# Oconee Regional Medical Center
## Agency Nurse
## Orientation

Welcome to Oconee Regional Medical Center's Agency Nurse orientation page. In order to prepare you for your experience, you are required to complete the orientation module and tests prior to your first shift at the hospital. After reading the entire module, print the attached test and complete. **<u>Fax the following completed forms to: 478-454-3934.</u>**

1. Post-test
2. Age-Specific Competency (test only)
3. Code of Conduct form (signed after reading the Code of Conduct section)
4. Confidentiality form (signed)
5. Agency Attestation Form

All agency nurses must report to the Overhouse Supervisor's office (454-3703) prior to their shift. The office is located on the 3rd floor of Cobb Tower. The OHS will assign you an ORMC badge and give you an evaluation form to be completed by the charge nurse for that unit. After the completion of your shift, you <u>must</u> report to the OHS office to return the badge along with the completed evaluation form. The OHS will <u>NOT</u> sign your agency time slip without the badge and form.

All agency nurses must complete PCS (Patient Care Systems) computer training and BMV (Bedside Medication Verification) prior to their first shift at ORMC. You will need to schedule this with the coordinator at your facility.

Computer training is held in the Computer Training Room on the 3rd floor of Cobb Tower. Enter Building C; take the immediate elevator to the 3rd floor. The training room is the last door on the right before the end of the hall.

*It is important to us that you have a good experience working with the ORMC family. If you have any questions or concerns, please feel free to contact me at 478-454-3709.*
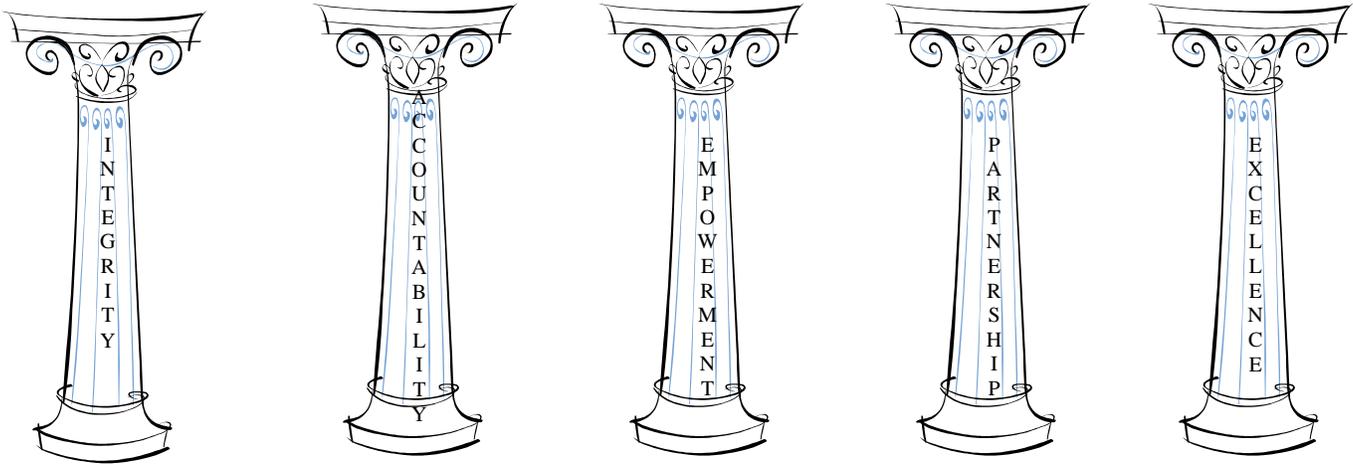
*~Shantee Henry, Clinical Educator*

# Orientation Module

## ORMC Mission Statement

The **MISSION** of Oconee Regional Medical Center is to provide high quality, safe, compassionate and patient-focused healthcare.

## Pillars of Our Culture



## Stellar Service

### Foundations of Stellar Service

- Exceed Expectations (Go the Extra mile)
- Make the customer feel special
- Create positive defining moments
- Remember the business, human and hidden dimensions of each defining moment
- Be friendly and courteous: Smile, Greet, Own and Thank
- Fix it fast when there is a service breakdown

### The 4 Behaviors of Stellar Service

- Smile
- Greet
- Own
- Thank

# HCAHPS

CMS's HCHAPS (Hospital Consumer Assessment of Healthcare Providers and Systems) measures patients' perception of how often they received high quality care and service:   "Top Box" (The percentage who answered a question using the most positive response or highest numeric value).

HCAHPS questions and ratings include:

## HCAHPS: Questions

| RATE HOSPITAL 0-10 |
| --- |
| Rating Scale: 9-10 |

| RECOMMEND THIS HOSPITAL |
| --- |
| Rating Scale: Definitely yes |

| COMMUNICATION W/ NURSES |
| --- |
| Rating Scale: Always |
| Nurses treat with courtesy/respect |
| Nurses listen carefully to you |
| Nurses explained things in way you understand |

| RESPONSIVENESS OF HOSP STAFF |
| --- |
| Rating Scale: Always |
| Never pressed call button |
| Call button help soon as wanted it |
| Need help with bathroom/using bedpan |
| Help toileting soon as you wanted |

| COMMUNICATION W/ DOCTORS |
| --- |
| Rating Scale: Always |
| Doctors treat with courtesy/respect |
| Doctors listen carefully to you |
| Doctors explained things in way you understand |

| HOSPITAL ENVIRONMENT |
| --- |
| Rating Scale: Always |
| Room and bathroom kept clean |
| Area around room quiet at night |

| PAIN MANAGEMENT |
| --- |
| Rating Scale: Always |
| Need medicine for pain |
| Pain well controlled |
| Staff do everything help with pain |

| COMMUNICATION RE: MEDICINES |
| --- |
| Rating Scale: Always |
| Given medicine had not taken before |
| Tell you what new medicine was for |
| Staff describe medicine side effect |

| DISCHARGE INFORMATION |
| --- |
| Rating Scale: Yes |
| Left hospital- destination |
| Staff talk about help when you left |
| Info re: symptoms/problems to look for |

# Cultural Diversity

We all differ from one another. As students in the health care industry, our differences can become more important due to the extremely personal nature of the service we provide.  As we work with employees and patients/families, and maintain an environment that is respectful of all people.

No one can know and understand all the ways we differ from one another.  However, we can create an environment that is respectful of differences. To do this, you must be aware of your own feelings about differences and consistently use behaviors that communicate respect.

Learn to recognize, respect and work with patient's different cultures, values, beliefs, practices and rituals.  If you need to access translation services, including sign language, promptly call the Patient Representative or the Overhouse Supervisor after hours.

You have a big role to play when it comes to embracing cultural difference and sensitivity toward other cultures.  It is the policy of ORMC to respect the cultural and ethnic needs and desires of the patients that we serve if at all possible.

This may include:

- ❖ Respect the patient's beliefs regarding the origin of illness
- ❖ Provide kosher or vegetarian meals/respecting dietary restrictions
- ❖ Providing alternatives such as electric candles for rituals since actual candles cannot be used within the hospitals
- ❖ Provide an interpreter so that the patient can participate in decisions regarding care.

## Population Specific or Age Specific Considerations for Assessment

The goal of patient assessment is to develop and implement an individualized interdisciplinary plan of care for the patients and the families. In the creation and implementation of this plan of care, it is imperative that the appropriate age-related or population specific considerations be addressed. These considerations for care must address the chronological age of an individual and be amended to conform to the individual's level of cognitive development. The following attachment outlines age categories and age appropriate considerations for assessment and treatment and can be readily utilized for plans of care. (Complete the **age-specific competency test**)

## Suspected Abuse, Neglect, Violence and Exploitation Assessment

Population specific considerations should also be utilized for patients when there is suspected abuse or neglect. ORMC policy ADM-CL-565 supports licensed health care providers in directing them to "disclose PHI about an individual whom ORMC reasonably believes has been a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective service agency, authorized by law to receive reports of such abuse, neglect, or domestic violence". ORMC policy ADM-CL-563 addresses the reporting of suspected child abuse or neglect.

