

Welcome to Care Class 2023

*This annual mandatory course is designed to ensure that **All Employees** of Huntsville Hospital are provided critical information pertaining to the hospital's culture, priorities, and policies.*

CULTURE

VISION:

To be the choice for care and careers in the communities we serve

MISSION:

To provide high quality care and coordinated services that improve the health of our communities

VALUES:

Safety

Eliminate or minimize potential harm to our patients, visitors, physicians and employees.

Compassion

Be aware of the needs of others.

Integrity

Be consistent, honest, and fair in everything we do.

Excellence

Exceed the standards in service, clinical and financial performance.

Innovation

Promote creativity to enhance patient care and organization performance through a team environment.

Accountability

Take responsibility and ownership for our actions and their outcomes.

Diversity, Equity, & Inclusion

The guarantee of fair treatment, access, opportunity, and advancement for all races, nationalities, religions, gender or age, while striving to identify and eliminate barriers that have prevented the full participation of some groups by bringing historically excluded individuals and/or groups into Huntsville Hospital Health System processes.

Standards of Behavior & Employee Promise

The standards of behavior serve to provide clear expectations; reinforce the importance of making the needs of patients and families the primary focus of our care and service; and communicate appropriate behaviors that employees are expected to practice daily at work. The Standards of Behavior are described below:

My awareness of **SAFETY** is primary in all that I do.

- Utilize the **Universal Relationship Tools** and **Reliability Tools** in my actions to improve our daily performance, including:
 1. Support others by **cross-checking our work** to reduce errors.
 2. **Speaking up** if we have a **safety concern**, and reporting that concern to leadership when an issue is not resolved.
 3. Keeping my attention focused on critical tasks by taking time to **Stop, Think, Act, and Review** my work.
 4. Having a **questioning attitude** with my co-workers and team to ensure quality.
 5. **Knowing why and complying** with policies, procedures, and checklists.
- Ensuring effective team communication by **repeating/reading back critical information**, when appropriate using **phonetic and numeric clarification** for critical information, making sure to **ask clarifying questions** when critical information is unclear, and following the steps outlined in my area for effectively handing off, and sharing the situational information.
(These tools are covered in detail in the required staff class, and outlined in the Employee Handbook).
- Keep equipment in good order, and use it appropriately.
- Report safety hazards and/or correct them if possible.
- Maintain a clean and clutter-free workspace.



My **ATTITUDE** reflects my desire to serve.

- Acknowledge visitors, patients, co-workers, and physicians immediately when they approach your desk or work area, anticipating their needs and offering assistance before it is requested.
- Smile and greet others using the 10/5 Rule; acknowledging others when they are 10 feet away, and greeting others 5" away.
- Treat everyone fairly and as if they are the most important person in the hospital.
- Show genuine interest in other people by being a good listener, and listening with empathy and intent to understand.
- Apologize for any problems or inconveniences and utilize service recovery when needed.

My **APPEARANCE** demonstrates my professionalism.

- Dress professionally and tastefully, in accordance with the dress code policy. ***This also applies to time during classes on campus.***
- Wear the identification badge so that it is unobstructed and above the waist.
- Follow the current masking policy, as stipulated by of the hospital.
- Take pride in our hospital and strive to maintain a clean and safe environment.
- Ensure litter or spills are cleaned up; it is everyone's responsibility to keep our campus clean.



My **COMMUNICATION** is accurate and sensitive.

- Answer calls within three rings, and return calls promptly.
- Answer all calls by identifying your department and yourself. Get permission before transferring the call to the operator.
- Keep personal calls to a minimum.
- Ask for and use preferred names.
- Offer directions to individuals in need.
- Listen with empathy and intent to understand.
- Work to ensure '**Service Recovery**' with patients and their families, when something is wrong by taking the **HEATT**. These letters represent the steps of:
 - **H**ear them out, by showing genuine concern.
 - **E**mpathize by putting yourself in their shoes, and ask yourself how would you like your loved one to be treated.
 - **A**pologize that they are experiencing the issue; even when it's not your fault.
 - **T**ake Action to fix the problem, or find someone that can such as a manager or a Patient Advocate.
 - **T**rack & Trend issues by reporting the complaint or grievance in **RL6** the patient complaint database. Notify your director or the Patient Advocate for assistance.
- Communicate the positive intent of our actions with patients, customers, and others.
- Provide opportunities for others to ask questions.
- Speak in a quiet voice in patient-care area hallways.
- Honor and respect the differences of my co-workers and my verbal and written communications including social media post and my behavior on the Internet, reflecting the values of HH System and its policies.

My **COMMITMENT** to my teammates is vital to our care.

- Treat every co-worker and physician as a professional, recognizing their expertise.
- **Be Safe, Be Caring, Be Kind** in everything we do.
- Commit to utilizing the **Universal Relationship Tools** and **Reliability Tools** in all of our actions. *(More detail in the Employee Handbook).*
- Avoid and discourage gossip.
- Support and set a good example for new employees and students.



My concern for **PRIVACY** is in the best interest of my patient.

- Ensure information about all patients is strictly confidential.
- Follow Health Insurance Portability and Accountability Act (HIPAA) guidelines at all times.
- Not disclose confidential information such as patient information on social media.

My sense of **OWNERSHIP** makes me accountable.

- Adhere to hospital and departmental policies regarding attendance.
- Adhere to the hospital Social Networking Policy both at work and at home
- Honor and respect the differences of my co-workers. If unable to meet a request, find someone who can.

DIVERSITY & INCLUSION

Huntsville Hospital has a deep commitment to enhancing diversity within the organization. Diversity is often defined as differences based on culture, race, creed, age, disability or handicap, ethnicity, gender, gender expression, gender identity, sexual orientation, and socioeconomic status. Diversity also includes but is not limited to differences based on geographic location, personal habits, educational background, and work experience.



As an organization we are committed to ensuring we have a culture without bias or prejudice. Diversity, inclusion, equality, respect, and unity are marks of a great organization. As an organization, employees are encouraged to:

- Reflect these values individually and collectively
- Honor and respect each other’s differences.
- Show empathy toward co-workers, and recognize that differences in opinions can add value to the team
- Withhold judgment or ridicule
- Find commonalities
- Foster inclusion in the workplace, by supporting individuals’ sense of belonging, and appreciation of their uniqueness

The HRO Universal Relationship Skills tie into positively supporting diversity and inclusion goals:

	Fairness	Belonging	Safety	Empowerment
1. Smile and Greet Others		✓		
2. Ask for and use preferred names	✓	✓	✓	✓
3. Listen with empathy and intent to understand	✓	✓	✓	✓
4. Communicate positive intention of your actions	✓	✓	✓	✓
5. Provide opportunities for others to ask questions.	✓	✓	✓	✓

More on the HRO Universal Relationship Skills and the Safety Behaviors is covered in the annually required HRO Review CBL.

In 2020 the hospital officially added the value of **Equality** to our organizational values, as well as establishing an interdisciplinary Diversity Committee to guide initiatives. In 2022 this value was expanded to be **Diversity, Equity, and Inclusion**. Through feedback from our workforce and review of best practices the group has adopted dynamic initiatives that deepen the organizational commitment to honor workforce diversity.

