisory level, up to and including the vice president in accordance with Human Resources Policy HR 3028: Problem Solving Procedure.

Workplace Safety: Creating a Safe Environment for Team Members and Patients

Purpose

The purpose of HR Policy 2008: Workplace Safety is to reiterate WellStar's commitment to a patient's right to be treated with dignity and respect and in an environment free of inappropriate sexual interactions or inappropriate touching and to hold each team member accountable for his/her interactions with patients. Further, the purpose of the policy is to protect male team members from being placed

in situations where they may be subjected to false allegations of inappropriate conduct.

Policy

WellStar is committed to providing a patient care environment that promotes a patient's right to be treated with dignity, respect, sensitivity and privacy. Any sexual contact with, sexual advance toward, sexual proposition of, inappropriate touching of, or sexual conversation with a patient is strictly prohibited.

Procedure

Team members are required to understand, demonstrate knowledge of, and comply with WellStar's philosophy regarding a patient's dignity and the right to proper privacy and boundaries between caregiver and patient. Except in an emergency situation, if a male team member's patient is a female, such team member must have a second team member present with the team member prior to performing any examination or procedure when the patient is in, or is required for clinical purposes to be in, any state of undress that could create an opportunity for the patient's chest, genitalia or buttocks to be exposed or touched. Additionally, except in the case of an emergency situation, if a male team member's patient is female, and the patient is behind a closed curtain or closed door, the male team member must have a second team member present prior to entering the closed area.

Reporting

It is the responsibility of all team members to report any instances that could potentially result in a violation of this policy, or if there is an allegation of inappropriate touching. Upon receipt of an allegation of a violation of this policy or inappropriate touching, the team member shall immediately contact the nurse supervisor who shall immediately thereafter contact the facility security manager on call. If a nurse supervisor is not available, the team member shall immediately contact the facility security manager on call.

Equal Employment Opportunity

In accordance with the Human Resources Policy HR 2000 Equal Employment Opportunity, WellStar prohibits discrimination in any employment-related decision on the basis of race, color, national origin, religion, gender, physical or mental disability, medical condition, ancestry, marital status, age, citizenship or status as a covered veteran. WellStar is committed to providing equal employment opportunities and a work environment where each team member feels safe and is treated with fairness, dignity and respect.

Harassment and Discrimination

In accordance with the Human Resources Policy HR 2005: Anti-Harassment, Anti-Sexual Harassment and Professionalism, WellStar gives proper respect and consideration to everyone. 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 are expected to conform to the standards of their respective professions and exercise reasonable judgment and objectivity in the performance of their duties. Any team member who has experienced, or has any knowledge of, an incident of discrimination or harassment must report the incident to his/her direct supervisor, the Human Resources Department, the chief compliance officer or the Compliance Hotline. Complaints will be investigated promptly and as confidentially as circumstances permit. If it is determined that a violation of this policy has occurred, WellStar will take prompt remedial action.

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, patients or visitors; fighting or inciting others to fight on WellStar premises; acts or behaviors that reflect unfavorably upon the reputation of WellStar. Our Anti-Retaliation Policy, HR 2010, prohibits retaliation against team members who report in a good faith effort any instances of harassment.

To help each team member make the best and most successful contribution to the organization, WellStar has adopted a system of disciplinary response to team member job-related issues, as defined in our Human Resources Employee Discipline Policy, HR 3024. Additionally, WellStar Medical Staff has adopted a Disruptive Behavior policy that defines prohibited inappropriate or disruptive behaviors that could compromise the quality and safety of patient care. Please refer to HR policies for further examples of improper employee conduct.

Unlawful Behavior

WellStar team members who participate in unlawful behavior are subject to the terms of WellStar's Employee Discipline Policy, HR 3024, and as such are subject to immediate termination depending on the level of effect that the offense has upon WellStar and its concerns.

Workplace Violence

To provide a workplace that is safe for its team members, WellStar will not tolerate any threat or act of violence that is made toward or by a team member. Weapons should not be brought onto the premises or carried by a team member, vendor, visitor, patient or family member of a patient except by law enforcement officers and properly licensed WellStar Security Officers. Refer to Human Resources Policy 3052: Possession of Weapons for additional information.

The Facts about Violence

Violence is the use of force or the threat of force to cause harm. Violence occurs when a patient, visitor or employee demonstrates aggressive behavior that causes one to reasonably believe that he/she or another person is in immediate danger of serious bodily harm. Violence includes:

- Threats (verbal or written)
- Stalking
- Bullying
- Robbery
- Hitting (slapping, kicking)
- Using weapons, including fists

Why do people commit violence? There isn't one single cause. For example, violence may be triggered by:

- Stress and frustration
- Revenge for being fired, laid-off, etc.
- Family, domestic or money problems
- Fear or confusion
- Drug/alcohol reaction
- Invasion of privacy or personal space

Basic rules for violence prevention:

- Spot trouble before it starts by being aware of your surroundings.
- Follow procedures and report every incident.
- Trust your feelings.

Diversity and Inclusion

Diversity and inclusion are critical to maintaining an engaged workforce. Diversity is the extent to which WellStar leverages the vast skills and talents of all team members, attracts and retains talented staff, establishes an employer-of-choice reputation and improves employee morale. Inclusion speaks to WellStar's commitment to creating an environment where team members, providers, patients and other partners feel valued and respected. Below are a few tips on how to ensure an inclusive and respectful workplace at WellStar:

- Solicit input from a wide variety of people.
- Broaden our view of diversity beyond just race or gender issues (i.e. age, education, disability, religion, etc).
- Examine issues and opportunities from others' view points before making decisions.
- Become a mentor to individuals whose backgrounds and experiences are different from our own.
- Be mindful that gestures and other non-verbal communication vary from culture to culture.

Cultural Competence

For more information about cultural competence, contact Stephanie Taylor, director, Cultural Competency, at 470-956-6419 or stephanie.taylor@wellstar.org.

Cultural competence begins with a desire to not 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 or prejudices. Taking an active interest in developing and improving our cultural competency skills will not only make WellStar a more welcoming place for team members to deliver care, but also a place where patients receive high quality patient care and have exceptional health care experiences.

WellStar provides tools, training and resources to all team members to develop cultural competence. The resources that follow can be found on eSource at Human Resources > Cultural Competency.

- » *CultureVision* is a database that provides healthcare professionals with information to overcome the uncertainty associated with cultural differences. It enables providers to care for patients of varying ethnic and cultural backgrounds.

- » *The Diversity Toolkit* is a unique resource designed for managers, leaders and front-line workers to successfully build, manage and thrive in a diverse workplace.
- » *Cultural Connections Newsletter* is a publication that highlights a different ethnicity each month. It introduces team members to various patient customs and traditions in order to foster greater respect and cultural understanding.
- » *Krames On-Demand* is an Systemwide tool with several applications including health sheets, patient education and discharge instructions. The web-based patient education component can be used in both inpatient and outpatient settings. The health sheets are available in several languages.
- » *The Cultural Diplomat Program* is a database of WellStar team members of culturally and ethnically diverse backgrounds. These team members offer insights, knowledge and cultural awareness to providers when they are confronted with cultural issues that may be impacting understanding during a patient's hospitalization or other patient care encounters. The goal of this program is to improve collaboration and provide insights to enhance the overall quality of the patient care experience and to engage and empower WellStar team members to build a Systemwide culture of respect, which reflects WellStar's vision, mission and credo.
- » *Cultural Insights* is a quarterly webinar series designed to educate and provide strategies about how to best meet the needs of culturally diverse patients. These webinars will enhance team members' understanding of culture and provide strategies and tips for providing patient-centered, culturally competent care.

Cultural Competence

Given the changing demographics and diversity of patients, providers and communities, it has become evident that a "one size fits all" model is inadequate in healthcare settings. Together, we should strive to become a culturally competent organization. Cultural competence is the extent to which all team members demonstrate a consistent set of behaviors, attitudes and policies that enable us to work effectively in cross-cultural situations.

Your Opinion Counts and Communication is Encouraged

At WellStar, your opinions count! All WellStar team members are encouraged to share ideas, concerns and suggestions through the following:

- Regular communication with their manager
- Rounding
- Department/unit meetings and huddles
- Town Hall meetings
- Nursing Shared Governance
- WellStar Team Member Engagement Survey

One of WellStar's key priorities is to develop and maintain an engaged workforce. In order to engage team members to reach and exceed the Pillar goals, WellStar participates in a team member engagement survey process annually. The Gallup organization, which conducts the survey, has performed rigorous research on team member engagement. The outcome of Gallup's research provides 12 questions that measure team member engagement and link powerfully to relevant business outcomes, including retention, productivity, profitability, customer satisfaction and safety. These Q12 questions measure dimensions that leaders, managers and team members can influence.