## Health Insurance Portability and Accountability Act (HIPAA)

### Definition of HIPAA

The Health Insurance Portability and Accountability Act of 1996 is a multifaceted piece of legislation covering three areas:

a.    Insurance Portability:

Portability ensures that individuals moving from one health plan to another will have continuity of coverage and will not be denied coverage.

b.    Fraud enforcement (accountability):

Significantly increases the federal government's fraud enforcement authority in many different areas.

c.    Administrative simplification:

Ensures system-wide, technical and policy changes, in healthcare organizations in order to protect patient's privacy and the confidentiality of identifiable protected health information.

# Patient Confidentiality

Patient confidentiality is a conscious effort by every healthcare worker to keep private all personal information revealed by patients and their families and/or medical records during a hospital visit. You may have access to confidential information about patients and their families. You must never discuss, disclose or review any information about a patient's medical condition with any other person unless they have proper authorization.

Every student must read the **Code of Conduct booklet** and sign the **Confidentiality Form (at the end of this module).**

## Identifiable Protected Health Information

Protected health information (PHI), under the US Health Insurance Portability and Accountability Act (HIPAA), is any information about health status, provision of health care, or payment for health care that can be linked to a specific individual. Consider everything inside a patient's chart (paper or electronic) as identifiable protected health information. Assure that patient confidentiality and privacy are not compromised.

- Privacy is a patient's right. Medical information must be shared only with those who need to know.
- Patient privacy can be violated when protected health information and patient names are left on voicemail messages or telephone answering machines.
- In a semi-private area, pull the curtain around the patient's bed, and lower your voice before speaking about medical information.
- Computer printouts, and other paper records containing patient information, must be kept in a secure place and shredded when not longer needed. Never throw in a regular trash can.
- Never leave any patient information, including computer screens, charts and operating room schedules unattended. Never discuss patient information or hospital business in public areas.
- Shred confidential information. Knock before entering a patient room and always identify yourself by your name, your position and your reason for being there.
- Provide a second gown or extra blanket when a patient is ambulating, in a wheelchair or being transported.
- Use the most private space available when discussing patient information with a patient or family members.

# Environment of Care

## Emergency Preparedness

This section prepares you to safely respond to an emergency situation at work as well as at home. This section will help you learn how to respond to unexpected events and emergencies, as your actions could have an impact on patients, parents and coworkers. Following these procedures may ensure safety for you, our patients and their families.

## Code Red = Fire

- ❖ **Reassure the patients or visitors you are responsible for.**
- ❖ **Close all doors**
- ❖ **Clear the hall ways**

Code Red **means there is a fire somewhere at the hospital**.

**RACE** is a national acronym used to help you remember what you must do in case of a fire.
If there is a fire, remember the term "RACE":
**R** - Rescue: Your first priority is to remove patients from immediate danger.
**A** – Alarm: Pull the nearest red fire alarm box.
**C** – Contain: Close all doors.
**E** – Evacuate/Extinguish: Know the location of all fire exits should evacuation become necessary.

Evacuate horizontally following your unit's evacuation plan. Do not use elevators, use only stairs. Remember to CLOSE ALL DOORS.
Use the proper fire extinguisher to extinguish or control a fire, only if trained to do so. ORMC's safety plan outlines specific personnel that will respond should a code red be called.

**Code Blue = Adult Cardiopulmonary Arrest**

Code Blue **means cardiac arrest or respiratory arrest**.

If a patient, visitor or employee has cardiac or respiratory arrest, call for help by dialing **3999** on any in-house phone. All patient rooms have a **"Code Blue"** button. It is preferable to use this if available. Give the number of the patient's room or area where the victim is located. The switchboard operator will page "Code Blue" on the Overhouse page to activate the code team. Begin CPR if you are certified to do so.

**Code R = Rapid Response Team**
The Rapid Response Team consists of an ICU nurse and Respiratory Therapist. If you feel uneasy about a patient's condition, notify the charge nurse or follow the same procedure above and request a "Code R" to your location.

**Code Pink = Infant/Child Cardiopulmonary Arrest**
Follow the same procedure above.

**Code Black = Tornado sighted in the area**

**Code Adam = Infant/Child abduction**
3OB will lock down. Secure all exits and report any suspicious behavior.

**Code Triage = an event that significantly disrupts the environment of care and/or the care and treatment of patients**

**Electrical Safety**
Electrical safety is very important for preventing fires and shock.

- Do not use cords with insulation that is cracked, torn or rubbed off.
- Do not use any cord or plug that appears damaged or heats up when used.
- Get safety instructions before using, cleaning and maintaining electrical power equipment.
- Do not use any electrical equipment that appears to be damaged or in poor repair. **TAG, TAKE OUT OF SERVICE AND NOTIFY BIOMED**.
- Do not use any device that blows a fuse or gives a shock. Report all shocks-even small tingles immediately. **TAG, TAKE OUT OF SERVICE AND NOTIFY BIOMED**
- Be aware of tags indicating equipment is not working properly. Equipment that is tagged should not be used to perform patient care, until the Biomedical Department has repaired it.

Patient incidents involving medical equipment or products must be reported to Risk Management (3552) and Biomed (3799) in accordance with the Safe Medical Devices Act (SMDA).

**Personal Safety Tips**
You can help us make the hospital a safer place by taking steps to protect yourself.
- Do not leave your purse or wallet unattended. Keep them out of view.
- Report any suspicious person or unauthorized persons to Security immediately.
- Watch drug containers and packages for signs of tampering.

**Security**
Security officers are to be contacted through the hospital switchboard at extension 3505.

**Hazardous Materials**

Hazardous materials are chemical products that can harm yours eyes, lungs or skin. Be sure to protect yourself when handling chemical products. Use Personal Protective Equipment including gloves, mask, gown, and protective eyewear.

**Waste Disposal:** There are several types of hospital waste. Each type of waste has its own type of waste container.

**Biohazard Waste** is any type of waste that is contaminated by blood or other body fluids contaminated with blood. All items contaminated with more than a small amount of blood, drainage, or infectious secretions are discarded in red bags for incineration. These containers have the Biohazard symbol. Note: always wear Personal Protective Equipment (PPE) when handling Biohazardous Waste.

**Sharps** are substances that can poke or cut your skin, such as needles, broken ampules and/or lancets. Sharps are disposed of into a hard, plastic Sharps Box. Sharps may be contaminated; therefore, you must always wear PPE when handling sharps.

## Infection Control

ORMC agency nurses need to follow a basic level of caution during their work activities. They include:
- Comply with hospital and unit specific dress code regulations
  ~clean uniform or scrubs daily
  ~Long hair should be restrained or tied back in some fashion to reduce risk of hair contamination of patient food, supplies, and/or environment, and to reduce the risk of personnel hair contamination from splashes or contact with soiled hands
- Avoid touching eyes or mouth during patient contact activities
- No eating or drinking in areas where patient contact activities or contact with contaminated equipment or surfaces could occur.
- Routine hand washing BEFORE and AFTER patient care.
- Compliance with hospital guidelines for Universal Precautions and Safety.
- Recognition of types of isolation precautions used for specific communicable disease.
- Artificial nails are NOT permitted to be worn by employees or agency nurses with direct patient care responsibilities. Artificial nails include: acrylic nails, nail extenders, nail wraps, silk wraps, sculptured nails, press-on nails, and nail jewelry.

**Universal Precautions**

Universal or Standard Precautions are a set of standardized precautions to be used for all patients, regardless of illness or medical condition for the prevention of blood-borne pathogens.

Hand washing is required before and after patient contact as it is the single most important action in preventing the transmission of disease.

**Personal Protective Equipment (PPE)** is worn to protect against blood/body fluid exposures. Staff should know location of PPE in each patient care area and be familiar with them when barriers are indicated and used as required.