The **BETTER TOGETHER: Diverse & United** initiatives include:

- Providing expanded recognition of the diversity within the organization by celebrating unique cultural contributions
- Expanding Leadership and employee training opportunities on Diversity, Equality, and Inclusion topics
- Increasing diversity in under-represented professions through career pathways of growth, and development programs

POLICIES

Fair and Just Culture

Huntsville Hospital Health System has established a **Fair and Just Culture** approach for workplace accountability. This approach provides guidance in how we address adverse events and behaviors; and how employees, managers, and providers work together to maximize their effectiveness of accomplishing the organization's Mission, Vision, and Values. Our approach is complementary to our "Journey to Zero" Harm.

We ask that all Employees to **Be Safe, Be Caring, and Be Kind** in all interactions.

Within a **Fair and Just Culture** we believe:

- Being Safe is our first priority as we encourage employees to utilize Universal Reliability Tools to improve human performance and Universal Relationship Tools to increase communication and teamwork.
- Focus on system design, as well as policies and procedures blocks predictable mistakes.
- Our employees will make an occasional Human Error, and mistakes are treated as learning opportunities.
- Honest mistakes require a different management response than knowing violations. Honest mistakes should not be punished whereas deliberate acts or knowing violations should have fair consequences.
- An open and fair culture encourages the reporting of errors.
- Employees will be treated fairly by utilizing the Performance Management Decision Guide (PMDG) which we have adopted when employee performance does not meet our expectations.

A detailed description of the Fair and Just Culture approach is contained in the **Employee Handbook** under the **Rules of Conduct** section. It is important for every employee to read and understand this information. It forms the basis for both day-to-day work performance and, if deemed necessary, employee discipline.



Harassment

Harassment, either intentional or unintentional, has no place in the work environment and in many instances is prohibited by law. Huntsville Hospital is committed to maintaining a work environment that is free from harassment, where employees at all levels are able to devote their full attention and best efforts to the job. It does not matter if the harassment is caused by a fellow employee, supervisor, manager, contractor, physician, student, or other person, Huntsville Hospital will not tolerate any form of harassment related to the following:

- | | | | | |
|-----------|-------------|----------------------|--------------------------|---|
| • Culture | • Age | • Gender expression | • Handicap or disability | • Or any other legally protected status |
| • Race | • Gender | • Gender identity | • Socioeconomic status | |
| • Creed | • Ethnicity | • Sexual orientation | • Military status | |

What is considered harassment?

Any activity that makes a reasonable person experiencing such harassment uncomfortable in the workplace or interferes with a person's job performance will not be tolerated. Examples of harassment include:

- Threatening adverse employment actions if sexual favors are not granted;
- Promising preferential treatment in return for sexual favors;
- Unwanted and unnecessary physical contact;
- Excessively offensive remarks, including unwelcome comments about appearance, obscene jokes or other inappropriate use of sexually explicit or offensive language;
- The display in the workplace of sexually suggestive objects or pictures which create an intimidating or hostile work environment;
- Unwelcome sexual advances by non-employees when these advances are condoned, either explicitly or implicitly by HH Health System or its managers, supervisors, or agents;
- Touching in a sexually suggestive manner;
- Uninvited touching, such as placing a hand on one's shoulder or stroking one's hair;
- Requests for sexual favors;
- Repeated requests for dates;
- Using one's position to request a sexual favor or a date in place of an employment reward;
- Violating personal space;
- Sexual assault;
- Lewd or unwelcome jokes, threats, whistling, or slurs;
- Unwanted and offensive letters, pictures, drawings, e-mails, voice mails, texting, or other communications;
- Sexual gestures and advances;

- Leering or staring;
- Gossip or questions regarding one's sex life or body;
- Sitting or gesturing sexually;
- Obscene language

Harassment also includes **objectionable Internet activity** such as:

- Posting or liking offensive, insensitive, or hateful posts that targets someone's race, gender, gender identity, sexual orientation, age, or other characteristic including racially charged or culturally insensitive comments about any group of people.
- Posting or liking a racially divisive symbol, or a target or symbol on someone's face meant to degrade or threaten an individual

How to report harassment

Huntsville Hospital cannot resolve matters that are not brought to its attention. Therefore, everyone is responsible for and will be held accountable for meeting our goal of a harassment-free work place. Any employee who experiences or becomes aware of job-related harassment should promptly report his or her concerns to the Huntsville Health System's designated Human Resources official, and specifically to either the Vice President of Human Resources, Director of Human Resources, or Employee Relations Specialist.

A complete copy of the No-Harassment Policy can be found in the Employee Handbook and on PULSE (under HR Policies and Procedures). Violations of the No-Harassment Policy may result in discipline up to and including termination.

Obesity Sensitivity

Sixty percent of the American population is characterized as overweight. Of that amount, 30% are obese. Obesity is defined as a Body Mass Index (BMI) of 30 or greater and/or 100 pounds over ideal body weight. Obese individuals are often victims of discrimination and biases in society that may lead to fear and reluctance in seeking medical care. Some of the common and false assumptions regarding the obese are that they are lazy, practice poor hygiene, or are mentally challenged. Special attention should be given to obese patients and visitors to assure that they feel safe in our organization.

Obese patients may have special needs, such as appropriately-sized hospital gowns, chairs without arm rests, and large wheelchairs and stretchers. In caring for these patients it is important to plan ahead if positioning help or additional equipment may be needed.

Recognize that obese patients are aware they are obese and many have self-image problems along with low self-esteem. Helping them to feel good about themselves by delivering the same high quality care as other patients receive is especially important.

Communication Assistance for Impaired Persons

Huntsville Hospital adheres to the Americans with Disabilities Act (ADA) and other regulations in providing communication assistance for those who are hearing, vision, speech impaired, or those with Limited English Proficiency (LEP). Communication services are provided to overcome any identified communications barrier, and are provided at no charge to the patient, family, or caregiver.



Staff Role

When staff members identify a communication barrier, a Communication Evaluation Form is completed using HH approved resources to ensure accuracy of the information.

HH provides multiple qualified resources for patients/family/caregivers that are in need.

- Inpatient Hispanic interpreters at Main & Women's/Children's are provided through Language Solutions. Mon. through Fri. 6am-6pm, Sat & Sun 8am-4:30pm. Call 256-564-4000.
- Outpatient Hispanic interpreters for physician offices, clinics, and HH outpatient services are provided through Foreign Language Services. Mon. through Fri. 7:30am-5pm. Call 256-713-3578.
- Over the phone interpreters- staff can use a regular phone if needed, to call Language Access Network (LAN) at 1-855-837-8682, code 52606. (Some HH physician offices have dual handset phones to use).
- For video (Martti) units at Main call Nursing Admin. at 58889 or come to the office to borrow a Martti video unit. You can use this for foreign language and sign language. At Women's/Children's or Madison, call a supervisor to locate a Martti video unit.
- In person sign language call AIDB (Ala. Institute for Deaf & Blind) at 256-539-7881. After 3pm. call 256-493-4015.
- For TTY or TDD contact Help Desk. 256-265-7777.

Reminders for staff:

- Employees are not to interpret for patients.
- In NetLearning there is a communication CBL for more education for staff.
- Resource information is also listed on the **Hot list** on the Pulse page, click on Interpreter services.
- **Please note:** *Phone applications should not be used to translate clinical information.*

Reporting Drug Diversion

In the healthcare setting, **Controlled Substances** are tightly controlled because of their potential for abuse or risk of physical dependence. Controlled substances include narcotics and other medications at risk for diversion.

Drug diversion comes in many forms. Some examples of diversion include:

- Pocketing a medication,
- Taking a portion of a patient's medication,
- Creating a false order to obtain a controlled substance, or
- Improperly disposing of a medication.