Communication Tools

For more information about internal communications, contact Karla Harvill, director of Internal Communications, at 770-793-7033 or karla.harvill@wellstar.org.

WellStar Health System is a fast-paced, dynamic environment. To ensure team members understand WellStar's goals and objectives and their role in our success, a variety of communication tools are used. These include the following:

- Administrative Updates (direct electronic communications from senior leadership)
- Hospital and department-specific newsletters
- Partners (Systemwide team member newsletter)
- Pay & Perks (compensation and benefits newsletter)
- Screen Savers
- Medical Staff News (online newsletter for WellStar Medical Staff)
- Town Hall meetings with senior leadership
- WellStar Wire on eSource (Intranet)

As a WellStar team member, you may have your photograph/video taken for one of these communication tools or for external uses. As an employee, WellStar has the right to use your photograph/video in job-related functions as needed without obtaining special permission. This right

continues beyond the end of your employment, as long as the photograph was taken during your employment with WellStar. If there is any reason you do not wish to have your photograph/video taken, it is your responsibility to make that desire known at the time of the photo/video and to remove yourself from the area being photographed/videoed.

Regular Performance Feedback Where Contributions are Rewarded and Recognized

WellStar Performance Management Model

WellStar's Performance Management Model is designed to get new team members started right – beginning with the WellStar orientation or "onboarding" process. This includes fully orienting new team members to WellStar, their facilities and departments/units as well as their specific jobs.

Once oriented, all team members continue to receive frequent performance feedback and coaching to ensure that they fully understand what's expected of them, what they're doing right and where they need to improve. Annual performance evaluations are documented throughout the year in SuccessFactors, our electronic performance management system, for non-leaders and leaders. Team members participate in a midyear check-in discussion and an annual performance evaluation. Our annual WellStar performance evaluation process uses this accumulated information to evaluate team members' contributions to the organization and to calculate merit awards based on performance and results.

Team Member and Leader Competencies

Our mission, vision and credo help us understand where we are headed, why we are here, what our patients expect from us and what we expect from one another. Competencies describe the specific behaviors expected of all WellStar team members. They also define the basis on which all WellStar team members' performance is measured and rewarded.

Core Competencies for Every WellStar Team Member

- Communication
- Customer focus
- Dependability
- Financial stewardship
- Job knowledge
- Problem-solving/analysis
- Quality
- Teamwork
- Safety/work environment

All WellStar leaders are expected to demonstrate mastery of the team competencies and serve as an exemplar in modeling them. In addition, leaders must commit to practicing the leadership competencies below. Together with the team member competencies and annual goals, these expectations define how leadership performance is measured.

Core Competencies for Every WellStar Leader

- Decision-making/judgment
- Initiative/creativity/innovation
- Leadership
- Managing diversity
- Managing for performance
- Managing for results
- Organizational effectiveness
- People development
- Strategic thinking/management
- Vision, Mission and Credo

Reward and Recognition

Reward and recognition programs are an important part of the WellStar culture and we recognize the strong correlation between team member commitment and the customer experience. We know that happy and engaged team members work more productively, provide better care and service, and produce quality work. In fact, every time team members are surveyed about what they want most from their jobs, recognition for a job well done consistently ranks high, if not the highest. Over the years, a wide variety of programs have been initiated throughout our System, including Winners of WellStar (WOWs), Safety First Safety Stars, Nursing Excellence Awards and many others.

In keeping with our commitment to strengthening and promoting these programs, we have developed an umbrella program called S.H.I.N.E., which includes all of our reward and recognition programs. S.H.I.N.E. stands for Sharing, Healing, Inspiring, Nurturing and Enriching.

You work for an organization that encourages all team members to not only meet their job expectations, but to also recognize and reward extraordinary job performance when peers go above and beyond the call of duty. For more information about reward and recognition at WellStar, visit the S.H.I.N.E. page on eSource.

Support for Balancing Work and Life

For more information about WorkLife Services, please contact Ansley Rivers, WorkLife consultant, Human Resources, at ansley.rivers@wellstar.org.

At WellStar, we understand that finding the perfect work-life balance can be challenging. That's why we are committed to doing everything we can to help you find it. We want you to know the value we place on each and every team member. Your success – at work and at home – is important to us, because we know it's important to you.

WellStar is proud to achieve both local and national recognition as a great place to work with the following organizations:

- AARP Best Employers for Workers over 50
- Alfred P. Sloan Award for Business Excellence in Workplace Flexibility
- Atlanta's Best and Brightest Companies to Work For
- Atlanta's Healthiest Employers – Atlanta Business Chronicle
- Companies That Care Honor Roll
- Dave Thomas Adoption-Friendly Workplaces
- Gallup Great Workplace Award
- National Association for Female Executives (NAFE)
- Working Mother 100 Best Companies

Our recognition as an “employer of choice” comes through our strong commitment to providing generous family-friendly benefits, top health benefits, concierge services, comprehensive wellness program, flexible work arrangements, discount program, back-up care, onsite childcare centers, tuition reimbursement and many others.

“We Believe In Life Well-Lived” is not just something we say, it's something we truly believe in. We want all aspects of your life – at work and at home – to be well-lived. We hope to create a work environment so conducive to your success that you'll never want to leave it. Through competitive salaries, outstanding benefits, innovative work-life programs, we are locally and nationally recognized as an employer of choice. Our commitment focuses on building a culture of trust. WellStar is committed to regularly evaluating our workforce culture to ensure the best services are offered to benefit our employees. Through intentionally comparing ourselves against other best-practicing organizations – both locally and nationally – we continue to stay on top of providing the best-programs, services and resources. Seeking

recognition as a great place to work gives a strategic framework to measure our success, as well as find opportunities for improvement.

Family Friendly Benefits

Building Families Program

The WellStar Building Families Program provides tools and resources for all WellStar expectant parents, ensuring they have all the information they need for their growing family. Whether you are currently pregnant with your first baby or your fifth, just starting to think about parenthood, planning to adopt, or have a pregnant spouse, the Building Families Program is a wonderful opportunity to learn everything WellStar has to offer. Held at all WellStar hospitals, our Building Families Baby Showers are available to provide you with an opportunity to meet face-to-face with System contacts that will assist with the needs of your growing family. For more information, please call Women's Health and Specialty Services at 770-793-8091.

Adoption Assistance

WellStar increased adoption assistance to provide \$10,000 per finalized adoption, not to exceed a lifetime benefit of \$20,000 per family. This money can be applied toward agency expenses, legal expenses or any other eligible fees.

Educational Assistance

Tuition reimbursement is available for courses leading to a high school diploma, GED equivalent, or a formal degree plan leading to an undergraduate degree. Tuition reimbursement is available up to a maximum of \$4,000 for full-time team members and up to \$2,000 for part-time eligible team members (during any one calendar year). For graduate degree programs, tuition reimbursement is available up to a maximum of \$4,500 for full-time and \$2,250 for part-time eligible team members (during any one calendar year). For more information, please visit [eSource > WorkLife Services](#).

Protected Time Off

The federal Family and Medical Leave Act (FMLA) requires 12 weeks of job protected time off to take care of a medical issue, the care of an immediate family member, or maternity/paternity leave for both birth, adoptive and foster parents. As an employer of choice, WellStar provides additional leave beyond these requirements. WellStar offers job protected time off up to 36 weeks in a 12-month period, which is an additional 24 weeks beyond FMLA requirements.

Paid Parental Leave

Paid parental leave is available for the birth or adoption of your child. Full-time team members receive 120 hours of paid leave and part-time eligible team members receive 60 hours of paid leave. Please contact your facility HR consultant or representative for more information.

Child Care Centers

The WellStar Learning Center, located on the WellStar Kennestone Hospital campus and the Children's Nest, located on the WellStar Cobb Hospital campus offer affordable, quality childcare and family support for WellStar Health System team members. Due to the popularity of our child care centers, spaces often fill quickly and a waiting list is not uncommon. For more information, please call 770- 793-7570.

WellStar has partnered with the Paulding County YMCA Childhood Development Academy to offer affordable childcare to WellStar team members. For more information, please call 678-626-0500.

Back-Up Care

WellStar has partnered with Bright Horizons to offer all full-time and part-time eligible team members 80 hours per year of back-up care when you need it the most. If there is ever any gap in coverage that would prevent you from coming to work, whether for a child, elderly parent, yourself or a friend, back-up care is here to help. Offering center-based and in-home care, team members can utilize back-up care for as little as \$2 per hour for center-based care and \$4 per hour for in-home care. For sign-up information, please visit eSource > WorkLife Services.

WellStar Cents Program

WellStar Cents is an exclusive program designed to help save you money. From discounted items, financial education, to free income tax preparation, our WellStar Cents program covers it all!