*Gloves for hand protection
*Gowns to protect clothing
*Protective eyewear to reduce risk of splashes, use goggles or masks with shield
*Masks to reduce risk of respiratory exposure

Avoid touching face or eyes during patient care activities. Many respiratory viruses are readily transmitted through the mucus membranes of the eyes, nose, and mouth.

Avoid eating, drinking, or applying lipstick or lip balm in patient care areas. Enteric viruses such as Rotavirus may survive for up to 5 days on environmental surfaces.

Staff should know the location of eye wash stations in patient care areas and use to immediately cleanse eye if contamination with blood, body fluid or hazardous chemicals should occur.

Injuries with contaminated sharps present a significant risk to healthcare workers. Blood borne pathogens, which have been documented to be transmitted by percutaneous exposure, include: Hepatitis B, Hepatitis C, and Human Immune-deficiency Virus (HIV). Hepatitis B is best prevented by administration of Hepatitis B vaccine. Post exposure prophylaxis for HIV requires administration of anti-retroviral medications. There is currently no prophylaxis for Hepatitis C.

**Handling Sharps Safely**

*Never recap used needles by hand. If needles must be recapped, use on handed scoop method or recapping device (activate protective covering).
*Do not bend or break needles.
*Keep used sharps separate from other items such as gauze and alcohol wipes.
*Always point a used sharp away from your body.
*If assisting with a procedure always be aware of where the sharp is being placed.
*Never clean up broken glass by hand.
*Do not overfill a sharps container. If it appears to be over 2/3 full, notify Environmental Services at 3100.
*Do not open, reach into, empty, or clean a sharps container.
*When using sharps remember to activate protective covering.

**Reporting a Blood/Body Fluid Exposure**

If you are injured by a contaminated sharp, the incident must be reported immediately.
- Notify the Overhouse Supervisor or Nurse Manager
- Notify your Agency Supervisor
- Complete a hospital incident report
- Obtain medical evaluation in the Emergency Department

# Patient Safety Goals

**Improve the accuracy of patient identification**
ORMC requires the use of two identifiers whenever administering medications or blood products, taking blood samples and other specimens for clinical testing, or providing any other treatment or procedures. These two identifiers are **specifically** the Name and Birth date. **All patients must have an ID bracelet**.

**Improve the effectiveness of communication among caregivers**
ORMC has a standardized list of abbreviations and also a list of "Do Not Use Abbreviations" posted on each clinical unit. Reporting of critical results of tests and diagnostic procedures in a timely manner is defined in policy ADM-PC-060. Specific times are defined for Radiology, Cardiopulmonary, and Laboratory results.

**Improve the safety of using medications**
All medications, medication containers (ex. Syringes, medicine cups, basin), or other solutions on and off the sterile field must be labeled with the name of the medication, amount, dilution, date, and initials. ORMC has a standardized Heparin drip and protocol.

**Reduce the risk of healthcare-associated infections**
ORMC complies with CDC hand hygiene guidelines and implements evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms. Nasal swabs are done for certain populations and isolation procedures. There is a central line check sheet for guidelines to prevent central line-associated bloodstream infections. There are surgical guidelines for antibiotic administration and discontinuation.

**Accurately and completely reconcile medications across the continuum of care**
ORMC has a written process for reconciling medications on admission, at discharge, and throughout the hospital stay.

**Identifies safety risks inherent in its patient population**
ORMC identifies patients at risk for suicide using a suicide screen. The policy is HW-PC-210 on the Intranet. Nurses screen all patients for the risk of falls and institute the fall protocol if indicated.

**Universal Protocol for preventing wrong site, wrong procedure, wrong person surgery**
*ORMC conducts a pre-procedure verification of the correct person, procedure, and site regardless of being elective or emergent.
*Site marking is done for all procedures involving incision or percutaneous puncture or insertion. The site is marked initially before the patient is moved to the location of the procedure and takes place with the patient involved, awake and aware. The physician will mark the site with a permanent marker.
*A time-out is conducted immediately prior to starting the procedure. The time-out addresses the following: correct patient identity, confirmation that the correct side and site are marked, an accurate procedure form, agreement on the procedure to be done, correct patient position, relevant images and results are properly labeled and appropriately displayed, the need to administer the antibiotics, and safety precautions based on patient history or medication use.

# Patient Education

ORMC's primary patient education systems are Krames and Lexicomp. Both of these web-based software programs allow the hospital staff to access and print out patient information about illnesses or medications. The health sheets are available in English and Spanish, with many available in more languages than this. The content is written on a 6th through 8th grade reading level and is updated on a regular basis by the respective editorial boards. They are located on the hospital's Intranet under "User Applications". Any of our staff will be happy to assist you with accessing these.

# Pain Management

At ORMC, the patient's self-report of pain is the single most valuable indicator of pain. The patient and their caregiver can expect that pain will be evaluated using an appropriate pain scale. The pain scales include: 0-10 pain scale, FLACC pain scale, or the Wong-Baker Faces pain scale. Patients will be taught that the goal of pain management is prevention (when possible) and that early intervention in the course of pain management is important. Patient care providers will respond to the patient's report of pain as quickly as possible. Nursing will assess the effectiveness of interventions within 1 hour or as appropriate according to the patient's condition and/or the intervention utilized. The outcome goal for pain management is to bring the pain to a level acceptable to the patient. A pain assessment is performed and documented upon admission, after any known pain producing event, and with each new patient report of pain, and at every 2 hour rounds.

# Restraints

A restraint is any involuntary method of restricting an individual's freedom of movement or normal access to his/her body. Restraints may be physical or chemical and may only be applied after all other measures have failed (moving closer to nurse's station, family or sitter at bedside, distraction, etc). A physician's order (orange colored form) must be obtained and **reordered every 24 hours** as needed. The nurse must initiate a **care plan** specific for restraints and update as needed. During the time the patient is in the restraint, the patient is **assessed every 2 hours** for the following elements to ensure that the patient's safety and health are maintained:
Patient's physical needs (circulation checks, elimination, hydration, nutrition and hygiene) are met at least every two hours while the patient is awake. During these checks, the nurse should release the restraint and perform range of motion to the limb. Only staff that has been deemed competent to apply restraints may do so.

See Form Below......
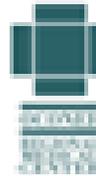
□ **Restraint Order**
□ **Seclusion Order**
□ **Restraint + Seclusion Order**

<u>*Please check one of the above*</u>

**Type:** □ Foam/Soft Limb     □ Vest/Posey       □ Chemical
         □ Mitten            □ Seclusion

**Location:** Upper Extremities:    □ Right Arm    □ Left Arm
             Lower Extremities:    □ Right Leg    □ Left Leg
             All Extremities:       □
             Trunk:               □

## Justification/Reason for Use:

| Must check one or both | | Check if modifier is indicated |
|---|---|---|
| □ Safety to Self<br><br>□ Safety to Others | **AND** | □ Violent Behavior<br><br>□ Self Destructive Behavior |

⬇                              ⬇

Violent or self destructive behavior requires that the written order must be limited to specific time frames:
Up to 4 hours for adults
Up to 2 hours ages 9 – 17
Up to 1 hour under age 9

## Time Limit for Restraint or Seclusion Use:

⬇                              ⬇

| _____ Hours<br><br>_____ Day (Not to exceed one calender day) | _____ Hours |
|---|---|

**MD Signature:**_____ **Date:**_____ **Time:**_____

**Verbal/Telephone Order: Dr.**_____/_____**RN**

**Date:** _____ **Time:** _____ □ Read back and verified

*Order noted by:* _____ **Date:** _____ **Time:** _____

February 2012

# Falls Protocol

All patients are assessed on admission utilizing the Fall Risk Assessment Tool. A score of fifty-one (51) or greater points OR a fall during hospitalization will initiate High Risk Fall Precautions. A Status Change Assessment, which includes a Neurological Assessment, should be done after any patient fall, and every four (4) hours for the first twenty-four (24) hours following a fall. On each shift, during the reassessment process, check the appropriate boxes utilizing the Fall Risk Assessment Tool.
**Hourly Rounding** is done to address the "Three P's" (pain, potty, and positioning), and to conduct environmental assessment for patients who have been identified to be "at risk" to fall. Communication to other departments that the patient is at risk to fall is done using the Transfer/Hand-off form.