If a staff member suspects that a controlled substance has been diverted from its appropriate use, or observes impairment, it is their responsibility to report it to their immediate supervisor, Human Resources, or the Compliance Alert Line at **1-800-442-0959**.

Additionally, if a staff member finds a medication cup, syringe, IV tubing, or other medication supply in an inappropriate place (for example: a breakroom, hallway, or public trash can) this must be reported to the staff member's immediate supervisor. Regardless of what the medication is, reporting is required to determine the process for appropriate disposal and/or notification of the diversion response team.

Responding to Impaired/Disruptive Behavior

There may be a time when the behavior of another individual (employee, contractor, physician, or visitor) is interpreted as being impaired or disruptive.

Recognizing Impaired Behavior

Recognizing signs and symptoms of substance abuse can be difficult. Individuals are good at "covering up" and you may only have a suspicion. Behaviors that may be exhibited by someone who is impaired due to use of a substance (alcohol or drug) include:

- | | | | |
|---------------------|-------------------|--------------------------------|--|
| • Red & watery eyes | • Slurred speech | • Tardiness and/or absenteeism | • Change in personal appearance |
| • Tremors | • Staggering gait | • Disorientation | • Change in mood or interests |
| • Anxiety | • Sleepiness | • Decreased job performance | • Relationship/ financial interpersonal problems |

There are many reasons and ways that co-workers and family "enable" a person with a problem, like loaning money, covering for missed work, making excuses, etc. Impaired behavior of an employee or contractor is to be reported to their supervisor, and for physicians the Medical Staff Office. Please note: Some impaired behavior is caused by emotional problems. Help is available for these problems and it begins by reporting suspected impaired behavior of employees.

Disruptive Behavior

Disruptive or violent behaviors are not tolerated at Huntsville Hospital, and are addressed in Human Resource and Medical Staff Office policies. Disruptive behavior of an employee or contractor is to be reported to their supervisor, and disruptive behavior of a physician is to be documented and reported to the VP/Chief Medical Officer.

Smoking and Tobacco Products

Huntsville Hospital is a smoke free workplace. Huntsville Hospital Health System is committed to providing a safe and healthy workplace and promoting the health and well-being of its employees, patients and visitors. For safety and health reasons, HH Health System maintains a non-smoking work environment and gives preferential hiring consideration to non-tobacco users.



Policy Concerning Tobacco Use by Employees

All employees are **prohibited from smoking or using any tobacco products** (this includes tobacco-less electronic cigarettes) everywhere within and on the grounds of any hospital-owned campuses and facilities to include the Plaza Resource Center, Medical Mall, Heart Center, Corporate University, parking decks, hospital-owned physician practices, hospital owned outlying buildings, and all business's and public and private parking lots located near the hospital campus, as well as any side streets or sidewalks. These restrictions are compliant with the City of Huntsville Ordinance 18-1136, prohibiting smoking on property adjoining Huntsville Health System property.

The use of any tobacco products is also prohibited in any hospital-owned or leased vehicles, any vehicles on campus, any vehicles in hospital-owned parking decks, or otherwise while on the job. HH System employees must eliminate smoke odor on clothing, hands or breath while on duty. Enforcement of this policy is the shared responsibility of all HH System personnel. Employees that observe other employees using tobacco products should promptly report incidents to their manager, security, or to the information desk.

Each employee has a duty to refrain from using tobacco products in accordance with this policy. Because of the seriousness of the potential safety risks as well as the health risks of second-hand smoke, violations of the Smoking and Tobacco Products Policy will be addressed promptly.

CORPORATE COMPLIANCE *and other topics related to ensuring we meet all legal and ethical standards*

Corporate Compliance

It is the goal of Huntsville Hospital to conduct business in full compliance with all applicable statutes, regulations, provisions and other Federal Health Care Program requirements.

Huntsville Hospital consistently maintains the highest standards of legal and ethical behavior. Additionally, the Federal Government has rules that require hospitals to prove their commitment to ethical behavior in all business dealings. This effort is called Corporate Compliance.

Huntsville Hospital has a Corporate Compliance Program that addresses the public and private sectors' mutual goals of:

- Reducing fraud and abuse;
- Enhancing operations;
- Improving the quality of health care services;
- Reducing the overall costs of health care services.

Huntsville Hospital Health System's Corporate Compliance Program was developed collaboratively with the HealthGroup of Alabama (HGA) and each member-hospital's Compliance Officer. It has been adopted as a system-wide policy. The program's foundation includes appropriate monitoring, auditing, communication, enforcement and discipline, and response and prevention to assure ethical business practices consistent with Federal and State regulations and law.



What is the employee's role in Compliance?

For employees, Corporate Compliance is most closely demonstrated through our organizational value **INTEGRITY**; being consistent, honest, and fair in everything we do. It is up to each of us to do what is good and trustworthy every time we deal with anyone in our role as a hospital representative. Two very important Federal Regulations that govern hospitals against fraud, waste and abuse are the False Claims Act and the Anti-Kickback Statute.

False Claims Act (FCA)

The False Claims Act (FCA) exists to fight fraud, or false claims against the Federal Government. Huntsville Hospital encourages employees to review more detailed information about the FCA, which can be found in both the printed and on-line (via Pulse) versions of the Employee Handbook.

Anti-Kickback Statute (AKS)

The Anti-Kickback Statute prohibits physicians or nurse practitioners from knowingly asking for, accepting or offering payment for Referrals or Services that would normally be billed to Medicare/Medicaid.

Some examples of fraud or wrongful acts include:

- billing a patient for a medical procedure, service, or item that was not provided
- billing for research that was not performed
- inappropriately changing or destroying a medical or financial record
- stealing money or property
- receiving pay for hours not worked
- profiting from insider knowledge of the hospital
- any dishonest act

If you believe someone has engaged in dishonest or unethical behavior, you are required to either:

1. Report it immediately to a **supervisor**, the **Compliance Officer, Corporate Compliance Department** at **(256) 265-9951**, or through our PULSE-hosted anonymous form found going to: PULSE/Hotlist/Compliance Speak Up Report
2. Call the **Corporate Compliance Alert Line**, toll-free at **1-800-442-0959**. This line is available 24 hours a day, seven days per week, and is not staffed by hospital employees. If you so choose, your report can be given anonymously. You will also receive a call back date and a code to enter in order to receive the results of your report.



What is Protected Health Information (PHI)?

Some examples of Protected Health Information (PHI) include:

• Name	• Social Security #	• Phone #	• Account #
• Email address	• Vehicle ID#	• Medical records #	• Photo images
• Address	• Insurance info	• Diagnosis codes	• Fax #
• License #	• Any other unique identifying number, characteristic, or code		

It is your responsibility to know when patient information should or should not be disclosed. The PHI guidelines are as follows:

- If the patient has agreed to be in the facility directory, you may acknowledge that the patient is at Huntsville Hospital and give his/her location in the facility.
- You should not use your hospital privileges to locate a patient; instead, call the volunteer desk for assistance.
- You may disclose PHI to other caregivers who are or will be involved in the treatment/payment of the patient.
- When discussing PHI with a patient in the presence of others, the patient should give verbal or implied consent.
- If you disclose PHI, you must first reasonably verify the identity of individuals that you do not know, and then verify that they are authorized to have the information.
- If a person has been granted a data restriction on the use of their PHI, legally you must honor that restriction.
- An indication of "Minimum Necessary" requires you to limit information you disclose to only that information necessary to accomplish the purpose.
- If you access, use, or disclose PHI, and it is not in the scope of your job at Huntsville Hospital, then you have broken the law.
- Faxing of PHI is permissible, but you should always use a cover sheet that has a confidentiality statement instructing the recipient of a misdirected fax to send it to the Privacy Officer. A compliant cover sheet is available on Pulse, by going to the link **Hot List/Forms/Data Security and Privacy/744 FAX Cover Sheet**. You should also compare the number on the fax display with the intended number. **All misdirected faxes must be reported to the Privacy Officer.**
- Paper documents that contain PHI should be disposed of in a secure area that is NOT accessible to the public.
- PHI must not be left unattended.
- When employees are patients at HH, they have the same privacy rights as all other patients.
- If you know of or suspect a data security or privacy threat or breach, you must report this immediately to your supervisor, and the Privacy Officer. You may reach the Privacy Officer by calling **(256) 265-9257**, or emailing PrivacyOfficer@hhsys.org.