WellStar Cents: Marketplace

WellStar Cents recently introduced a new discounts website called "WellStar Cents Marketplace." This free one-stop discount website is available to all WellStar team members and their families. With 30,000 merchants offering savings and "WOWPoints," the possibilities for savings are endless! Discounts include airfare, apparel, car rentals, cell phone carriers, computers, electronics, entertainment tickets, hotels, restaurants and many more. Access this website anywhere at any time (<http://wellstar.corporateperks.com>). Visit eSource > WellStar Cents Marketplace for more information.

WellStar Cents: Onsite Vendor Visits

During regular onsite visits to all hospitals and the WAB, select WellStar Cents vendors offer discounted services that can be payroll deducted. For an onsite schedule at your facility, please visit eSource > WorkLife Services.

WellStar Cents: Purchasing Power

After nine months of service with WellStar, eligible team members may purchase brand new electronics and home appliances with the ease of payroll deduction through a convenience program called "Purchasing Power." Payments are evenly spread out over the course of a year, helping eligible team members budget their purchases. With every purchase made, a portion is given back to our WellStar Foundation. To determine your eligibility, please visit eSource > WorkLife Services.

WellStar Cents: Financial Paths

WellStar provides financial support for all stages of life. Financial health is one of the most important contributors to an overall sense of well-being. At WellStar, we strive to provide you access to unique resources and tools, provided just for you, that will assist you in managing this important part of your life. Through an online self-guided financial course, called Wi\$eUp, resources are available to assist you in establishing sound financial habits, setting financial goals and tracking your progress. To learn more, visit eSource > WorkLife services.

WellStar Cents: Retirement Planning (403b) and Pension

It's never too early to start preparing for your future. WellStar offers team members an option to enroll into a Supplemental Retirement Savings Plan (403b). WellStar matches \$0.50 on every dollar, up to 4 percent of a team member's salary deferral.

WellStar Defined Pension Plan

The WellStar Pension Plan is designed to provide a pension for team members age 65 or older that have five or more years of vesting service. A reduced pension benefit can be received as early as age 55, as long as the team member has ten or more years of vesting service. An In-Service Distribution option for team members age 62 years or older with ten years of vesting service, allows team members to begin receiving their pension benefit while phasing into retirement. WellStar is one of only two healthcare systems in the Atlanta area still offering a Defined Pension Plan.

WellStar Cents: Free Volunteer Income Tax Assistance Program

Free income tax preparation is available to all WellStar team members who make \$49,000 or less. Certified and trained tax preparers are available each spring through the Atlanta Prosperity Campaign to assist qualified WellStar team members in the preparation of their tax returns. To learn more about this program, please visit eSource > WorkLife Services.

WellStar Cents: Bank-at-Work Program

WellStar has partnered with select banks to bring you a special Bank-at-Work Program. Whether you are a new or existing customer, the Bank-at-Work Program offers you savings on a variety of bank accounts and services. To learn more about the benefits and participating banks, please visit eSource > WorkLife Services > Financial Support.

WellStar Cents: Members First Credit Union

Members First Credit Union was founded by the employees of WellStar Health System in 1953. The partnership with WellStar is built on the simple principle of people helping people. Offering everything from auto financing, home loans, low fixed-rate credit cards and everything in between, Members First Credit Union has something for everyone. The Credit Union works closely with WellStar to ensure that employees have access to quality financial services in a safe and secure financial institution. For more information, please visit eSource > WorkLife Services > Financial Support.

HealthStart: Team Member Wellness Program

Taking care of our team members' health and well-being is the right thing to do. The HealthStart program is a great added benefit and is our next step on our journey to become a truly great place to work. In addition to improving our team members' health, the wellness program will support our efforts to better manage our medical plan costs, which continue to rise each year. With healthier and happier team members we believe we will see an increase in team member productivity and engagement.

HealthStart is a free, comprehensive wellness program that includes individual health assessments, health coaching, and incentives to encourage participation. HealthStart is offered to all WellStar team members. We offer an annual enrollment period for the program. An online health risk assessment (HRA) and a biometric screening are required for enrollment.

For more information, please call 770-793-7280 or HealthStart customer service at 1-877-224-6672. You can also visit www.wellstarhealthstart.org or e-mail healthstart@wellstar.org.

Free Health Screens and Vaccinations

For employees enrolled in the WellStar Employee Medical Plan, selected health screens are offered without a co-pay or deductible, including annual mammograms, colonoscopies and endoscopies. Many vaccinations such as flu shots, measles, chicken pox and tetanus are offered free of charge at your local Employee Health Department.

Employee Assistance Program (EAP)

No matter what's going on in your life, our Employee Assistance Program (EAP) is here to help. Personal problems, planning for life events or simply managing daily life can affect your work, health and family. The feeling of "I can handle it myself" may be adding to the pressures you may feel at work and at home. EAP is available to provide confidential support, resources and information to you and your family at no charge to you, as part of your benefit package. To find out more information, please visit eSource > WorkLife Services.

FlexWorks: Workplace Flexibility

Workplace flexibility is a part of the culture at WellStar and we believe it's all about "Right People – Right Place – Right Time." With the hectic pace of our lives, knowing that we have the ability to incorporate flexibility into our work makes a tremendous difference to both team members and WellStar. With new tools and resources only a click away, all team members can have access to training with the new FlexWorks website on eSource. Flexibility is about finding the right fit and considers all options on when and where work is accomplished. We believe that flexibility is not a benefit, but a valid business strategy where one size does not fit all. Currently WellStar team members are using one or more of the following flexibility options:

- Flex time (adjustable arrival and departure times)
- Compressed work weeks (three, 12-hour shifts, four 10-hour shifts, weekend options)
- Part-time hours
- Telecommuting
- Job sharing
- And more

To visit the FlexWorks website, go to eSource > FlexWorks.

WellStar Concierge Services

WellStar Concierge Services, facilitated by Best Upon Request, is an extraordinary free benefit available to all WellStar team members and patients. Our concierges provide you with the services that help balance your work and your life - saving you time and eliminating stress. Our concierges are committed to making your days more manageable and your free time more enjoyable. From everyday errands, such as dry cleaning delivery, last minute grocery shopping, postal services, auto services, oil changes and vacation planning, to finding the perfect handyman, our concierges are here to handle your always-growing "to-do" list. WellStar Concierge Services are offered to you free of charge. You are only responsible for the costs of the goods/services requested on your behalf and a 56.5 cents-per-mile mileage reimbursement (federal rate). If you are requesting an auto service on your vehicle, there is no mileage cost required. For more information on how WellStar Concierge Services can help eliminate stress from your life, please visit eSource > Concierge Services.

Opportunities to Learn and Grow at Work

Organizational Learning (OL) serves as an integral part of the People Pillar with a mission to create and deliver best practice learning and development to all WellStar team members in order to facilitate the delivery of high-quality, safe care to individuals and the communities WellStar serves. This mission supports our vision to provide world-class learning and development experiences.

The structure of OL is designed to facilitate our vision and mission through four distinct arms: Leadership Development; Career Development and Continuing Education; Learning and Development; and OL Operations & Learning Technology. We facilitate the learning and development of WellStar through an annual learning needs assessment and via consultations with leaders and team members. We are committed to providing programs, services and solutions that address formal and informal learning and workplace culture. For more information about learning opportunities, contact Organizational Learning at 770-956-6400 or organizationallearning@wellstar.org.

Leadership Development

Leader development is a significant initiative for Organizational Learning. It is facilitated through robust leader onboarding programs and ongoing development opportunities that continue to accelerate growth in leadership. Development occurs in multiple forms, from face-to-face courses,

long-term programs, seminars and online learning.

Leader Onboarding

Leader acculturation begins with New Leader Orientation (NLO), a four-month exploration into the role of a leader at WellStar and the content is delivered within the Pillar framework. Part of this journey is taking courses about our core leadership textbooks, which are The Leadership Challenge and Crucial Conversations. An additional four-hour session is provided specifically for nursing leaders to orient them to WellStar Professional Nursing Practice.

Leadership Development Programs

Foundations of Management, Physician Leadership Academy and Georgia State onsite MBA/MHA are all long-term development opportunities designed to strengthen the capacity of emerging and existing leaders.

Ongoing Courses and Seminars

Elective leadership courses and seminars are available for registration as leaders identify needs to strengthen their competencies in specific areas of leadership.

Career Development and Continuing Education

The Continuing Education and Career Development team provides continuing education opportunities for clinical and non-clinical disciplines. Their scope of services include but are not limited to:

- Continuing education for all disciplines
- CME for physicians and providers
- Career Development Center
- Library services
- Academic partnerships
- Scholars program as a tool to advance formal academic education

Learning and Development

This team is responsible for learning and development initiatives across all clinical and non-clinical areas. Their focus is on designing and supporting programs and courses that ensure both clinical and non-clinical team members are competent to perform their responsibilities, provide safe patient care, have relevant opportunities for personal/professional development and meet applicable regulatory requirements.