Patients at risk for falls are identified by placing the "Red Sock Alert" card on the white board in the patient's room, a magnetic "Fall Precaution" warning label on the exterior door frame of the patient's room, and red slip-resistant socks to be worn by the patient.

*Reducing the Risk of Falls* handout should be given to the patient and family.

An incident report should be completed after any fall. The patient's chart shall clearly document the patient's condition post fall, specifically including any changes in mental acuity, and physical injury, as applicable. **No reference to an incident report is to be noted in the patient's chart.**


# EMTALA

EMTALA is the federal anti-dumping statute

EMTALA applies to all hospitals with a dedicated emergency department
EMTALA calls for a medical screening examination (MSE) for any patient who comes to the hospital premises and requests medical treatment
An MSE is not triage
   • The medical screening exam must be the same for patients presenting with similar symptoms
   • May be either simple or complex (as needed to rule out an emergency medical condition)
   • Must be appropriate to the individual and within the capability of the hospital
   • An emergency medical condition is manifested by acute symptoms (including pain) such that the absence of immediate medical attention could place the health of the individual in jeopardy, result in serious impairment to bodily functions or serious dysfunction of any bodily organ or part
An EMC also means...
   • ...that with respect to a pregnant woman who is having contractions...
   • ...there is inadequate time to effect a safe transfer before delivery, or
   • ...that transfer may pose a threat to the health or safety of the woman or unborn child
Furthermore... if needed
   • A transfer to a higher level of care must be done after risks and benefits are explained, the patient is stabilized if possible and the patient (or representative) consents to the transfer
   • An accepting hospital and physician must be found before the patient is placed in the ambulance (with med. records)

A pregnant woman may be transferred...
   • ...if benefits of transfer outweigh the risks (high risk pregnancies are generally transferred to MCCG)
   • ...after an appropriate MSE, which must include ongoing evaluation of heart tones, uterine contractions, fetal position and station, cervical dilation, status of membranes

EMTALA requirements end...
- ...when it has been determined that there is no emergency medical condition, or
- ...when an EMC exists and the patient has been appropriately transferred, or
- ...when the patient is admitted to the hospital

EMTALA applies to...
- ...minors (MSE can't be delayed to obtain parental consent)
- ...illegal immigrants
- ...prisoners (except for blood alcohol testing at request of police if person does not seem in need of treatment)
- ... intoxicated individuals
- ...anyone requesting treatment

EMTALA does not apply to
- ...patients who come to the hospital for routine outpatient care
- ...inpatients

Remember...
- ...to check patients who are waiting periodically
- ...not to give "suggestions" that would induce a patient to leave before an MSE...
- ...an MSE should include available ancillary services
- ...that a patient who is mentally and legally capable can always refuse treatment

If a patient refuses care..
- ...risks must be explained. Try to obtain patient's signature that he/she is refusing care.
- ...if this cannot be done, document why.  If a patient leaves without notifying the staff, document when it was discovered that the patient left without treatment.

While the patient is in the hospital...
- ...if transfer is refused, continue to monitor, according to the individual's needs
- ...give whatever stabilizing treatment the patient will allow  before he leaves the facility
- ...attempt to dissuade the patient from leaving and document what was said

EMTALA is legal, not medical...
- ...Ostensible injury does not have to occur for an EMTALA violation to exist.  A violation occurs when EMTALA requirements are not followed.
- ...Documentation is very important.  ED and OB logs should accurately reflect patient disposition.

Psychiatric Patients
- Psychiatric patients are considered stable for discharge or transfer to a psych facility when they are protected and prevented from harming themselves or others.
- Care must be taken to ensure that a true EMC does not exist; if it does, it must be treated.

EMTALA Investigations
- Peer review and quality assurance information are discoverable in an EMTALA investigation
- EMTALA fines can range from up to $25,000 for a hospital of under 100 beds to $50,000 for larger hospitals, per violation. Physicians may also be fined.

EMTALA Signage
- Signs, in plain sight and clearly visible, must be posted about the right to a medical screening examination, regardless of the ability to pay

Transfers "in"
- A hospital with specialized  capabilities or facilities may not refuse an appropriate transfer if the patient requires the second hospital's capabilities and the hospital has the capacity to treat the individual

Remember...

- …hospital policies are very important, and since EMTALA is "legalistic" & its premises must be followed from a legal standpoint, some hospitals have been fined because policies were not followed.
- …"similar treatment in similar circumstances" is the key.

Final Reminder…
- An MSE may not be delayed to obtain insurance or other financial information.

# Clinical Orientation – Post Test

**Name:** _____**Agency:** _____ **Date:** _____

1. Name the five (5) pillars of culture at ORMC.

    _____, _____, _____, _____ and _____

2. What are the 4 Behaviors of Stellar Service?

    _____, _____, _____ and _____

3. *TRUE   or   FALSE*   It is the policy of ORMC to respect the cultural and ethnic needs and desires of patients that we serve if at all possible.

4. Rules of confidentiality include:
    A. Obtain patient permission before discussing patient information with family or loved ones.
    B. Discuss patient information only with staff that have a job-related need to know.
    C. Log off computers when you are done using them or must step away.
    D. All that above

*Match the following numbers and letters.*

5. Code Pink _____          A. Fire

6. Code Black _____         B. Infant/Child abduction

7. Code Blue _____          C. Tornado sighed in the area

8. Code Triage _____        D. Infant/Child Cardiopulmonary Arrest

9. Code Adam _____          E. Adult Cardiopulmonary Arrest

10. Code Red _____          F. An event that significantly disrupts the environment of care and/or care
                                  and treatment of patients

11. What kinds of waste must be placed in red bags?
    A. Sharps such as needles, broken ampules, and/or lancets
    B. Pizza boxes
    C. All items contaminated with blood, drainage, or infectious secretions
    D. All gloves and paper towels after washing hands

12. What personal protective equipment must you wear for Universal/Standard precautions?
    A. goggles, flippers, snorkel and wet suit
    B. gloves, masks, goggles and gowns
    C. apron, mittens, sun glasses and hat

13. *TRUE   or   FALSE*   If you have washed your hands after leaving a patient's room, it is not necessary to wash your hands before touching another patient.

14. *TRUE   or   FALSE*   At ORMC, the patient's self-report of pain is the single most valuable indicator of pain.

15. The nurse assesses the effectiveness of pain interventions within _____ hour(s) or as appropriate according to the patient's condition and/or the intervention utilized.

16. What are the two (2) patient identifiers at ORMC?
    _____ and _____

17. How should patients complete this HCAHPS question? *How often did the nurses explain things in a way you understand?* ANSWER? _____

18. If you are injured by a contaminated sharp, the incident must be reported immediately to _____ _____ and your _____.

19. What "3 P's" are addressed during hourly rounding? _____, _____, and _____.

20. EMTALA calls for a medical screening examination (MSE) for _____ _____.

# OCONEE REGIONAL MEDICAL CENTER
## Age-Specific Competencies

Age-specific competencies are tools for learning more about how to best meet each patient's unique needs as you care for him or her.  By demonstrating your understanding of age-related differences, you can ensure that our facility meets Joint Commission standards.

There are many ways to learn about each patient's specific needs. Depending on the patient and your job, it may be appropriate to:
- o Ask the patient questions (and talk with his or her family)
- o Ask you supervisor for information or training
- o Look for clues, such as what the patient hears or keep in his or her room, or how he or she acts around others.
- o Talk with co-workers, community members or others who may know about the needs of people in a certain age group.
- o Read about the age group.