HIPAA is very clear that **access into medical records** is for a **business-need-to-know only**. Snooping/nosiness or unauthorized access is not allowed. There are penalties for violating HIPAA rules, these may include:

- Fines levied against individuals that access medical records without a business need-to-know
- Jail time levied against individuals that access medical records without a business need-to-know.

Huntsville Hospital takes its responsibility regarding protecting patient information and privacy very seriously. Access violations can result in disciplinary actions.

Notice of Privacy Practices

The law requires HH to offer a notice to each patient that tells them how we may use and share their health information and how they can exercise their health privacy rights. HH will ask the patient to sign the Privacy Practices Patient Agreement and Acknowledgement stating they have been offered a notice. HH has posted the summary in all patient registration areas where a copy can also be obtained.

Identity Theft

Federal regulation requires that organizations help protect patient information. As a result, all employees should be aware of warning signs that indicate identity theft may be about to happen.



Potential signs of identity theft can include:

- A photo ID that does not match the patient
- A patient giving information that conflicts with information in the patient's file
- Hearing family members/friends call the patient by a different name than the name provided during registration.

In general, employees should always be on the alert for the possible efforts of individuals to pose as someone they are not. Also, staff should be watching for employees who may steal patient data to sell for profit. If you suspect a case of Identity Theft, you should immediately report this to your manager or house supervisor, call security, or send a completed Identity Alert Form to the Privacy Officer.

TECHNOLOGY USE GUIDLINES

Pulse Page Information

The Pulse Page provides employee resources, and is only accessible from inside the organization fire wall. Some of the resources hosted through Pulse include:

- **Employee Self-Service**, an interface for employees to access their benefits, pay advice, and enrollment information.
- **Kronos**, the application for an employee to view their time and attendance records and earned time off balances.
- **HH Custom Applications**, an interface in which employees can access key information from various systems.
- **TJC Quick Reference**, an online resource for Joint Commission information such as a listing of codes, emergency numbers, the hospital's Mission and Values, and important acronyms and phone numbers to remember.
- **Policies & Procedures**, a database of policies and procedures for all departments which employees can access for review.
- **Web Mail**, the hospital's email system, which all employees are provided addresses for when they begin working at the organization.



Computer Use

Everyone is responsible for knowing how to keep the hospital's resources secure. ***Customer support for computers, phones, faxes and printers is available 24 hours a day, 7 days a week via the Help Desk at 265-7777.***

E-mail

- Non-hospital e-mail accounts should not be used to send or receive hospital-related emails or attachments.
- Do not download or open file attachments from an unknown and/or not trusted source.
- Do not create or forward e-mail messages that are offensive, harassing or explicitly sexual. Inappropriate messages to send or forward also include chain letters, jokes, stories, and hoax warnings.
- Users should not respond when unwanted e-mail (SPAM) is received.

- The signature line for all e-mail users should contain the sender's first and last name, title, department, Huntsville Hospital, and phone number.
- When emailing Protected Health Information to an email address that does not have hhsys.org the subject should always include: **[Encrypt] or secure:**

Computer Security Measures

- Users should not download files or screen savers, nor should they load files from a disk, thumb drive or CD. If the computer warns you about a virus, call the Help Desk.
- Only Hospital purchased and/or approved encrypted devices may be used to store hospital data.
- ***Personal*** thumb drives/data storage devices are **not permitted** for the storage of PHI, HH proprietary/confidential information, or HH financial information.
- To request a device call the Help Desk to place a work order for purchase and delivery.

Password Protection

Passwords should not be posted or shared with anyone. A strong password:

- Is at least eight characters long.
- Does not contain your user name, real name, or company name.
- Does not contain a complete word.
- Is a combination of Uppercase, Lowercase, Numbers, and Symbols.

If you feel your password has been compromised, change it. If you need assistance with password resets call the Help Desk.

Personal Electronic Devices

Employees are to use discretion in using cell phones, headphones, and any other electronic devices (MP3 players, etc.). They may not be used for ***personal*** reasons in the presence of patients. They should not be used in any public areas including hallways and elevators. Acceptable areas of use are the cafeteria, break rooms, parking garages/lots, and private offices with department approval.

Cameras: Huntsville Hospital forbids employees to use cameras while at work to protect patient and employee privacy.

Social Networking Guidelines

Huntsville Hospital respects the right of employees to use social networking sites and does not discourage employees from self-publishing and self-expression. However, employees are expected to follow HH Health System policies and guidelines set forth to provide a clear line between you as an individual and you as the employee.

HH System understands that individuals may choose to engage in Social Media during non-work time. Individuals are fully and solely responsible for the material, comments, and statements they post. However, HH Health System's No Harassment Policy, Code of Conduct, confidential Information Policy, Standards of Behavior and The Health Insurance Portability and Accountability Act (HIPAA) apply to our employee's behavior while on the internet and Social Media.

Violations of these and any other HH Health System policies while on the internet or Social Media carry the same consequences as they would if the violations occurred in the work place. Social Media should not be used in a manner that violates policy or employees obligations.



Employee Monitoring

Employee Internet activity while at work is not private. Huntsville Hospital monitors online comments and discussions about the Hospital, its employees, patients, customers, products, and competitors. Audits are routinely conducted on all of our systems (including 1Chart, email, Internet, and legacy systems i.e. iCare).

Reporting Violations

Huntsville Hospital asks employees to report any suspected or actual technology violations to their supervisor, manager or Human Resources Department. Huntsville Hospital investigates and responds to all reports. Huntsville Hospital will take legal action where necessary against employees who engage in prohibited or unlawful conduct.

WORK ENVIRONMENT – *Important information regarding safety & security-related topics*

Every employee has a role in creating a safe working environment.

Each department has specific safety procedures that everyone in that department is to know and follow. Emergencies and hazards that threaten a safe working environment should be reported to the supervisor and/or manager. If the services provided by Maintenance or Environmental Services are needed, call 52700. In addition to department-specific procedures, there are hospital-wide safety procedures.

Some of these expectations include:

- Using proper lifting mechanics;
- Helping to prevent falls by picking up trash and wiping up spills;
- Keeping hallways and walk areas clear of equipment and other hazards
 - a clearance of 8 feet is required in patient care area hallways
 - Only crash carts, isolation carts, and things moved within 30 minutes are allowed in the patient care area hallways.
 - a clearance of 18 inches from the ceiling sprinklers to any storage is required
- Securing oxygen cylinders.