The team consists of professional development specialists who are centralized at the WellStar Development Center and serve as liaisons at each facility/entity.

Their scope of services include:

- Onboarding activities through Patient Care Orientation and other job-specific competence programs, such as the annual professional practice competency model, to acculturate and transition new team members to WellStar
- Professional development programs/courses that enhance personal development or career enhancement
- Oversees annual competency verification process
- Promotion of innovative and evidence-based learning strategies such as simulation and continuous evaluation improvement of patient/family education resources and standards

OL Operations and Learning Technology

The Operations and Learning Technology team provides support in program deployment, informatics training and technology solutions. Team members are clinical application trainers, technology coordinators and project assistants.

Their scope of services include:

- Informatics training for clinical and non-clinical team members
- American Heart Association (AHA) and American Academy of Pediatrics (AAP)
- Learning technologies
- WellStar Development Center building management

Ethics and Compliance – Doing the right things, for all the right reasons!

Our chief compliance officer is David Anderson, EVP Human Resources and Organizational Learning. For more information about ethics and compliance at WellStar, contact Beth Kost, VP, Compliance and chief privacy officer at 678-331-6879 or beth.kost@wellstar.org.

WellStar has adopted a Code of Conduct to demonstrate our unwavering commitment to honor all laws and regulations that govern the healthcare industry. The elements of this Code of Conduct include our vision, mission, values, basic principles of conduct, standards of service excellence and standards of professional and business conduct and are incorporated into WellStar's Compliance Program. This Code of Conduct serves to enhance and continually develop a culture that values compliance across the organization and among all workforce members.

WellStar's Code of Conduct is designed to provide overall guidance. More specific direction is provided in WellStar's Policies and Procedures. If a situation arises that is not addressed by a specific policy, this Code of Conduct becomes the policy. (If a policy and a Code of Conduct provision conflict, the policy governs.) This Code of Conduct is a "living document," meaning that it will be updated periodically to respond to changing conditions in our environment. Compliance-related issues should be raised by a team member to his/her immediate supervisor, the chief compliance officer, other WellStar corporate officers, Human Resources or confidentially and anonymously to the Compliance Hotline.

WellStar Compliance Program

WellStar's 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. It is modeled on the seven basic elements proposed by the federal government's Office of Inspector General (OIG) for developing effective compliance programs, and includes: (1) policies and procedures; (2) designation of a chief compliance officer; (3) monitoring and auditing; (4) training and education; (5) open lines of communication; (6) responding to detected deficiencies; and (7) enforcing disciplinary standards. The chief compliance officer reports directly to the CEO and the Board of Trustees and is responsible for the administration of WellStar's Compliance Program. The Compliance Department is responsible for regulatory, privacy, security, billing, compliance monitoring, auditing and training. The chief compliance officer also chairs the Compliance Advisory Committee, which is comprised of a multidisciplinary team of WellStar leaders. This committee has oversight responsibilities to ensure Systemwide compliance with the fundamental elements of WellStar's Compliance Program. The committee addresses various compliance-related issues and other applicable projects including, but not limited to, regulatory developments, internal and external audits and legal issues. Most importantly, the committee seeks to ensure that all compliance objectives are met and necessary actions are taken as issues are identified. The chief compliance officer, on behalf of the Compliance Advisory Committee, presents regular compliance reports to the CEO and the Audit Committee of the Board.

Compliance Policies & Procedures

Compliance Training & Education

- WellStar employees are expected to review and

understand WellStar's Compliance Policies and Procedures and the Code of Conduct.

- All WellStar employees are required to complete annual Fraud Waste & Abuse and Privacy & Security training.
- Targeted compliance training and education may be required in your current position depending on your department and responsibilities.
- Compliance training and education may be conducted in person, online, electronically or through the distribution of compliance educational materials.

False Claims Prevention Policy

- WellStar strives to ensure all claims submitted to payers are accurate and appropriately reflect the services provided.
- WellStar ensures all employees and any contractors or agents are educated regarding the false claims-related regulations, the associated expectations regarding preventing, detecting, and responding to fraud, waste and abuse in federal healthcare programs.
- WellStar honors the provisions of the federal and state False Claims Acts.

Fraud, Waste and Abuse Reports, Investigations and Responses

- WellStar has processes in place to report actions of real and/or potential fraud, waste and abuse (FWA).
- All employees are expected to report issues of FWA to department leaders, the Compliance Department, and/or the Compliance Hotline at 888-800-5094.
- FWA Investigations will be lead by the Compliance team but may involve department leadership, Human Resources, Security, etc., as needed.
- Timely responses and corrective actions (including refunding any payments received from payers such as CMS) will be taken whenever necessary.

Prohibition Against Contracting or Employing Sanctioned Individuals or Companies or Vendors

- It is WellStar's policy to prohibit contractual or employment relationships with sanctioned individuals such as any individual or company or vendor listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded healthcare programs.
- WellStar has processes in place to consistently

and periodically screen all employees, medical staff, mid-level providers, etc.

Business Courtesies to Potential Referral Sources Policy

- It is WellStar's policy to carefully monitor non-monetary business courtesies extended to potential referral sources.
- WellStar has implemented processes for reporting such payments, including maintaining an accurate log of such payments. The amount for allowable business courtesies is established on an annual basis by the Centers for Medicare and Medicaid Services (CMS) and payments to potential referral sources cannot exceed the CMS established amount for each such source.

Conflicts of Interest Policy

- It is WellStar's policy not to allow potential or actual conflicts of interest to interfere with or influence WellStar business or clinical decisions. WellStar requires all of its team members to conduct their work-related activities and personal business in such a manner as to avoid potential or actual conflicts of interest.
- Annually, each Covered Person (i.e., all directors and above, all purchasing staff, all WellStar Medical Group physicians, physicians with contractual arrangement with WellStar beyond providing medical care, and Board members) will disclose any potential conflict of interest.
- Covered Persons are expected to discharge their duties and responsibilities in a manner that supports the best interests of WellStar and its patients without favor or preference to any outside person or entity.

Vendor Ethics & Compliance Policy

- It is WellStar's policy that interactions with vendors comply with applicable laws and regulations, meet ethical standards, avoid and/or minimize conflicts of interest, protect patient confidentiality and promote fair and open transactions.
- WellStar expects vendors to respect WellStar's Code of Conduct and policies and procedures.

All vendors:

- » Must register with and be screened through WellStar's contracted third-party screening mechanism (i.e., Vendormate)
- » Should pre-arrange an appointment. Vendors without appointments must be referred to the Purchasing Department for registration

instructions.

- » Are required to have a badge issued by the vendor screening entity (i.e., Vendormate)
- Post acute care patient service vendors are considered exceptions to our policy, however, for proper identification purposes they are still required to register with Vendormate to obtain a badge.
- The policy now includes processes for accepting vendor sponsored education, community events, conferences, honoraria, etc. Please familiarize yourself with the policy and its approval requirements before accepting any of these items from a vendor.
- WellStar expects that all staff will facilitate the enforcement of this policy. There is a CBL available via SuccessFactors Learning.

Physician Agreements Policy

It is WellStar's policy that all Professional Service Agreements (PSA) (e.g. Medical Director Agreements, Medical Staff President Agreements, Committee Chair Agreements, Hospital Coverage, Service Line Leader, etc.) must:

- Be in writing
- Be signed by parties to the contract
- Provide for Fair Market Value (FMV) payments set in advance
- Be for services needed and actually provided
- Be for a commercially reasonable purpose
- Be unrelated to the volume of referrals the contracting physician makes to WellStar

The PSA policy applies to all WellStar affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, WellStar Medical Group practices, outpatient imaging and lab centers, and corporate departments, groups, divisions, etc. Its purpose is to:

- Provide direction as to the process from needs identification through execution and monitoring of Professional Service Agreements between affiliates of WellStar and physicians and/or physician entities and their immediate family members.

Physician Owned Distributorships Policy

This policy prohibits purchasing items or services for use in patient care, including but not limited, to pharmaceuticals, implants, instruments and other medical devices, from any supplier that involves a Physician-owned Distributorship with which any

affiliated physician or immediate family member has a financial relationship or which otherwise involves physician ownership in excess of 5 percent. An exception is allowed if the vendor is the only vendor producing the necessary product. The exception would require senior leader approval.

The policy also requires vendors of medical devices and supplies to disclose to WellStar on an ongoing basis any financial relationships (whether direct or indirect) involving WellStar-employed physicians or those who may not be employed and serve on the medical staff of any of the WellStar hospitals.