**Each patient is unique.**

Always keep in mind that:
- o Growth and development flow general patterns, but every person grows and develops in his or her own unique way.
- o Not every member of a cultural group may share all of its values, beliefs or practices.
- o A patient may appear similar to you, but still be different from you in certain ways.

Avoid stereotyping a patient – consider all the factors that may affect his or her care needs.

| AGE | HEALTHY GROWTH AND DEVELOPMENT | WAYS TO PROVIDE AGE-SPECIFIC CARE |
|---|---|---|
| Infants and Toddlers (birth to age 3) | - Physical growth and development are rapid, especially in infancy.  Building muscle skills is important, from rolling and standing as an infant to running and drinking from a cup as a toddler.<br>- Developing trust and a sense of being loved is important in infancy.  It helps the toddler's attempts at independence.<br>- Play is important to help build social and other skills.<br>- Infants communicate by crying and making simple sounds.  Toddlers learn simple words and sentences. | - Educate parents about the need for checkups, screenings and immunizations.<br>- Ensure the child's safety and comfort.  For example, keep crib rails up, offer age appropriate toys, cuddle an upset child and talk in soothing tones.<br>- Explain procedures to parents and the child in simple terms.  Allow time for questions. Let the child touch equipment or try it on a doll or stuffed animal.<br>- Keep the child with parents if possible.  Involve parents in care (for example, have them choose the child's food).<br>- Have parents demonstrate procedures back to you to show understanding.<br>- Discuss parents' questions and concerns about caring for their child.  Teach about feeding, hygiene, safety and other ways to promote healthy development. |
| Young | - Children grow more slowly | - Continue to stress to parents the need for |

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| children (ages 4 to 6) | during these years. They are active and develop strength and coordination. They are able to dress themselves and are toilet-trained.<br>- Young children are aware of others' feelings. They may have fears (for example, about being separated from parents or being injured). They enjoy playing with other children and making friends. They begin to develop a sense of privacy.<br>- Young children are curious and imaginative. They ask many questions and enjoy conversation. They like stories and make-believe play. | checkups, screenings and immunizations.<br>- Explain procedures and objects in ways the child can understand. Avoid words that might be scary. Show how equipment is used. Use toy equipment or other visual aids. Give the child chances to help.<br>- Reassure the child that the procedure is no a punishment.<br>- With a child 4 to 6 years of age, explain the procedure just before you perform it.<br>- Give the child chances to express feelings and ask questions (through talk and play). Encourage a 4 to 6 year old patient to bring a security object, such as a blanket.<br>- Ask parents about any concerns they may have (for example, with setting limits). Ask the child questions too (about school or friends, for example). Teach about healthy eating, hygiene and safety, as the child grows more independent. |
| Older children (ages 7 to 12) | - Growth continues at a slower pace until a "spurt" at puberty. Muscle skills continue to develop. Older children can do a variety of activities, from sports to crafts.<br>- Older children can accept rules and responsibilities (such as caring for pets). Completing tasks, mastering new skills and having achievements recognized, help build self-esteem. Older children enjoy doing things with friends (generally of the same sex). They want more privacy.<br>- Older children enjoy riddles, plays on words, etc. they can read, write, do math and memorize. They have a better understanding of time. They enjoy collecting and classifying things. | - Continue to remind parents about the need for immunizations, checkups and screenings.<br>- Ask the child about friends, interests, accomplishments and concerns (for example, body changes). Ask for parents' views, too. Allow time for the child and parents to ask questions.<br>- Explain procedures and equipment in advance. Use correct terms and visual aids. Give the child a tour. Respect privacy (for example, by keeping the child covered during exams). Give the child chances to help. Praise cooperative behavior.<br>- Teach the child about healthy and safe behaviors (including not using alcohol, tobacco or other drugs). Encourage parents to talk with their child about these and other important issues (including age-appropriate discussions about sexuality). |
| Adolescents (ages 13 to 20) | - Girls generally begin puberty about 2 years earlier than boys (it may start in "older childhood" for girls). A growth spurt may affect coordination for a time. Sex features develop (such as breasts in girls and facial hair in boys).<br>- Adolescents are developing an | - emphasize the continued need for checkups, screenings and immunizations<br>- Provide privacy for procedures and teaching. Teach using correct terms and visual aids. Discuss concerns. Encourage involvement in care and decisions. Know the age at which an adolescent can legally authorize his or her own treatment as per specific state law. |

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| | identity. They may have emotional swings and face peer pressure. They may be self-conscious (about body image, for example). They become interested in close relationships. Eating disorders may be a concern.<br>- Adolescents can solve problems better. They think about the future (for example, their career). They can think more abstractly (for example, about values and about concepts such as justice). They may not think about long-term consequences of their actions. | - Encourage hospital patients to keep in contact with friends and family.<br>- Teach about healthy habits (nutrition, exercise, hygiene and safety). Also teach about avoiding pregnancy and health risks, such as sexually transmitted diseases and alcohol, tobacco and other drug use.<br>- Encourage parents to stay involved in their child's life. Give parents and the child information about normal changes of adolescence. |
| Young adults (ages 21 to 39) | - Young adults reach sexual maturity and their adult height and weight. They are more comfortable with their body image.<br>- Young adults develop a personal identity and self-reliance. They may experience sexual intimacy, choose a mate and raise a family. They establish a career.<br>- Young adults reflect on changes in their bodies and their lives. They can look at problems from different points of view. They establish values and use them to make life choices. They evaluate new information in terms of their experiences. | - Continue to encourage immunizations, checkups and screenings.<br>- Encourage hospital patients to keep in contact with family and friends.<br>- Assess the patient for stress related to new adult roles. Encourage him or her to talk about feelings and concerns, and about how an illness or injury may affect plans, family and finances.<br>- Involve the patient and close family members in decision-making and education. Educate about injury prevention and a healthy lifestyle (through exercise, weight control, hygiene, etc). Explain the benefits of knowing this information.<br>- Use appropriate teaching materials. Encourage the patient to take part in group learning situations, such as support groups. |
| Middle adults (ages 40 to 64) | - Adults aged 40 to 64 years begin to experience physical changes, such as decreased endurance. Women experience menopause. Illness or injury may interfere with plans. Chronic illness may develop.<br>- Adults of these ages develop a concern for the next generation. They help their children gain independence. They may become active in the community (for example, through volunteering). They develop new roles with aging parents and plan for retirement. They | - Continue to encourage checkups, screenings and immunizations.<br>- Encourage as much self-care as possible.<br>- Allow time to talk about frustrations, accomplishments, dreams and any concerns about illness. Talk about stress. Provide help with finding resources to meet healthcare costs.<br>- Educate about healthy lifestyles (stress management, weight managements, etc.). Educate about procedures and safe use of medications. Use appropriate materials.<br>- Involve the patient and close family in decisions about care. Start teaching about advanced medical directives. |