All employees are to be familiar with various emergency functions. These functions are located in the hospital's Safety Manual. The Safety Manual is located on the PULSE "Hot List". Your Departmental Safety Manual provides a resource for safety information. You should know where this manual is maintained in your department.

On-the-Job Injuries

If you are injured on the job:

- Report it to your supervisor
- Complete an Employee Accident Report with your supervisor
- Call CompOne at 532-2777
- CompOne will direct your care

If you should need first aid and do not need to be seen by a physician, please report to your supervisor, complete an accident report and go to Employee Health. Examples of first aid include band aids, cold compress, ointment, etc.

Back Safety

Back injuries, often from poor lifting techniques, are the most common type of serious occupational injury. In fact, at some time in their lives, eight out of ten people may have back pain. In addition to possibly missing work, back injuries can be painful, often affecting recreational, social, and job opportunities.

Remember, safe lifting is a commitment to lifting correctly, each and every time you pick up or move something. Your back is meant to hold your body up. If you use just your back, with no use of your legs to help you lift heavy objects, it is likely that at some point you will get hurt.

Lift equipment is to be used to protect an employee from injury and/or a possibly career-ending accident. Huntsville Hospital educates its staff on the use of Minimal Lift Equipment. The types of equipment vary depending on the needs of patients on individual units/floors. Maxislide sheets are almost universal and will likely be found on all floors. These sheets assist staff in turning, pulling a patient up in bed, re-positioning and lateral transfer.

The Secrets of Safe Lifting and Moving

- Assume the safe lifting position. Squat by bending at hips and knees; your ears, shoulders and hips form a straight line.
- Keep your feet shoulder-width apart and slightly turned out; this helps center your weight.
- Maintain your back's natural curves - don't bend it.
- Bring the load close to your body. Keep your arms and elbows tucked in close for more power.
- Let Your Legs Do the Lifting! Tighten your stomach muscles and use your legs to push your body up slowly and smoothly.
- Don't twist your body - this is an easy way to get hurt.
- When moving with a load, move as one unit. Do not twist at the waist. Instead, turn your whole body together as you move your feet.



Elevator Safety

Please be aware of the following elevator etiquette and safety steps that should be followed when riding elevators at Huntsville Hospital.

BE CONSIDERATE:	If you are the first to enter an elevator, hold the "Door Open" button until all people have entered.
BE SAFE:	If the elevator doors are closing as you approach the elevator, wait and take the next one rather than sticking your shoulder, arm, or leg into the elevator as a means to prevent the doors from closing. Injuries and deaths have occurred as a result of people trying to stop an elevator in this manner.

Tram Safety

In order to be safe, follow these guidelines when riding on the hospital's Tram system.

- Place all wheeled vehicles against the forward (the direction the tram is traveling) tram wall. No one is to stand between wheeled equipment and the forward wall.
- DO NOT place any wheeled equipment in front of, or in contact with, the sliding emergency door on the forward wall.
- Wheelchairs are ALWAYS to be placed facing Governors Drive, against the forward wall of the tram, with the brakes locked.
- Stretchers and beds are to be placed with the patient's feet first, up against the forward wall, with the brakes locked.
- For ease in achieving the correct position, stretchers, beds, and load hauling equipment should enter the tram car from the rear door.
- Handrails should always be used when the tram car is moving.

PLEASE NOTE: Employees risk injury when transporting patients on the tram and elevators on stretchers or wheelchairs. The wheels of the stretcher or wheelchair can become caught between the tram and the tram station, or the elevator and the building. If this happens, the employee may not have adequate help lifting the wheels out of the space. Plant Operations has narrowed the space as much as is safely possible.

Two important reminders:

- 1) Enter the tram or elevator with the **wheels at a 90 degree angle** to the space, and;
- 2) If the wheels do get caught in the space, call for adequate help in lifting the device out of the space.



Utility Systems

Huntsville Hospital maintains a Utility System Management Program to provide a safe, controlled and comfortable work environment.

Key elements include:

- **Electrical.** In the event of a power failure, emergency generators will supply power to critical and emergency power circuits. These are identified by **RED outlet covers**.
- **Medical Gases.** In the event of a fire or disaster, medical gas zone valves are controlled by designated and specially-trained individuals, Respiratory Therapists, and Plant Operators, who all work together for the safety of everyone involved. This includes the coordination of the back-up supply of oxygen.
- **Telephones.** In the event of a power failure or total system failure, the hospital maintains direct lines from Bell South at each nursing station, and in Information Services, Administration, Environmental Services, and Plant Operations. Portable telephones and radios are also available for use.
- **HVAC.** In the event of loss of heating, ventilation or air conditioning, notify central dispatch at 265-2700.
- **Maintenance or Environmental Services.** In the event of situations requiring the assistance of these departments, notify central dispatch at 265-2700.



Hazardous Materials

Hazardous materials are potentially dangerous to one's health and safety. Harmful chemicals to which you may be exposed are covered in the "Employee Right To Know Act. This law requires that employees be provided information on each hazardous chemical they use in performing their job. In the event of contact with a hazardous substance, the SDS (Safety Data Sheet) information provides the care giver with the information they need to treat the patient.

This information is available 24 hours a day, 7 days a week by **calling ext. 56737 (5MSDS)**. You should have the following information (if available) when calling:

- Product Name & Number
- Manufacturer Name
- Universal Product Code (UPC), if available
- Your Department Fax Number

Hazardous Spill

In the event of a Hazardous Spill, the actions that need to be taken by staff can be summarized by the acronym **S.P.I.L.** **S.P.I.L.** reminds us what actions to take in the event of a chemical or hazardous spill:

The SDS (Safety Data Sheet) information provides the care giver with the information they need to treat the patient. Notify **CompOne** if you have had direct exposure to any hazardous chemicals or materials. In the event of emergency, seek immediate medical treatment.

S SECURE AREA
P PROTECT PERSONS
I INFORM OTHERS
L LEAVE FOR CLEAN-UP TEAM

Hazardous Waste Products

Blood and body fluids, chemicals, and other hazardous substances, are considered **Hazardous Waste Products** and should be handled in the prescribed manner:

- Wear proper protective equipment while handling such materials.
- Know proper use of **Red Bags, Red Containers, Linen Bags**. All **RED BAGS** and **RED CONTAINERS** (always use lid on these containers) contain blood or body fluids and are incinerated. All others are treated with Universal Precautions. (Examples of items to be placed in **RED BAG** trash are a patient's gauze dressing soaked with blood, suction liners, and blood bags.)
- Notify Employee Health immediately if you or your patient has been exposed to blood or body fluids. If you are exposed after hours, call Nurse Triage (RN4U) at 4-HELP (4-4357) for instructions. Needle sticks are one of the two most common injuries to hospital employees. These occur most often to Environmental Services personnel and Laundry personnel.
- Sharps **MUST** go in the hard containers only.
- Do not "reuse" containers.



Weather Guidelines

Given the nature of our business, it is essential that employees report for duty when scheduled. During periods of inclement weather, employees are expected to report for work. When possible, if adequate staff is available, some staff may be excused. The complete Inclement Weather policy can be located on Huntsville Hospital's Intranet. Should Adverse/Inclement Weather occur, Huntsville Hospital will put into place appropriate procedures and alerts designed to protect the safety of employees, patient, and visitors. Emergency Codes are used by Huntsville Hospital to alert employees of potentially dangerous situations related to adverse/inclement weather.