Government Investigations or Legal Proceedings Policy

It is WellStar's policy that any team member, independent contractor, volunteer or medical staff member within WellStar immediately notifies the Compliance and Legal Department when the person becomes aware of a government investigation or legal proceeding or is approached by a government or law enforcement official involving a crime or fraudulent activity. Notification includes the following information if known:

- A description of the allegation
- The type of investigation or legal proceeding
- The status of such investigation or legal proceeding

WellStar cooperates with any appropriately authorized government investigator or audit, while at the same time asserting all protections afforded it by law.

Government Requests for Information, Subpoenas and Search Warrants

WellStar cooperates with appropriately authorized governmental (federal, state and local) investigations and audits, subject to state and federal laws and regulations governing patient privacy. If an investigator wishes to speak to a WellStar team member or a subpoena is issued to a WellStar employee as a result of their WellStar job duties, the team member has the right to consult with the Legal Department for legal advice. Consulting with an attorney does not mean the team member is unwilling to cooperate.

Patient Gifts – Accepting and Offering Policy

It is WellStar's policy to prohibit individuals engaged by WellStar or a WellStar affiliate, through an employment arrangement or independent contractor arrangement, from soliciting gifts, tips, personal gratuities or anything of value from patients, patient families or friends.

WellStar team members may accept unsolicited gifts of a nominal value. Prudent judgment should be used, however, to ensure a conflict of interest does not arise. A plate of cookies or brownies, a plaque or flowers would be examples of acceptable gifts.

Code of Conduct

WellStar expects each staff member to have a copy of the WellStar Code of Conduct, which should be consistently utilized as a resource to guide your behaviors while at WellStar. Please consult your manager or the Compliance Department if you do not have a copy. The Code of Conduct can also be downloaded and printed at eSource > Compliance.

Personal Obligation to Report

WellStar believes each of its team members has an individual responsibility and duty to report their good faith belief of any violation of this Code of Conduct, WellStar policies or applicable law to his/her immediate supervisor, WellStar's Compliance Department or the Compliance Hotline and encourages each team member to do so.

Mechanism for Reporting - Compliance Hotline

WellStar operates an external, independent Compliance Hotline at 1-888-800-5094, available 24/7. WellStar's policy prohibits discrimination or retaliation against team members who report, based on a good faith belief that WellStar is not operating in accordance with applicable federal and state laws and regulations. The purpose of the hotline is to provide a means for team members to report instances of fraud, waste, abuse and violations of laws and regulations including, but not limited to, ADA (Americans with Disabilities Act), EPA (Environmental Protection Agency) or OSHA (Occupational Safety and Health Administration). WellStar does not prohibit team members from contacting the hotline for any reason, but encourages team members to also take advantage of other avenues such as their chain of command and Human Resources to help them address issues of concern. All Hotline calls, including those not related to regulatory issues, are fully investigated and documented with written responses.

Corrective Action

WellStar initiates corrective action and appropriate discipline when internal investigations reveal

violations of the Code of Conduct, WellStar policies and federal or state laws, rules and regulations. Corrective actions include, without limitation, refunding improper payments, notifying regulatory agencies, correcting the source of errors and implementing monitoring processes to prevent future violations.

Acknowledgment Process

WellStar's Code of Conduct is shared with all team members from inception of employment and again during annual compliance training, which all employees must complete as part of the annual review process. Each team member must annually attest to their adherence to the Code of Conduct.

Who is WellStar's chief compliance officer?

David Anderson

Patient Care

WellStar is committed to providing quality healthcare in a manner that is appropriate, medically necessary and efficient without discrimination due to gender, age, disability, race, color, religion, national origin or ability to pay. WellStar strives to provide considerate and respectful care with recognition of a patient's dignity and right to privacy. WellStar team members, medical staff members and allied health professionals are properly credentialed, experienced and licensed to meet the needs of WellStar's patient population. To the extent possible, the patient (or the patient's representative) is involved in decisions regarding care delivered. Generally, the patient's healthcare provider or designee will inform patients about the therapeutic alternatives and risks associated with the care the patient seeks and obtain the informed consent of the patient or patient representative. To the extent possible, information will be provided in a language that the patient can understand.

Patient Communication

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 are required to wear identification badges, which identify their name, title, affiliation with WellStar and photograph. WellStar instructs its team members to answer all questions from patients promptly and courteously or to refer the patient to an appropriate source. WellStar respects the patient's choice in visitation and encourages collaboration with the patient care team to ensure equal visitation privileges are consistent with patient

preferences and subject to hospital justified clinical restrictions.

Emergency Treatment

WellStar provides an emergency medical screening examination and necessary stabilization of patients and treats pregnant women in labor regardless of the patient's ability to pay or insurance status. Provided the WellStar facility has the capacity and capability, anyone with an emergency medical condition is treated. Patients with emergency medical conditions are only transferred upon the patient's request or if the patient's medical needs cannot be met at WellStar and appropriate care is available elsewhere.

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.

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.

Adherence to Antitrust Laws

WellStar avoids engaging in anti-competitive behavior or agreements that restrain trade.

Creation and Retention of Records

WellStar retains ownership of all patient and System records it creates. WellStar works hard to ensure that patient records are accurately prepared, securely maintained and retained as prescribed by law and WellStar policy. Accurate records are required for WellStar to retain applicable licensure and accreditation.

Marketing and External Relations

WellStar adheres to ethical business practices and consistently strives to fairly, accurately and honestly represent itself and the products and services of the System.

Preventing Improper Referrals, Kickbacks and Influences on Clinical Decisions

WellStar does not permit its team members to accept nor offer, for themselves or for the System, gifts, tips, personal gratuities or anything of value from/to patients, vendors or others in exchange for referrals of business or patients. WellStar honors federal regulations that prohibit referral of a patient to an entity in which a physician has a financial interest.

WellStar also honors federal regulations that prohibit WellStar from accepting payments or other similar benefits in exchange for referrals of patients covered by Medicare or Medicaid.

Coding, Billing and Accounting for Patient Services, Medical Necessity and Covered Benefits

WellStar provides patients with services or items that are medically reasonable, necessary and appropriate. WellStar submits claims for payment to all payers, including government, private insurance and individuals, for the services and items provided. WellStar personnel who are responsible for providing services, documenting, coding, billing and accounting for patient care services, work hard to ensure accuracy in the foregoing activities. WellStar places a high priority on maintaining compliance with all applicable state, federal and payer regulations due to WellStar's participation in Medicare, Medicaid and other state and federal government programs (public health programs). Such efforts also seek to comply with WellStar's applicable policies, procedures and WellStar's Compliance Program. WellStar prepares and submits cost reports and associated documentation according to all applicable regulations and contracts.

Monitoring and Auditing

WellStar's Compliance Department has a dedicated Coding Assurance team that is responsible for internal monitoring and auditing of documentation, coding and billing patterns across WellStar physician offices and facilities including hospitals and post-acute care settings (such as long-term care, home health and hospice). Coding Assurance audits focus on ensuring that all applicable state and federal laws and regulations are being followed; that underpayments and overpayments are identified early; payments are refunded appropriately when needed; and action plans are developed to mitigate against further occurrences. Additionally, each year the Coding Assurance team develops and executes an internal audit plan derived from the federal government's annual OIG Annual Work Plan, internal issues of concern and from various other issues within the healthcare industry. This audit plan is also utilized as an internal risk assessment tool.

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.

Confidential Information

Confidential information about WellStar, including System strategies and operations, is a valuable and proprietary asset. Although WellStar team members may come in contact with and use confidential information to perform their jobs, confidential, proprietary and trade secret information (confidential information) must not be shared with others unless there is a "need to know" or it is permitted according to a contractual business relationship. WellStar confidential information includes, without limitation, personnel data maintained by the System; patient lists and clinical information; patient financial information; passwords; pricing and cost data; information pertaining to acquisitions, divestitures, affiliations and mergers; financial data; details regarding federal, state and local tax examinations of the organization or its joint venture partners; research data; strategic plans; marketing strategies and techniques; supplier and subcontractor information; and proprietary computer software.

Occasionally, entities or persons seek disclosure of WellStar confidential information under Georgia's Open Records Act or other similar statute requiring release of information. WellStar team members should immediately contact the Legal Department with any such requests.

Intellectual Property

WellStar owns all intellectual property developed by its team members while employed with WellStar. Team members must promptly and fully disclose to WellStar all intellectual property that they have developed and they are prohibited from selling, transferring or improperly disclosing WellStar's intellectual property. As a condition of employment, or continued employment, each team member assigns to WellStar all rights, title and interest in any such intellectual property. Any questions should be directed to WellStar's Legal Department.

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 tobacco-free and drug-free environment.

Confidentiality, Privacy and Security of Health Information

For more information about Privacy or Information

Security, contact Beth Kost, vice president, Compliance and chief privacy officer at 678-331-6879 or beth.kost@wellstar.org.