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| | - begin emotionally preparing for death.<br>- These adults may seek further education, possibly to make a career change. They are interested in learning. They reflect on their lives and accomplishments. | |
| Adults (ages 65 to 79) | - Adults aged 65 to 79 years experience changes in skin, muscles and sensory abilities. They have a higher risk of health problems, such as infection and chronic illness. They may sleep more, often by napping during the day. Many older adults stay in good health.<br>- These adults need to adapt to changes. They take up new activities and roles. They may experience depression, loneliness and anxiety over changes or about the future.<br>- Adults of these ages may have a reduced attention span. They may make decisions and remember things (such as names) more slowly. They may need more time to learn. | - Stress the need for checkups, screenings and immunizations. Encourage healthy habits (nutrition, exercise, hygiene, etc.) and social activity.<br>- Educate about safety measures (including fall prevention, safe medication use and using caution with hot water).<br>- Provide a safe, comfortable environment (night light, proper temperature, etc.). Allow time for rest. Adapt procedures to physical changes (fragile skin, for example).<br>- Give the patient chances to reminisce, to help promote a positive self-image.<br>- Speak clearly and avoid background noise during teaching. Use larger print materials and ensure enough light. Give information in short segments and repeat as needed. Avoid rushing.<br>- Encourage the patient and family to take and active role in care. Discuss concerns. Talk about family and other support systems. |
| Adults (ages 80 to older) | - Adults aged 80 years and older have a higher risk of infections, dehydration, poor nutrition and chronic illness. Effects of chronic illness may be more severe. Mobility becomes harder.<br>- These adults may fell isolated or upset due to loss of family, friends, sensory abilities or financial independence. They may lose self-confidence as their abilities decline.<br>- Adults of these ages reflect on their lives and come to an acceptance of death. They can still learn, but at slower rates. They may have reduced attention spans. | - Continue to stress the need for checkups, screenings and immunizations.<br>- Encourage physical and social activity, encourage reminiscing.<br>- Promote, and assist with, self-care and independence as much as possible. Assist with end-of-life planning.\<br>- Monitor age-related risks, such as skin problems. Adapt techniques as needed (for example, using extra caution when moving or touching the patient to avoid bruising). Allow for frequent periods of rest.<br>- Ensure safety measures to prevent falls and burns. Educate about home safety and safe medication use. Educate in an appropriate environment with suitable materials. Involve the patient and family or other caregiver. Teach while the patient is at peak energy. Avoid rushing. |

# Age-Specific Competencies Quiz

|  | TRUE | FALSE |
|---|---|---|
| 1. Involving family in the patient's care can be helpful with patients of all ages. | _____ | _____ |
| 2. It's best not to talk about procedures or equipment with a toddler. | _____ | _____ |
| 3. Older children are not yet concerned about body changes. | _____ | _____ |
| 4. Young adults evaluate information in terms of their experiences. | _____ | _____ |
| 5. Young children will not be afraid of being apart from their parents. | _____ | _____ |
| 6. It's important to provide adolescents with privacy during teaching and procedures. | _____ | _____ |
| 7. Middle adults are in a stable period of life, experiencing little change. | _____ | _____ |
| 8. Adults aged 65 years and older may need to receive information more than once and in segments. | _____ | _____ |
| 9. A young child may view an illness or procedure as punishment. | _____ | _____ |
| 10. To prevent injury, always discourage activity in adults aged 80 years and older. | _____ | _____ |

_____
Employee Name (please print)

_____
Employee signature

_____
Date

_____
Competency trainer

Please return to the Education Department

# CODE OF CONDUCT

*March 21, 2001*
*Revised May, 2003*
*Revised June, 2006*
*Revised September 2008*

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### *OCONEE REGIONAL MEDICAL CENTER STATEMENT OF COMPLIANCE*

Oconee Regional Medical Center is committed to providing health care services in compliance with all state and federal laws governing its operations, and consistent with the highest standards of business and professional ethics. In order to ensure that the hospital's compliance policies are consistently applied, a Legal Compliance Program was established in December 1996.

### *CODE OF ETHICS*

Oconee Regional Medical Center is dedicated to providing a high quality of both primary and specialized medical care and health education services to its patients. ORMC's continuous quality improvement and employee accountability toward service excellence will ensure that a high quality of patient care is sustained.

The medical staff will strive to treat and cure disease, and to eliminate or reduce pain and suffering. We recognize the right of the patient to participate in and ultimately define his/her own acceptable quality of life and we will help the patient, patient's family and/or representative in achieving their goals within acceptable medical standards of practice and guidelines.

ORMC recognizes that our medical staff and employees are the most important source of our strength. Their involvement and support are essential to our mission. All employees will uphold high ethical standards in business practice and marketing strategies, and will endeavor to select firms that hold the same high principles when entering into contractual relationships. The personal dignity and privacy of patients will be respected. All healthcare providers and employees will keep in confidence privileged information concerning our patients. All employees will strive to render care in a professional, compassionate manner. All patients shall be accorded impartial access to treatment that is medically indicated and accommodations that are available, regardless of race, creed, sex, national origin, or sources of payment for care. Financial considerations will never dictate the quality of care. Questions concerning billing will be handled promptly, and conflicts will be resolved on the basis of reasonable and customary billing practices in our area.

The medical staff and hospital personnel acknowledge a moral obligation to work as a professional team to provide the best medical care to patients of which they are capable. Patients and their families will participate in informed decision making concerning their care and in consideration of ethical issues that may arise. Such ethical issues may include withholding of resuscitative services and forgoing or withdrawal of life-sustaining treatment. Whenever hospital personnel have personal objections to participation in withdrawal of life-sustaining equipment, their beliefs will be respected. All members of the healthcare team will endeavor to ensure the safety of the patients with regard to hospital environment, practices, and equipment used in their care and will strive to attain a restraint-free environment.

## *RESPONSIBILITIES OF DEPARTMENT MANAGERS*

Department Managers have committed themselves to setting an example for the hospital staff by complying with all policies and standards of Oconee Regional Medical Center and by pledging to educate employees who report to them about their department policies and those of the hospital.

## *CONFIDENTIALITY*

Hospital employees and health care professionals possess sensitive information about patients and their care. The Hospital takes very seriously any violation of a patient's confidentiality. Discussing a patient's medical condition, or providing any information about patients to anyone other than hospital personnel who need the information and other authorized persons, will have serious consequences for an employee.

## *PAYMENTS, DISCOUNTS, AND GIFTS*

The Hospital participates in the Medicare and Medicaid programs. Federal law makes it illegal for the hospital to provide or accept remuneration in exchange for referrals of patients covered by Medicare or Medicaid. The law also prohibits the payment or receipt of such remuneration in return for directly purchasing, leasing, ordering, or recommending the purchase, lease, or ordering of any goods, facilities, services, or items covered under the benefits of Medicare or Medicaid. In Georgia a parallel state statute applies these same prohibitions to all patients, regardless of payer source.

## *A.     ANTI-KICKBACK LAWS*
Federal and state laws prohibit the hospital and its employees from knowingly and willfully offering, paying, asking, or receiving any money or other benefit, directly or indirectly, in return for obtaining favorable treatment in the award of a contract or the referral of patients.

## B. ENTERTAINMENT AND GIFTS

The hospital recognizes that business dealings may include a shared meal or other similar social occasion. More extensive entertainment should always be consistent with hospital policy, and if a question should arise, it should be discussed with the employee's department head, Vice President or the Compliance Officer. Hospital employees may not receive any gift under circumstances that could be construed as an improper attempt to influence the hospital's or an employee's decision or action. If an employee receives a gift that may be considered a violation of this policy, the gift shall be reported to the supervisor and/or Compliance Officer for advice and direction regarding the gift.

## MARKET COMPETITION

ORMC is committed to complying with all anti-trust laws, the purpose of which is to preserve the competitive free enterprise system. The hospital and its employees will not have any written or oral discussions with competitors concerning pricing policies, pricing formulas, bids, discounts, credit arrangements or compensation practices. If an employee is asked to provide a trade association with information about ORMC's business practices, he or she should consult the Compliance Officer prior to disclosing any information.

## ENVIRONMENTAL COMPLIANCE

A hospital produces waste of various types. ORMC is committed to safe and responsible disposal of biomedical waste and other waste products. Compliance with applicable federal and state environmental regulations requires on-going monitoring and care. The hospital uses a medical waste tracking system, biohazard labels, and biohazard containers for the disposal of infectious or physically dangerous medical or biological waste. Employees who come into contact with biological waste should report any deviations from the policy to their supervisor, the Safety Officer, or the Compliance Officer.