Adverse weather

Adverse weather includes tornado watches or warnings and possibly other conditions. Alerts are monitored on a weather scanner by the PRC (Patient Response Center). All weather conditions are confirmed by the Administrative Representative on duty. Adverse conditions and codes are conveyed via overhead page.

- **TORNADO WATCH** is a Plain Language code that indicates a Tornado watch has been issued for Madison County. Conditions are favorable for adverse weather. Notifications are dispatched and overhead announcements are used to communicate. Be prepared to take shelter.
- **TORNADO WARNING** is a Plain Language code that indicates a Tornado Warning has been issued for the immediate area and the building is in or near the path. Notifications are dispatched and overhead announcements are used to communicate. Visitors are advised to remain indoors and away from windows until further notice. For safety purposes, patients will be moved away from windows into halls and bathrooms.
- **MedSled Evacuation:** The MedSled enables employees to safely evacuate non ambulatory patients down stairs in the event of an emergent situation such as a fire or disaster. The sleds are located on all nursing floors and in intensive care units. One adult size sled per floor and unit, also one bariatric sized sled per floor stored in the clean utility rooms. Go to the "Pulse" page and click on the Quality "Q". The med sled folder contains information and a 6 minute video for staff education.

Inclement weather

Inclement weather conditions are defined as hard freezing rain or hazardous travel situations for greater than 24 hours. Inclement Weather and the associated Inclement Weather Policy are placed into effect by the Administrator on Call. This course includes information providing more detail about some of our Emergency codes and other safety-related measures.

CAMPUS SECURITY MEASURES

Security is maintained by electronic monitoring systems and security officer patrols. All employees are issued badges and are responsible for wearing them appropriately. Security is reinforced by limiting access to certain areas of our hospital. To report suspicious activity, contact Security at (256) 265-6660. Describe specifically what you observed, including: **Who** or **What** you saw; **When** you saw it; **Where** it occurred and **Why** it's suspicious.

Other steps that every employee can take to ensure their own security include:

- Bring a minimum of valuables to work and keep them locked up.
- Be alert. Observe your surroundings and report suspicious persons.
- Don't walk to or in buildings by yourself at night. Security will escort you.
- Lock your car.
- Park in employee-designated parking areas. Employees found parking in patient-designated parking areas will be subject to a \$50 fine and a wheel lock on their vehicle.
- Trust your feelings. It's always better to be safe than sorry. If you feel uncomfortable, walk away and call security.

Workplace Violence

HH Health System is committed to the safety and security of all employees, and has a zero-tolerance policy for weapons, violence, verbal and non-verbal threats, and related actions in the workplace.

The HH Health System's zero-tolerance policy extends to threatening behavior or acts of violence committed by or against its employees. This zero-tolerance policy applies to all employees, contractors, physicians, vendors, patients, family members, and visitors. Violence by anyone directed against healthcare workers or others in the workplace compromises our culture of safety.

Workplace violence should be reported immediately. For more information: go to the PULSE intranet Hotlist, then choose Policies and Procedures, then select HH Health System policy on Workplace Violence.



The organization also encourages each of us can best avoid being drawn into workplace violence by being **HH A.W.A.R.E.**

A AWARENESS	Be aware of your surroundings at all times.
W WATCHFUL	Be watchful for the body language of those we are interacting with; 90% of communication is non-verbal.
A ALERT	Alert Help at the first signs of danger! Do not deal go into potentially dangerous situations by yourself, get help.
R REACT	React with a plan. Plans help guide you through potentially dangerous situations. Always think about your safety!
E ESCAPE	Know your escape routes and where the exits are located.

The organization provides support to employees through the following resources:

- **Safety & Security Emergency - x56660**
- **Employee Assistance - x52600**

Emergency Security Codes

Five (5) overhead codes pertaining specifically to security are:

● CODE BLACK	A bomb threat
● CODE GRAY	Indicates the need for Security Personnel: (hostage situation, assaultive behavior, civil disturbance or trespass violation)
● CODE AMBER	A missing person
● CODE PINK	Confirmed or observed <u>missing</u> infant or the infant protection alarm has been activated NOTE: Upon hearing a CODE PINK , all employees have a responsibility to: <ul style="list-style-type: none">• Look for people carrying an infant, suspicious bags, or wearing big/bulky clothing;• Look for people without an employee badge;• Check the exits in their department.
CODE ACTIVE SHOOTER	Is a Plain Language code that indicates that an Armed Assault or Active shooter is on or around the hospital. Notifications are dispatched and overhead announcements are used to communicate the description and location of the armed assailant.

In the event of a potentially dangerous situation, the **emergency number for the hospital is 45555**, for off-sites locations dial **911**.

The following are additional codes related to Workplace and Patient Safety:

CODE BLUE - Indicates a patient in cardiac or respiratory arrest.

MED-ALERT - Indicates a Medical emergency for a non-patient.

MED-ALERT TRAUMA - Is used only for medical situations involving uncontrolled bleeding of visitors or staff.

Disaster Preparedness

Two important codes are related to the potential or actual occurrence of a community or hospital disaster.

CODE GREEN ALERT - A potential disaster situation exists. Disaster plan on stand-by.

CODE GREEN ACTIVATE - Activation of the disaster plan.

During an actual community or hospital disaster, a "Code GREEN Activate" will be paged. ALL **Department Heads** report to the Administrative Board Room on the first floor of Blackwell Medical Tower for instructions. **Employees** report to their units/departments and implement their unit/department sub-plan.

Three essential functions to be included in all departmental plans are:

- 1) determination of needed staff; calling in of extra staff, if needed;
- 2) checking of supplies and resources;
- 3) checking on bed availability

Emergency Preparedness Guidelines

If the Hospital experiences:

- **Loss of lighting** : Flashlights and batteries are maintained in every unit of the hospital.
- **Loss of power** : Ensure that all life safety equipment is plugged into red outlets.
- **Loss of Pyxis**: Pyxis will continue to operate on emergency power. In case of emergency power failure, designated pharmacy personnel will manually dispense medications.
- **Loss of elevators**: Only one elevator per "elevator bank" will function.
- **Loss of water**: Use ice in ice machines to make water, use bottles of sterile water, drain water pipes to fill sinks, use "dirty" water to flush commodes.
- **Loss of medical gases**: Medical gas cabinets are installed in selected critical areas. Respiratory Therapy also maintains a supply of medical gas cylinders.

- **Loss of medical vacuum suction:** Asepto/Toomey syringes can be used to suction patients.
- **Loss of telephones:** Utilize "power failure phones."

Additional Resources can be found on Pulse, by clicking on the Emergency Preparedness Icon.

Fire Emergency Procedures

All employees of HH are responsible for learning how to fight or contain fires and evacuate patients in the hospital setting. You should know the location of the closest fire extinguisher and fire alarm pull box.

There are two codes related to fire emergency preparedness:

CODE RED - Indicates fire or fire drill. Give location.

CODE RED ALL CLEAR - Indicates all clear from fire or drill.

"CODE RED" and the exact location will be paged three times over the paging system. Personnel from security, Plant Operations, Respiratory Therapy, Bio-Medical, Nursing Supervision, and Environmental Service are required to respond immediately. With patient safety our main concern, when responding to a fire, remember to "R. A. C. E."