Personal and Confidential Patient Information

WellStar makes all efforts to protect personal and confidential or privileged information about WellStar patients. WellStar abides by federal privacy and security regulations, including Health Insurance Portability and Accountability Act (HIPAA), and applicable state laws. Our Notice of Privacy Practices informs patients about how we treat their health information. WellStar team members are trained about privacy and security regulations as these regulations apply to their duties. Confidential patient information is disclosed only on a "need to know" basis.

All WellStar team members have a responsibility to protect the privacy, security and confidentiality of patient protected health information (PHI) at all times. Workforce members must read, understand and comply with WellStar Health System's Policies and Procedures pertaining to the privacy, security and confidentiality of PHI and the use and protections regarding technology. Unauthorized access, use or disclosure of this information and/or technology is against WellStar policy, as well as federal regulations (HIPAA) and state laws. Such violations will result in disciplinary action up to and including termination of employment. Criminal and civil penalties may also apply particularly in violations related to a patient's protected health information.

Guidelines for Protecting Privacy and the Security of Health Information

- Provide patients with a copy of the Notice of Privacy Practices at the first visit or as soon as possible if it is an emergency situation.
- PHI may be used and disclosed for purposes of the patient's treatment, payment for treatment or healthcare services and for WellStar's own healthcare operations. PHI may also be disclosed as authorized by the patient or as required by law.
- As an employee of WellStar you may access, use and disclose only the information needed to perform your job responsibilities.
- Do not access any PHI regarding family, friends, neighbors, etc., unless you are directly involved in WellStar's provision of healthcare to that individual.
- Do not use your privileges as a WellStar team members to access your own medical records. WellStar employees may request a copy of their

own record by submitting a properly completed authorization form to the Medical Records Department in the facility where you received services.

- Authorization forms may be obtained from Health Information Management, eSource and physician office sites. For more information, refer to WellStar's APP PS-93, or contact your supervisor or the Privacy Department at 678-331-6880 for assistance.
- Obtain a patient's permission before discussing patient information with family, friends, etc., who may be visiting and are not clearly designated as involved in the patient's care.
- Avoid work-related and patient-related conversations in hallways, elevators and other public areas.
- Speak in low voices and use private/appropriate areas when discussing PHI.
- Use hard-to-guess passwords on computer devices and applications. Change them frequently and do not share your passwords with anyone.
- Ensure data on the computer screen is not visible to others standing or sitting behind or beside you.
- When leaving your computer unattended, always log out or lock the computer with a password.
- Do not load unauthorized/personal software on WellStar computers or connect unauthorized devices to WellStar's computers.
- Beware of borrowed software, data, CDs, DVDs, flash drives, etc. These may contain a computer virus designed to capture, alter or destroy data.
- Do not comment, post or blog WellStar-related confidential information on social media websites.
- Type the word "confidential" into the subject line of an e-mail containing PHI to engage the appropriate protections for e-mail transmission of PHI.
- Be cautious of unsolicited e-mail, e-mails with attachments or e-mails that come from outside the organization.
- Dispose of confidential and/or protected health information in accordance with WellStar SPP IM-65.
- Do not leave printers/faxes unattended when printing/faxing confidential and /or protected health information.
- Use WellStar-approved encrypted devices and lock up all removable media and equipment that contains patient medical information if left unattended.
- Be aware of your surroundings. Politely challenge and assist people who do not belong in your area.
- Gently remind fellow team members of computer etiquette and policies and lead by example concerning WellStar information systems usage.
- Sign a new Confidentiality and Technology Acceptance agreement each year with your annual review.
- Routinely review and comply with all WellStar Privacy and Security Policies and Procedures located on eSource.
- Comply with all federal regulations and state laws as well as other regulatory and accreditation agency standards (i.e. The Joint Commission, NCOA, CARF, CMS, DHHS, HIPAA, etc.).
- Call the Privacy Department for advice if you are uncertain about a procedure or practice related to patient 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. All known breaches of PHI must be reported to the Privacy Department using the Breach Notification Form found on eSource. If you wish to remain anonymous, please contact the Compliance Hotline.

For more information about Privacy or Information Security, contact Beth Kost, VP, Compliance and chief privacy officer, at 678-331-6879 or beth.kost@wellstar.org.

Information Management (IM) Plan

WellStar Health System has a strategic plan for the management of information to define processes and manage, support, provide access to and facilitate the use of information within the organization and to support relationships with outside providers, services, agencies, contractors, purchasers and payers. Health information, financial data, human resources data and supply inventories are examples of the different types of data that are considered in the information management planning process. Information is obtained, managed and securely distributed using consistent data collection and format to support the WellStar mission, its goals, patient safety, quality of care and reporting.

Financial Pillar

WellStar Foundation

- WellStar is a not-for-profit healthcare system.
- All gifts to WellStar (hospitals, hospice, etc.) are given to the WellStar Foundation, including grants.

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

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 – particularly those with limited financial resources.

The WellStar Foundation accepts gifts from the community, including team members, who all support the mission of WellStar. For almost 20 years, the WellStar Foundation has acted as a supporting organization to WellStar. The WellStar Foundation's purpose is to encourage charitable giving to WellStar. WellStar depends on support from the community to achieve world-class healthcare for those in need. So, if you, a friend, a grateful patient, a foundation or corporation wanted to make a gift to WellStar, your gift would be sent to the WellStar Foundation and be used to help WellStar Health System care for the individuals in the community.

Some Foundation facts you should know:

- The WellStar Foundation **ONLY** accepts gifts to support the strategic priorities of WellStar Health System.
- WellStar **DEPENDS** upon philanthropy to grow needed programs and facilities.
- The WellStar Foundation administers WellStar's Team Member Emergency Assistance Fund (which is for catastrophic life events that cause financial hardship to WellStar team members).

The WellStar Foundation is responsible for ALL charitable giving. Sometimes, departments want to hold fundraisers to raise money for a special project or event. These must first be coordinated through the Foundation. The Foundation will help you be successful and ensure there is no crossover in our efforts. We want to remind all WellStar team members of the following:

- ALL events must be cleared and coordinated with the WellStar Foundation to prevent overlap, schedule conflicts, etc.
- NO fundraising accounts may be set up outside of the WellStar Foundation.
- NO team member may personally solicit a donation without the prior approval of the Foundation.
- If the money is going to be given to an organization outside of WellStar, the Foundation cannot process it.
- Sometimes departments hear about grants that could benefit their area. These must be coordinated through the Foundation and no grant application may be submitted without the Foundation's prior approval.

Donations come from many sources: individuals, patients, donors, team members, foundations and corporations. A majority of the donations made are received from individuals. How do we find these donors? We find them through YOU! As you work, what should you be listening for? Comments like:

- "I am so grateful for the care I have received. I wish there was a way I could give back."
- "I would love to get more involved with WellStar. Do you know who I could contact?"
- "It seems like WellStar needs a new _____. Is there any way I can help?"

And what do you say?

- "We would love to have you involved! May I have someone with the Foundation give you a call to discuss?"

- “We have a Foundation that would love your support. For more information, you can call 770-956-GIVE or go to www.wellstar.org/giving.”

We need you:

- To be the Foundation’s advocate. Tell everyone you meet we are not-for-profit and need their support!
- To make referrals. We won’t connect with the most significant donors without you!
- To get involved. Volunteer for our events and make a gift!

All team members at WellStar have the opportunity to participate in the WellStar Foundation workplace giving program. All (100 percent) of the funds raised through this program stay right at WellStar to fund unbudgeted programs and initiatives. Through a simple tax-deductible payroll deduction, team members can help improve their home facilities and impact the level of care we provide to our local communities.

WellStar Foundation Team Member Giving Program:

All team members at WellStar have the opportunity to participate in the WellStar Foundation Team Member Giving Program. Through a simple tax-deductible payroll deduction, team members can impact the level of care we provide to our local communities. Without your support and enthusiasm, we cannot impact the lives of those in our area who need it most.

- Team members may choose where their contribution goes from a list of impactful initiatives.
- All (100 percent) of the funds raised through this program stay right at WellStar to fund the initiative of your choice.
- An online component will allow donors to sign on to confirm, add to or change donation amounts.

KRONOS/Payroll

For questions regarding KRONOS and Payroll, call 770-792-5090 and press the number for your facility.

KRONOS is the time and attendance system WellStar uses to record the time we work. Following payroll rules can help you correctly use the system, ensure that you get paid the right amount and help WellStar manage costs.

KRONOS Tips

1. Always wear your badge so you can use KRONOS to record your time worked.
2. Always remember to clock in at the beginning of your shift and out at the end, if applicable.
3. You must choose “Yes” or “No” to correctly answer the “End of Shift” Meal Period question each time you punch Out.
4. Never have anyone else clock in for you and never clock in for anyone else.
5. Only use time clocks that are authorized by your department.
6. If you forget to clock in, make a note of your time and advise your supervisor immediately so your time can be corrected.
7. To avoid unauthorized overtime never clock in early or clock out late.