## CONFLICTS OF INTEREST

Hospital employees should avoid all potential conflicts of interest to ensure total objectivity in carrying out their duties for the hospital. Hospital employees may not be employed by, act as a consultant to, or have an independent business relationship with any of the hospital's service providers, competitors, or third party payers. Nor may employees invest in any payer, provider, supplier, or competitor unless they first obtain written permission from the Compliance Officer. Employees should not have other employment or business interests that place them in the position of (i) appearing to represent the hospital, (ii) providing goods or services substantially similar to those the hospital provides or is considering making available, or (iii) lessening their efficiency, productivity, or dedication to the hospital in performing their everyday duties. Employees may not use hospital assets for personal benefit or personal business purposes, and may not divulge confidential financial information of the hospital for their own personal purposes.

## DISCRIMINATION, HARASSMENT, AND WORKPLACE VIOLENCE

The hospital and its affiliates are committed to a policy of nondiscrimination and equal opportunity for all qualified applicants and employees, without regard to race, color, sex, religion, age, national origin, ancestry, disability, or sexual orientation. Our policy of nondiscrimination extends to the care of our patients. If an employee feels that he or she or any patient has been discriminated against or harassed on the basis of his or her race, color, sex, or other protected category, then it should be reported to the Vice President of Support Services or the Compliance Officer so that an investigation may be initiated in accordance with hospital policies and procedures. A patient who feels he or she has been the subject of an unlawful discrimination or harassment is encouraged to contact the patient representative, who will work with the Compliance Officer to investigate the matter.

## DISRUPTIVE BEHAVIOR

Disruptive or intimidating behavior on the part of members of the hospital staff or the Medical Staff can significantly impact patient safety. The quality of patient care depends upon good teamwork, communication, and a professional, collaborative work environment for all members of the healthcare team.

Examples of disruptive behavior are: refusal to perform assigned tasks, exhibiting uncooperative attitudes; refusal to answer questions or pages; and verbal outbursts. These behaviors create an unhealthy and sometimes hostile work environment and must be addressed. The hospital environment must foster mutual respect and courtesy for all healthcare professionals.

Disruptive or intimidating behavior should be reported to a supervisor, vice president, Human Resources or the Compliance Officer. Issues involving the Medical Staff should be referred to Administration for discussion with Medical Staff leadership.

## MEDICARE SANCTIONS

ORMC complies with Federal law, which prohibits employing or contracting with persons or companies that have been excluded from participation in a Federal health care program.

## DRUG FREE WORKPLACE

 The employees of Oconee Regional Medical Center are a valuable resource and their health and safety is therefore a serious concern. The hospital will not tolerate any drug or alcohol use that imperils the health and well-being of its patients, its employees, or threatens its business. The use of illegal drugs, controlled substances, or alcohol, on or off duty, tends to make employees less productive and reliable, and prone to greater absenteeism. Furthermore, employees have the right to work in an alcohol and drug- free environment and to work with persons free from effects of alcohol or drugs. The hospital will vigorously comply with requirements of the Drug-Free Workplace Act of 1988.

## RESPONSE TO INVESTIGATIONS

State and federal agencies have broad legal authority to investigate the hospital and review its records. The hospital will comply with subpoenas and cooperate with governmental investigations to the full extent of the law. The Compliance Officer is responsible for coordinating the hospital's release of any information. If a department, an employee, or a professional staff member receives an investigative demand, subpoena, or search warrant involving the hospital, it should be brought immediately to the Compliance Officer or the Administrator on call. Do not release or copy any documents without authorization from the Compliance Officer, administrator on call, or hospital counsel.

All third party auditors or surveyors must provide verification of their identity (i.e., business card with organizational or agency logo and picture identification) prior to the release of any documentation or interviews conducted including any necessary valid patient authorization.

## EMERGENCY MEDICAL CARE

Prompt and effective delivery of emergency care may not be delayed in order to determine a patient's insurance or financial status. Each patient presenting at the Emergency Department or elsewhere on hospital property must receive an appropriate medical screening examination. Patients with emergency medical conditions, or a pregnant woman having contractions, must remain in the Emergency Department until their condition is stabilized. An emergency may include psychiatric disturbances, symptoms of substance abuse, or contractions experienced by pregnant women. If necessary, the stabilized patient may be transferred to another hospital that is qualified to care for the patient, has space available, and has agreed to accept the transfer. Before transfer, hospital staff shall provide the medical treatment which minimizes the risks to the patient's health and, in the

case of a woman in labor, the health of the unborn child. A physician must sign a certification that the medical benefits reasonably expected from treatment at another facility outweigh the increased risk to the patient and/or unborn child. No physician will be penalized for refusing to authorize the transfer of an individual with an emergency condition that has not been stabilized. The transfer must be performed by qualified personnel with appropriate transportation equipment, including life support measures during the transfer if medically appropriate. A copy of the patient's record, including complete records of the Emergency Department encounter and any other records that are available, must be sent to the receiving hospital.

### SUSPECTED ABUSE

Section 19-7-5 of the Official Code of Georgia requires any hospital staff member having cause to suspect abuse, neglect, or exploitation of a child, disabled or elder adult to report those suspicions to the Department of Family and Children Services (DFACS) in the county where the suspected victim resides.

ORMC staff members will notify the Overhouse Supervisor or nurse manager/department manager prior to making a referral. Law enforcement has requested notification at the same time that DFACS is notified. In the Skilled Nursing Unit, an employee suspecting abuse will notify the DON, Nursing Supervisor, Administrator, or Administrator on Call immediately. The employee will submit a written report within 24 hours, and the SNU Administrator or his/her designee will file a report to the Georgia Department of Human Resources. The patient's attending physician will be notified. All alleged violations involving mistreatment, neglect or abuse, including injuries of an unknown source and misappropriation of property of a SNU resident will be reported immediately to the SNU administrator, in accordance with Federal guidelines. All such incidents will promptly be investigated and reported to the Georgia Department of Human Resources, Long Term Care Section, by telephone or fax.

### RECORD KEEPING AND RETENTION

Hospital employees are not permitted to alter, remove, or destroy permanent documents or records of the hospital. Medical records must be retained for the time period specified by law. Retention of other records is subject to nationally or state-recognized retention guidelines. This includes paper, magnetic tape, and computer records.

### BILLING AND CLAIMS

When claiming payment for hospital or professional services, the hospital has an obligation to its patients, third party payers, and the state and federal governments to exercise diligence, care, and integrity. The right to bill the Medicare and Medicaid programs, conferred through the award of a provider or supplier number, carries a responsibility that may not be abused. The hospital is committed to maintaining the accuracy of every claim it processes and submits.

Many people throughout the hospital have the responsibility for entering charges and procedure codes. Each of these individuals is expected to monitor compliance with applicable billing rules. Any false, inaccurate, or questionable claim should be reported immediately either to a supervisor, the Chief Financial Officer, or the Compliance Officer.

*A. APC's*

The Outpatient Prospective Payment System for Medicare under the Balanced Budget Act of 1997 groups services into categories called ambulatory payment classifications (APC's). These classifications group services clinically and in terms of the resources they require. A payment rate is established for each APC. Accurate coding for outpatient services is essential.

*B. ADVANCE BENEFICIARY NOTICES*

Advance Beneficiary Notices (ABN's) alert patients that tests that have been ordered by the patient's physician may not be reimbursed by Medicare. Medicare pays only for tests or procedures that it considers to be "medically necessary", depending on the patient's diagnosis. Therefore, there are occasions when Medicare will not pay for services that doctors think are important to a patient's health. Patients may sign for the ABN and be billed personally; they may refuse to sign the ABN and choose not to have the test performed (which should not be done before patients consult their doctor); or the test may be performed without the patient signing the ABN and a claim will be submitted to Medicare under "non-covered services". The patient will then receive a bill if Medicare denies the claim.