R	RESCUE	Rescue persons in immediate danger. Life before property.
A	ALERT	<ol style="list-style-type: none">1. Verbally announce "CODE RED" and the location.2. Pull down the "T" handle on the fire alarm box.3. Call extension 4-5555 and give Security the details of the fire location. (Offsite dial 911)
C	CONFINE THE FIRE	<ol style="list-style-type: none">1. All doors should be closed on the affected floor.2. It is not necessary to close doors on other floors.3. Smaller fires may be contained by smothering with a similarly shaped object to cut off oxygen supply.
E	EXTINGUISH or EVACUATE	If possible, extinguish the fire with the closest extinguisher. If evacuation is necessary, all available personnel should move patients horizontally to another wing of the same floor by following exit signs and through a doorway marked with an exit sign. Further evacuation will be coordinated by the Nursing Supervisor, Director of Safety and Security, or the Fire Department.

The acronym **P. A. S. S.** reminds us how to use the fire extinguisher.

P	Pull the Pin
A	Aim at the base of the fire
S	Squeeze & Empty extinguisher contents
S	Sweep from side to side to cover the base of the fire



QUALITY RELATED TOPICS

Quality Improvement

Quality improvement efforts benefit patients and staff by decreasing complications and stress, saving time and money, and increasing employee pride and job satisfaction. The Hospital endorses quality improvement efforts and approves hospital-wide priorities annually. In 2019, the Health System started the journey to becoming a high reliability organization (HRO). The journey has included adopting Universal Relationship Skills, and Safety Behaviors to accomplish this goal through training, a safety coach program, safety huddles, and other innovations. More on the HRO Universal Relationship Skills and the Safety Behaviors is covered in the annually required HRO Review CBL.



Additionally, the hospital's Quality Program must be in compliance with The CMS Conditions of Participation, The Joint Commission's (TJC) Standards, ProAssurance, and the State of Alabama standards. We are subject to unannounced surveys at any time.

Other Quality Improvement information:

- All Departmental and Administrative policies must be reviewed annually by employees, as well as each employee's training needs.
- Quality Improvement meetings should be held monthly to share information about quality improvement initiatives, and increase knowledge of TJC standards, hospital standards, and Risk Mapping.
- The **Safety Officer, Chad Ridings**, Investigates, Surveys, and Analyzes issues related to Employee and Environmental Safety through the Environment of Care Committee.

Sentinel Events

The term represents an **unexpected occurrence involving death or serious physical or psychological injury**, or the risk thereof. Such an event "signals" the need for immediate investigation and response.

PDCA - The Quality Improvement Approach

In an effort to perform continuous quality improvement, the following steps (represented by the acronym PDCA) are followed:

P	PLAN	Find the process to improve and prioritize expectations
D	DO	Collect and assess data and then take action to improve
C	CHECK	Evaluate the effectiveness of the actions taken
A	ACT	Collect data to assure continued success



A Safety Event Report (SER) should be submitted to Quality Management following all events which do or could adversely affect patient outcomes such as but not limited to patient falls, medication errors, patient identification variances, patient injury, and faulty equipment. Never document the completion of a Safety Event Report in the medical record. All documentation in the medical record should be signed, dated, and timed. Do not leave any blanks on documentation forms. Correct errors made in written documentation by drawing a single line through the word(s) to be deleted. Initials, date and time are placed over the part to be deleted with the correction added, leaving the error legible. Never use white-out or scribble over an entry.

The Joint Commission

1. The hospital educates its staff that any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to The Joint Commission.
2. The hospital further informs its staff that it will take no disciplinary action because an employee reports safety or quality of care concerns to **The Joint Commission (800-994-6610)** or the **Center for Medicare and Medicaid (CMS) Services KEPRO**, the Quality Improvement Organization **(844) 430-9504**.
3. The hospital demonstrates this commitment by taking no retaliatory disciplinary action against employees when they do report safety or quality of care concerns to The Joint Commission or CMS.



Infection Prevention and Control

Everyone can take precautions to prevent the spread of infection to ensure the safety of patients and co-workers. **The most effective way to prevent the spread of infection is to wash/sanitize your hands.**

Follow these guidelines to practice effective **hand hygiene**:

- Use alcohol-based hand sanitizer to clean hands unless hands are visibly dirty or the patient has Clostridium difficile.
- Use hand sanitizer before and after patient contact, and occasionally in non-patient care areas.
- Wear the proper personal protective equipment when you anticipate having contact with blood or body fluids.
- Properly use and dispose of needles, sharps, razors, etc.
- Properly dispose of infectious waste.
- Follow all posted isolation signs.
- Protect yourself by getting the Hepatitis B shots and getting your TB skin test each year. It is also recommended that employees receive the flu shot each year, especially those in direct contact with patients.
- Do not come to work if you are sick. Please report your illness to Employee Health.
- Ensure that materials are stored in proper locations.

Example 1: Only environmental cleaning supplies should be stored under sinks.

Example 2: Dirty Utility Rooms are NOT to be used to store any clean equipment or sterile instrument trays.

SPECIAL NOTE: During the COVID-19 pandemic masking and additional measures may also be required for all employees.

Keeping high-touch office areas clean is another precaution to prevent the spread of infection.

The Environmental Services staff members that serve your area can assist in utilizing the proper cleaning products.

If you have been exposed to blood or body fluids:

1. Don't panic
2. Wash exposed skin surface immediately and thoroughly with soap and water
3. Identify the source of the exposure and place a lab order for "Employee Exposure Profile (Patient)"
4. Complete an Employee Blood/Body Fluid Exposure Report with your supervisor
5. Report exposure within two hours to 4HELP (44357) in the hospital exchange or 256-265-HELP (256-265-4357)
6. Based on the assessment of source patient testing, care of the employee is initiated at no individual cost



Suicide

Suicide is now the 10th leading cause of death in the United States. Persons who are at risk for suicide can be found anywhere in our hospital system. Our job is to ensure their safety to the best of our ability.

We screen every patient age 10 and above that comes through an emergency department or is admitted to the hospital. We also screen all patients for suicidal ideation who are being evaluated or treated for behavioral health conditions as their primary reason for care. The Columbia Suicide Severity Rating Scale (C-SSRS) is the screening tool used. When it is determined, through screening and assessment, that a patient is at risk for self-harm, our job is to notify the physician and make sure the patient's environment is safe.

All expressions of suicidal tendencies are considered serious. The patient who is a high suicide risk needs to be monitored 1:1 with a trained individual. Huntsville Hospital uses trained sitters as monitors. All patients who have been identified at risk for suicide, or their family members should receive the crisis hotline number and safety plan before discharge.

Abuse/Neglect

Abuse takes many forms and affects many more individuals than the best statistics indicate. Types of abuse include rape, sexual molestation, domestic, neglect/abuse of a protected person, physical assault, psychological & emotional and child neglect/abuse.

Abuse can impact individuals of all ages, genders, races, cultures, socio-economic groups and religious groups. The **most common abusers of children are parents**.

Things to consider (not all-inclusive): unreported or unexplained injuries or injuries not consistent with medical history, burns, bruises, fear of family member or caregiver, failure to thrive (weight loss), dehydration, and unexplained death.

All our patients are assessed throughout their stay in the hospital for physical and behavioral signs and symptoms of potential physical, sexual, financial, and/or psychological abuse or neglect. By law, all employees and medical providers are required to report signs of abuse or neglect **for two categories of patients**:

- **Children** (those under 18 years old)
- **"Protected Persons"** (a person 18 years old or older that is mentally incapable of caring for himself or herself or who, because of physical or mental impairment, is unable to protect himself or herself).

If abuse and/or neglect is suspected, employees report suspected abuse or neglect to their **supervisor or Case Management**. In turn Case Management will assign a Social Worker and notify the patient's provider.