Attestation

Paying all team members accurately is very important. You are accountable for your daily time and attestation is the process that provides you with the tools to review your time for accuracy. It is your responsibility to confirm that your times clocked in and out are correct and that if you took a meal period that it was uninterrupted per WellStar policy. Attesting to your time takes about one minute and you may do this at any point during your shift for the previous day(s). It is best practice to attest to your time the next day after your previous work shift. The expectation is that you review your time daily, but you may review your time for multiple days if needed.

You may attest to your time at any time clock within WellStar or by using Kronos Workforce Central from a computer (instructions located on eSource under Departments > Accounting and Finance > Payroll > Kronos Attestation). Using the computer will reduce lines at the time clock and may be easier as you can see all information on one screen; however, if you use a time clock please try not to do attestation at shift change. Best practice is to attest to your time the next day you work, during the work day.

You should respond to the “End of Shift” question: *Did you take an uninterrupted meal break during your shift?* by choosing “Yes” or “No.” Failure to answer the question will result in a missed punch which is considered a Group I violation in accordance with Policy 3024 Employee Discipline.

Although the end of shift question requires a correct response, this is NOT the same process as Attesting to your time. Every Team Member is required to

review and verify all time recorded is accurate and complete via daily attestation. This process allows you to "Approve" or "Reject" your time. If you choose to reject your time as being incorrect, you must first choose "Rejected-Other" as a Rejection Reason then choose "Reject". If you Reject your time, you should immediately notify your manager with the reason you have rejected your time so that a correction is made prior to the end of the pay period. After your leader, has performed the appropriate action to correct your timecard, you should go back and approve the time using the same process.

Reminder messages are generated each night and sent to your e-mail if your time has not been attested. You may delete these messages in your e-mail, however they will remain in your Kronos "K-Mail" until deleted there as well. These messages will appear when using the time clock as well as in Workforce Central on your computer. You may delete old messages one at a time at the time clock. You also have the option to delete multiple messages using Kronos Workforce Central under the General Tab, Inbox, Messages, where you may highlight all the messages and delete. The recommendation is to use the website versus deleting messages at shift change, which can cause a back up at the time clock.

Growth Pillar

Strategic Plan Overview

For more information about the Growth Pillar and 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 2013 through 2020. We update our strategic priorities annually.
- We serve the communities of five counties, representing 1.4 million people by 2016.
 - » Bartow, Cobb, Cherokee, Douglas and Paulding
- The residents of these five counties generated 112,000 hospital admissions each year.
 - » WellStar's inpatient market share in these five counties was 55 percent.

Each year, WellStar updates the strategic plan to reflect the community's needs and the industry trends. Below is a summary of the strategic priorities:

1. Continue to invest in our core assets to deliver world-class care and differentiate WellStar.
 - » Facilities
 - » Clinical technology
 - » Processes
 - » All private rooms in our hospitals as soon as possible
2. Develop transformational approaches to the Community Value Equation (Value = Quality/ Cost).
 - » Document industry-leading quality and patient safety
 - » Prepare for Accountable Care Organizations (ACOs)
3. Attract and retain physicians and advanced practitioners for the communities we serve.
 - » Grow and differentiate WellStar Medical Group
 - » For physicians in private medical groups, make WellStar the preferred partner
 - » Increase primary care available in the community
4. Maintain nursing excellence.
 - » Differentiate WellStar through world-class compassionate care
 - » Invest in training and education
 - » Refine our medical care team integration and improve our processes
5. Retain our market leadership position in key geographic markets.
 - » Cobb: Renovation and expansion of our hospital campuses; East Cobb Health Park
 - » Cherokee: Continued expansion of comprehensive outpatient services
 - » Douglas: Facility investments and new services
 - » Paulding: Our Hiram campus represents a major investment. Our replacement hospital is scheduled to open in early 2014.
6. Position WellStar as the preeminent outpatient healthcare enterprise in our market.
 - » Develop our Health Parks in East Cobb, Cherokee and other markets (we opened our first Health Park in July 2012)
 - » Grow our Imaging and Lab Outreach and Physician Therapy services through superior technology, customer service and access
7. Invest in our service line model as a distinctive approach to enhance clinical quality, engage physicians, innovate and grow market share across WellStar Health System.
 - » WellStar has designated 11 service lines as high priorities: Behavioral Health, Cancer, Cardiovascular, Hospital Medicine, Medicine, Musculoskeletal, Neurosciences, Pediatrics, Pulmonary, Surgery and Women & Newborns.
8. Implement our Information Technology Strategy. The focus of this strategy is WellStar Connect

(Epic). This innovative technology will be implemented in 2013, continuing into 2014. Our IT investments will achieve the following goals:

- » Improve patient safety and quality
 - » Reduce the cost and variability of care
 - » Improve healthcare efficiency
 - » Better manage revenue streams and resources
9. Identify and implement tactics that will drive growth and/or increase our capacity to serve the community.
- » Reduce Average Length of Stay (ALOS)
 - » Manage the health of patients with chronic conditions

To do this, we will:

- Deliver compassionate care every time, every day, everywhere in WellStar.
- Focus on customer value using Lean thinking 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.

Patient Experience and Medical Staff Partnership

For more information about the patient experience at WellStar, contact Mary Lou Wesley, senior vice president and chief nurse executive, at 770-792-5031 or marylou.wesley@wellstar.org.

For more information about patient satisfaction and medical staff partnership, contact Christina Martin, director, Service Coaching, at christina.martin@wellstar.org.

We are committed to delivering high-quality hospital, physician and other related healthcare services that improve the health and well-being of the individuals and communities we serve. In order to accomplish this, we strive to build trust and loyalty with our patients and physicians. Creating and maintaining

patient satisfaction and physician engagement involves all of us. There are several tools, such as surveys and other key tactics, we utilize to assist us in this process.

Patient Experience

All team members' expected behaviors:

- Acknowledge every patient, visitor and team member.
- Respond to all patient/family needs respectfully and immediately.
 - » No Pass Zone
- If you cannot assist the patient/family yourself, seek assistance from another team member.
- All call lights, patient/family signals or requests for assistance are to be answered by any team member in the area.
- Provide respectful environment with a designated quiet time.
- Pay special attention at night time (10 p.m. – 6 a.m.).
- Utilize AIDET each time you interact with a patient/family member and show caring at all times.

AIDET

AIDET is a framework for communication 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: Lets patients know they are important.

Actions: Make eye contact, show positive attitude, sit down whenever possible, make small talk to patients and family/visitors, smile and have open body language.

I -Introduction: Lets patients know who you are and reassure they will receive very good care.

Actions: Provide job title, certification licensure, and years of experience, number of procedures you have completed, special training. Name a co-worker, other departments and physicians, and describe to the patient how each team will make them feel more comfortable with the care they are about receive.

D – Duration: Lets patients know you are aware of their concerns.

Actions: Communicate how long this will take, including: initial assessment preparation, exam or test, wait time after the test, when the results will be back.

E – Explanation: Lets patients know you care about them and their concerns.

Actions: Help patient or family member understand – not in medical jargon. Use clear, simple language but do not speak down to the patient. Explain what you will be doing and why, what they should expect, what is the plan for the future, etc. Listen to the patient's story and respect the patient's views. Involve the patient in the plan of care.

T – Thank You: Lets patients know you appreciate them.

Actions: Let the patients know you have enjoyed working with them. Thank the family for using WellStar for their healthcare needs and for entrusting us with their care.

Clinical team members:

Patient and Family Centered Care Bundle

Our goal at WellStar is to create an environment of healing for patients that is respectful of them in their time of illness, death, birth and other life-changing events. To do this, we have to put the patient at the center of the care model. To ensure we are keeping patients at the center, we have developed a patient and family centered care bundle. This bundle includes processes and behaviors designed to provide a quality care experience for our patients, their families and friends, which are as follows:

- Hourly rounding
- Caring Moment
- Bedside Shift Report
- Respectful environment

Hourly Rounding

Hourly rounding is more than a nice thing to do for patients. It is an evidence-based practice that is proven to: (1) improve clinical outcomes; (2) decrease risk; (3) reduce call lights; (4) increase patient satisfaction; and (4) improve team member engagement.