*LEGAL COMPLIANCE PROGRAM RESPONSIBILITIES*

All employees and professional staff members must comply with these policies which define the scope of hospital employment and professional staff membership. Conduct that does not comply with these statements is not authorized by the hospital, and is outside the scope of hospital employment and professional staff membership, and may subject employees and professional staff members to disciplinary action. If a question arises as to whether any action complies with hospital policies or applicable law, an employee should present that question to that employee's supervisor, directly to the hospital's Compliance Officer, or to a member of the Compliance Committee. All employees should review the hospital's Legal Compliance Program Manual from time to time to make sure that these policies guide their actions on behalf of the hospital.

If, at any time, any employee or professional staff member becomes aware of any apparent violation of the hospital's policies, he or she is expected to report it to his or her supervisor (in case of an employee) or to the Compliance Officer. All persons making such reports are assured that they are treated as confidential; such reports will be shared only on a bona fide need-to-know basis. The hospital will not take adverse action against persons making such reports (which must be submitted in good faith and must not be malicious) whether or not the report ultimately proves to be well founded.

*VALUES LINE*

ORMC has established a confidential toll-free telephone number, known as the Values Line (800-273-8452), which is available at any time to report suspected compliance violations including, but not limited to, those involving billing and claims submissions, fraud and abuse, and violations of laws and regulations.

All Values Line reports are treated confidentially and can only be accessed by the Compliance Officer. All reports made to the Values Line will be investigated in a prompt and reasonable manner. Values Line reports are made anonymously.

*HIPAA COMPLIANCE*

HIPAA is an acronym that stands for the Health Insurance Portability and Accountability Act of 1996. Under this mandate, the Department of Health and Human Services (HHS), with guidance from other federal agencies, has released rules establishing new standards for the transmission and use of health care information. The regulations establish standards for electronic transactions, privacy, and information security. Taken together, these regulations fundamentally alter day-to-day functioning of the nation's hospitals and affect virtually every department of every entity that provides or pays for health care.

In mandating the regulations, Congress sought to reduce the administrative costs and burden associated with health care by standardizing data facilitating electronic transmission of many administrative and financial transactions. With the belief that the electronic movement of health information creates patient confidentiality, and data security concerns, Congress directed the Secretary of HHS to develop standards to protect the privacy and security of individually identifiable health information.

Organizations that deliver health care are now required to educate patients on the uses and disclosures of their health information by giving them a Notice of Privacy Practices, and receipt of this notice must be acknowledged by each patient. This must be done either prior to or at the time of the delivery of care. In addition, healthcare organizations were mandated to protect the privacy of patient health information and to provide education to all employees about the new regulations.

Protected health information (PHI) may be used or disclosed without the patient's authorization for treatment, payment, or health care operations (or when required by law). In all other instances, patient authorization must be obtained. Patients have specific rights under HIPAA with regard to their healthcare information: the right to request restrictions on certain uses and disclosures of protected health information (although hospitals are not required to agree to these); the right to inspect and copy protected health information; the right to amend protected health information; the right to receive confidential communications; and the right to receive an accounting of disclosures of protected health information. Complaints must be sent in writing to the hospital's Privacy Officer, Janet Green. There are civil and monetary penalties for improper release of protected health information.

## *PATIENT RIGHTS AND RESPONSIBILITIES*

Hospital staff members should familiarize themselves with the brochure, "Patients Rights and Responsibilities," copies of which are available in most public areas of the hospital.

## *FUNDRAISING*

To further its charitable purposes, the Hospital may conduct fund-raising activities through the Oconee Regional Healthcare Foundation. The Hospital complies with all applicable laws with respect to its fundraising activities. All solicitation of charitable contributions for the Hospital or its affiliates must be done under the supervision of the Foundation. Employees with responsibilities for purchasing, materials management, or discharge planning may not participate in solicitation.

## *POLITICAL CAMPAIGNS*

Personal political opinions should not be communicated, orally or in writing, as those of the Hospital.

## *QUESTIONS*

Questions or concerns about ORMC Legal Compliance Program may be addressed to the Compliance Officer or expressed anonymously through the ORMC Values Line (1-800-273-8452).
ORMC's Compliance Officer, Mollie Thomas (VP/Administrative Services), may be reached by phone at 454-3552 or by pager at 454-9666.

# Agreement of Compliance

**Oconee Regional Medical Center**
**821 N. Cobb St.**
**Milledgeville, GA 31061**
**478-457-2124**

I certify that I have read the Oconee Regional Medical Center's "Code of Conduct" booklet which summarizes ORMC's Legal Compliance Program and the conduct expected of me as a nurse at Oconee Regional Medical Center. I understand that the "Compliance Program Policy Manual" is available at the hospital administration office for my reference. I agree specifically to act in accordance with the policies of Oconee Regional Medical Center set forth in the "Code of Conduct" and "Compliance Program Policy Manual" and understand that I will be subject to disciplinary action, including termination of agency nurse status, for violating these policies or failing to report violations of these policies.

| | |
|---|---|
| Agency Nurse Signature | Date |

| | |
|---|---|
| Witness Signature | Date |

**PRINT NAME: Last**_____ **First**_____

# *CONFIDENTIALITY & SECURITY AGREEMENT*

*All volunteers, medical students, contractors, vendors and other non-ORHS employed personnel must review the confidentiality policy and sign this agreement indicating their awareness of the policy and their willingness to abide by it.*

I, the undersigned, have read and understand Oconee Regional Health System's (ORHS) Confidentiality policy on the confidentiality of corporate and protected health information, in accordance with regulatory standards, state and federal law. I further acknowledge I am aware of and understand the policies of ORHS regarding the security of personal health information including, but not limited to, policies relating to the use, collection, disclosure, storage and destruction of personal health information.

Initial ☐

In consideration of my association with ORHS, and as part of the terms and conditions of this association, I hereby agree, pledge and undertake that I will abide by these policies and procedures and will not at any time during, or following, my association with ORHS, access or use corporate or personal health information, or reveal or disclose to any persons within or outside ORHS, any corporate or personal health information except as may be required by law, as required in the course of my duties and responsibilities, or in accordance with applicable health system and departmental policies and procedures governing the proper release of information.

☐

I agree to protect and safeguard from any unauthorized disclosure, all Protected Health Information I am exposed to, and to comply with all applicable policies, procedures, laws, rules and regulations, including, without limitation, the privacy and security standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

☐

- Penalties for noncompliance with the HIPAA regulatory requirements are $100 per violation, with a maximum penalty of $25,000 per requirement per year.

☐

- Fines for the wrongful disclosure of protected health information include fines up to $50,000 and/or one year in prison for knowing disclosure; fines up to $100,000 and/or five years in prison for disclosures under false pretenses; and fines up to 250,000 and/or 10 years in prison for disclosures with intent to sell, harm or use for profit.

☐

I understand any unauthorized use or disclosure of such information is grounds for disciplinary action, up to and including immediate termination of my association with ORHS, possible civil and/or criminal penalties and reporting to professional regulatory agencies as applicable.

☐

_____     _____

**Signature**                                                   **Date**

I have discussed the Confidentiality Policy and the consequences of a breach with the above named.

_____     _____

**ORHS Representative**                                   **Date**

# *Agency Nurse Attestation Form*

Agency Nurse (print) _____          ____RN ___LPN

*I attest that the above nurse has completed all requirements checked below.*

Agency Representative _____ Date _____

____ Passed drug screen

____ Health Screening

____ TB test (within the last year)     Date _____ **OR** _____CXR (within 1 year)   Date_____

____ Background Check

____ Skills Competency (every 3years)   Date_____

____ Flu Vaccine          Date _____

____ BLS (send copy of card)

____ ACLS (send copy of card)

____ PALS (send copy of card)

____ Current GA. nursing license (send copy)

____ Restraint application competency

____ N95 Respirator Fitting & Training

____ 2012/2013 National Patient Safety Goals

____ ORMC PCS Computer Training

____ ORMC BMV Training

____ Last two (2) supervisors and contact numbers:

   1. Name_____ Phone_____

   2. Name_____ Phone_____