If the **abuse occurred in the facility**, employees must **notify Security** as soon as possible. The organizational guidelines for Reporting Suspected or Known Cases of Child/Adult Abuse and/or Neglect can be found under the Policies & Procedures section on Pulse.



Patient Complaints & Grievances

Patient and patient family member complaints or grievances **must be reported**, and **followed up on**.

Complaint	Is a patient care issue that can be resolved on the spot, and the patient is satisfied with the solution. (NOTE: CMS's does not consider it a grievance if the patient is satisfied with the care, but the family member is not.)
Grievance	Is a written or verbal complaint regarding patient care, abuse, neglect, or patient harm . Report this immediately to the director of that area.

If an allegation of **abuse or neglect** has been made by a patient against an employee:

- Take immediate action to protect, comfort, and assure the treatment and safety of the patient.
- The complaint must be **reported immediately** to the supervisor / charge nurse.
- The supervisor immediately notifies the **Unit Director, the House Supervisor or Administrator on Call**.
In the absence of the Unit Director the employ notifies the **Service Line Administrator**, and the **Service Line Vice President**.
- The complaint must be entered immediately into the **RL6 Patient Complaint System**. Quality Management is alerted to the grievance from this system. Your manager can assist in this process.
- The caregiver and the patient alleging abuse must be separated by the supervisor.
- Actions are taken to ensure that **the patient** who reports abuse **receives necessary care**.
- Immediate medical, nursing, and psycho-social assessments are performed, and recorded in the patient's medical record.
- Following the **Patient Complaint and Grievance Policy**, an immediate investigation is conducted and documented involving the Director, Vice President, and Customer Service representative. Findings are documented in the RL6 system.

If a patient requests a **patient advocate** one must be provided to them. **Joy Dawes** (joy.dawes@hhsys.org) the **Patient Advocate** or **Chelsea Mills** (chelsea.mills@hhsys.org) can be reached at 256-265-9449, Monday through Friday, from 8:00am to 4:30pm. For nights, weekends or holidays, contact the House Supervisor and they will act in the capacity of the advocate.

When dealing with patient complaints and grievances remember to use '**Service Recovery**' and **Take the HEATT**.

- **Heart them out**
- **Empathize**
- **Apologize**
- **Take Action**
- **Track and Trend**

Measuring Patient Perception of Care: HCAHPS

The **Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)** is a national, standardized, publicly reported survey of a patient's perspective of hospital care. The Centers for Medicare and Medicaid Services (**CMS**) created this survey with the following goals in mind:

1. To produce data that allows **objective** and **meaningful comparisons** of hospitals.
2. To publically report results that in turn **drive hospitals** to **improve their quality of care**.
3. To publically report results for **accountability** and **transparency** of the **quality of care**.

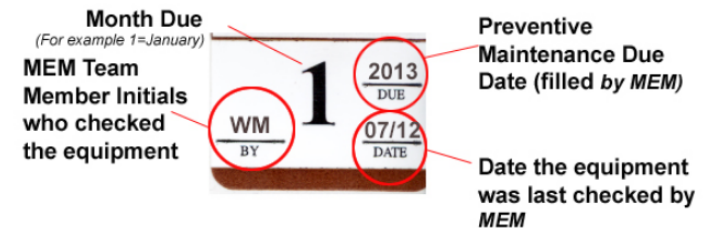
HCAHPS asks about 9 different categories or domains of care and an overall rating. These domains are rated on a 0-10 scale and include:

- Communication with Nurses
- Communication with Doctors
- Responsiveness
- Cleanliness / Quietness
- Communication about Medications
- Discharge Information
- Care Transitions
- Overall Rating of Hospital Visit
- Willingness to Recommend Hospital

HCAHPS Survey results are reported frequently, and are tied with hospital ranking, hospital pay from Medicare and Medicaid, and employee incentive goals.

Medical Equipment Management (MEM)

Medical Equipment Management (MEM) is responsible for administering preventive maintenance stickers on equipment. The sticker looks as follows:



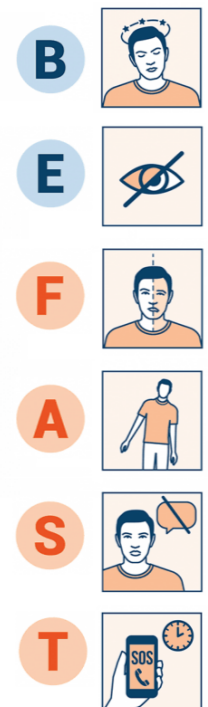
Huntsville Hospital Tube Systems

Every day, Huntsville Hospital staff turns to the tube system to transport essential specimens and medications serving thousands of patients. The tube system is part of a complex chain of events that ultimately gives doctors and clinical personnel the essential information needed for patient care. The system is crucial and vital to our hospital. To reduce potential downtime, please follow the steps posted by the tube stations to ensure proper utilization.

Stroke

A Stroke is a brain attack, and a medical emergency! All employees should be able to recognize the signs of stroke. Remember to act **(BE)-FAST!** If you see someone with one or more of these symptoms:

B	BALANCE	Loss of balance or dizziness?
E	EYES	Trouble seeing in one or both eyes?
F	FACE	Have the person smile. Look for droop on one side or numbness?
A	ARM	Have the person hold up arms. Look for weakness on one side
S	SPEECH	Have the person repeat a simple sentence listen for inability, slurred, or garbled speech
T	TIME	Time to call for help (911 outside hospital/ Notify Nurse in hospital)



ADDITIONAL THINGS TO NOTE:

- Another symptom of Stroke may include sudden severe, unexplained headache.
- If the person is a patient in one of our facilities, clinicians should note what time the symptoms started.

Reaching for Help: **Outside Huntsville Hospital: Call 911/ Inside Huntsville Hospital: Get help from the Charge Nurse or RN**

OTHER RESOURCES TO SUPPORT EMPLOYEES: **HH FOUNDATION**

Huntsville Hospital Foundation is the fundraising arm of Huntsville and Madison Hospitals. By combining donations from staff and community donors, the Foundation provides the funding for technology and critical programs that otherwise wouldn't be possible. Every donation makes a difference and brings health, hope and healing to patients and their families.

If one of our patients or patient families wants to make a donation, direct them to Huntsville Hospital Foundation. Donations given in honor of a caregiver or care team often result in **Care Champion** recognition of that group.



a program of  HUNTSVILLE HOSPITAL FOUNDATION

The Lifesaver Club is Huntsville Hospital's voluntary employee giving club – and Huntsville Hospital Foundation's largest group of donors! More than 5,000 active members raised more than \$743,000 in fiscal year 2022. Funds raised are used for purchases which often exceed the hospital's budgeted resources, such as:

- Advanced Technology and Equipment purchases
- The Employee Emergency Fund
- Care Champion Program – recognizing outstanding care
- Scholarships & Workforce Development funding
- And special care programs such as Canines for Coping, Arts in Medicine, & the Music Therapy Program



Employees can participate in the Lifesaver Club through payroll deduction. The Foundation also provides additional ways to give through fundraising events, uniform sales, donations through planned giving such as wills, and choosing Huntsville Hospital Foundation as your Amazon Smile charity of choice when shopping on Amazon. For more information visit www.huntsvillehospitalfoundation.org.

You have now completed the course content.

Time to **Take the Test**,
please click on the button in
the top right hand corner of this window!

 Take Test