Hourly rounding involves nurses, nursing assistants and ancillary services checking in on the patient on an hourly basis and demonstrating eight specific

rounding behaviors, which are:

1. Introductions - Knock on the door prior to entering and ask permission to enter the room. Introduce yourself by name and indicate your certification or qualifications and your work team. It is very important to look the person in the eyes to get feedback.
2. Explain the purpose of hourly rounding upon admission and why is it important. Express that we at WellStar want to provide each patient with "very good" care while they are here. Also describe how rounding will occur (hourly between 6 a.m. and 6 p.m., and every two hours between 10 p.m. and 6 a.m.).
3. At each shift change, update the white boards by placing your name and updating the nursing care plan and goals for the patient.
4. Inquire about the 3 Ps - Pain Level, Positioning (are they comfortable) and Potty (do they need to go to the bathroom). Encourage toileting: after two refusals to the toilet, staff are to prompt patient to ambulate and attempt toileting on the third rounding instead of offering.
5. Assess their environment to be sure they have everything in reach - table, call bell, phone, water and tissues.
6. Complete scheduled tasks according to physician ordered treatment and procedures. Complete nursing care and administer scheduled medications.
7. Closing- Indicate that you or another team member will be back in about an hour. Before you go, inquire if there is anything else that you can do while you are here. Let them have time to think and complete any requests.
8. Document your completed rounding on rounding log.
 - Hourly rounding should be conducted from 6 a.m. – 10 p.m. (every two hours from 10 p.m. - 6 a.m.) daily:
 - » Routine tasks may be done during hourly rounding; however, all eight rounding behaviors must be included during the patient interaction.
 - » All staff are expected to assist other team members to ensure timely completion.
 - » Unit secretaries will round once per shift to introduce themselves.

- » RNs and CCPs will rotate the hourly rounding.
- » Caring moments need to be incorporated into hourly rounds.

Caring Moments: Expected behaviors that show we care

- Compassion:
 - » Displaying compassion is vital to a meaningful caring moment.
- Actions:
 - » Actions speak louder than words.
 - » Show caring with every patient/family member contact.
- Give a genuine smile.
- Hold a patient's hand.
- Pat a patient's arm or shoulder.
- Relationship:
 - » Be present for the patient.
 - » Encourage the patient/family members to share their concerns for the well-being of the patient.
- Emotional Needs:
 - » Determine the unique needs of the patient/family member and then spend the time to ensure those needs are met.

Bedside Shift Report:

Bedside shift reporting is a process for change of shift report that includes the patient and designated family member(s). This process is proven to: (1) empower patients; (2) improve patient involvement and collaboration; (3) improve patient safety and satisfaction; (4) improve staff satisfaction; and, (5) improve efficiency. The process includes the following steps:

Before Going Into the Patient's Room:

- Review the following:
 - » Diagnosis
 - » Past pertinent history
 - » Social or sensitive issues
 - » Communication forms with oncoming team member who is authorized to be present for rounds/change of shift

In the room:

- Introduce yourself and oncoming team member

to patient/family member and "manage up."

- Say that we are going to be giving a shift report that will take approximately five minutes.
- Identify who is in the room.
- Ask anyone who is not on the list to receive patient information to step out.
- Give report of past shift and plan of care for the next shift.
- Give patient and family member an opportunity to provide their observations and ask any questions they may have or goals they have for the day.
- Encourage the patient to participate by:
 - » Encouraging the patient to ask questions
 - » Using common, everyday language
 - » Concentrating on the patient
 - » Giving patients more time

Patient Experience Must Haves:

Additional actions and "to do's" to help WellStar achieve exceptional results:

1. **Rounding for Outcomes:** In addition to hourly rounds and bedside shift report, Leader Rounding on patients and families has significant impact on the overall patient experience. It connects the patient to leadership and enhances their voice in their care. Leaders should also round regularly on the team members who report to them.
2. **Thank-You Notes:** Thank-you notes are short, handwritten notes sent to team members' homes thanking them for demonstrating a specific behavior.
3. **Selection and the first 90 days:** Increase team member retention. It provides strategic ways to allow team members to feel a sense of ownership about the work place through focusing on team member selection and early retention.
4. **Discharge Phone Calls:** Connecting back to the patient within 24-48 hours after they have left the hospital, office or outpatient setting. These phone calls demonstrate empathy and ensure discharge instruction are being followed, improve clinical outcomes, obtain patient's perception of service and encourage reward and recognition of team members.
5. **Key Words at Key Times:** Things said and done to "connect the dots" and help patients, families

and visitors better understand what we are doing. They align words with actions to give a consistent experience and message. For example, a nurse pulling a curtain: "I am pulling the curtain because I am concerned for your privacy."

6. **Aligning Leader Evaluations with Desired Behaviors:** Utilizing a measurable evaluation tool to become a matrix organization for driving positive outcomes and behaviors.

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., the leading healthcare survey vendor, 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, from medical practice visits, to hospital stays, to home care.

Our goal is to achieve a score that will help us to achieve the top quartile in patient satisfaction. Every team member at WellStar can help support our patient satisfaction:

- Use ALWAYS behaviors
- Understand the questions patients are being asked and the metrics being graded.
- Obtain individual scores and comments to determine areas for improvement.
- Make improvements based on the opportunities the data present.

Medical Staff Partnership

The members of our medical staff are our partners in achieving world-class healthcare. In addition, members of the medical staff drive patient admissions and revenue, and significantly impact a hospital's reputation. Their engagement is critical to our success. By learning the drivers of medical staff satisfaction and how we can affect them, we can help WellStar improve relationships with our medical staff.

The four key drivers of medical staff satisfaction are:

- Superior hospital customer service and quality: Members of the medical staff want to know their patients are receiving quality care and very good service.
- Efficiency: Members of the medical staff face increased time demands and want to be a part

of an organization that offers them optimal performance and efficiency.

- Input: Members of the medical staff want a culture that supports medical staff participation in codecision-making and planning.
- Appreciation: Members of the medical staff want to be part of an organization where they feel valued and recognized for the work they do.

Each person can help improve medical staff satisfaction by implementing key processes designed to affect the four key drivers of medical staff satisfaction, including:

- SBAR communication by nurses
- Board of positive feedback by team members displayed on units for physicians
- Return medical staff calls within minutes
- Rounding on members of the medical staff
- Staff write thank-you cards to medical staff
- Rounding on medical staff to determine areas of opportunities

Medical Staff Partnership Survey

One of WellStar's goals is to improve medical staff satisfaction and engagement. The medical staff drives patient admissions and revenue, and significantly impact a hospital's image within the community. In addition, the medical staff's loyalty is critical to our success as a System. By learning the drivers of medical staff satisfaction and how we can affect them, we can help improve our relations with our medical staff.

WellStar has partnered with Press Ganey Associates, Inc., the leading healthcare survey vendor, to administer an annual Medical Staff Partnership Survey. Each year, this information is used to create effective action plans to improve areas of concerns for members of our medical staff and to enhance engagement.

The survey is given to all physicians and advanced practice providers who practice at WellStar.

Customer Concern Process

For more information about WellStar's Customer Concern Process, please refer to SPP#: LD-21 or contact your facility Customer Service Department. Getting feedback and comments from our customers provides us with opportunities to improve our care and services. The WellStar customer concern process helps create and reinforce an environment which encourages open communication with patients, visitors, providers and team members. It also provides a process for the intake, routing/tracking, investigation, resolution and reporting of customer complaints.

Responding and quickly resolving the concerns of our patients, their family members and loved ones is an important way we show we care. It is also an important way to help us stay in compliance with Medicare, The Joint Commission and others. It is critical that all WellStar team members know the steps for resolving and documenting customer concerns and what their responsibilities are in the process.

Below are the key steps to the WellStar Customer Concern Process:

1. All team members who receive 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 person; E: Empathize with the person; A: Apologize to the person; R: Respond to the person; T: Thank the person
2. If the concern cannot be resolved, the team member must notify his/her supervisor.
3. The supervisor will need to complete a Customer Concern Response Form (CCRF) and send to the site Customer Service Department that:
 - » Notifies Customer Service of the concern and that it is resolved or
 - » Notifies Customer Service of the concern and that it was unable to be resolved
4. Customer Service works with the person responsible for the area identified in the concern or complaint to resolve the complaint and sends an open investigation letter within seven business days of receipt of the concern.
5. The person responsible for the area identified in the concern must:
 - » Notify and engage leadership as necessary to facilitate resolution
 - » Complete an investigation and resolve the concern
 - » Write a Resolution Letter
 - » Send the Resolution Letter to Customer Service for final review, revision and mailing
6. Customer Service then mails the Resolution Letter to the customer within 30 calendar days of receipt of the concern.
7. In the event that a resolution will not be reached within 30 days, the person responsible for the area identified in the concern:
 - » Notifies his/her immediate supervisor of the unresolved concern
 - » Drafts a "Pending Investigation Letter"
 - » Sends the "Pending Investigation Letter" to Customer Service for final revision
8. The Customer Service Department mails the "Pending Investigation Letter" notifying the customer that an additional 30 days is needed to resolve their issue.

All customer concerns that are documented on a CCRF, will be investigated, resolved and communicated within 30 calendar days. Customer Service will notify the person responsible for the area identified in the concern and their immediate supervisor of any complaints that remain open greater than 21 days.

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