

# Orientation Handbook: Physicians and Allied Health Professionals



**Texas Health**  
Harris Methodist Hospital®  
SOUTHLAKE



# INTRODUCTION

## Mission, Vision and Values

Welcome to the Texas Health Harris Methodist Hospital Southlake (THSL). The skills and talents you bring to Texas Health Southlake are vital to our hospitals mission:

***“To promote exemplary health care, compassion, innovation and personal service to all we serve.”***

All information presented in this packet is for the purpose of providing you with an overview of Texas Health Southlake and does not take the place of specific policies and procedures, which you will find on the hospital intranet site. Please refer to them for complete guidelines and governing practice at this facility.

Address any questions regarding this module to your Supervisor or Human Resources.

***Return the Pre-Orientation Acknowledgement to your Supervisor within the First Shift worked.***

### **Our Vision**

To be the premier provider of selected clinical services, an organization where employees want to work, physicians want to practice and patients receive compassionate care.

### **Our Values: CHOICE**

**Compassion** - Provide care that is focused and expresses empathy and understanding of individual needs.

**Healing** - Treatment of the whole person, mind and body.

**Oeness** - Working together in harmony to achieve our mission and vision.

**Integrity** - Honesty, trust, reliability and commitment to uphold the highest ethical and compliance standards.

**Commitment** - Pledge to our stakeholders.

**Excellence** - Distinction, quality, superiority.

## CHOICE Values and Promise

As an employee of Texas Health Southlake, I recognize that I am part of a team focused on excellence and committed to patient, physician and employee satisfaction.

I promise to show my commitment to patients and their families through my words and actions by:

- Warmly greeting patients upon arrival and wishing them well upon their discharge.
- I will promptly introduce myself and the hospital to patients whether in person or on the telephone.
- I will avoid using endearments, e.g., honey, sweetie, dear.
- Striving to exceed the expectations of patients and their family members by asking and observing their preferences and addressing their concerns.
- Listening attentively to the needs and concerns of patients and their family members and responding accordingly, communicating professionally and respectfully without judgment.
- I will refrain from engaging in inappropriate conversations/discussions with patients and/or family members.
- When transferring telephone calls: I will always ensure that I obtain the caller's permission before placing on hold.
- Upholding HIPAA standards of patient care and confidentiality in all dealings with patients and others.
- I will ensure that patient confidentiality is respected and that PHI is not discussed in public areas.
- I will make certain that, within my authority, only authorized personnel release patient information.
- I promise not to discuss my problems with patients nor will I place blame on others.
- I will recognize that the patient's time is valuable and provide patients with prompt service, letting them know of any delays and ensuring their comfort while they wait.
- I will always thank patients, family members or telephone callers for waiting and apologize for any delays.
- I recognize the importance of patient's family members and the need to treat them with respect and courtesy.
- I will make certain that callers placed on hold will be acknowledged periodically, given status updates and asked if they wish to continue to hold or for us to call them back.
- Conveying my concern and willingness to serve in the professionalism of my appearance and manner, adhering to my department's dress code as appropriate.
- Striving to keep the patient's environment as pleasant as possible by limiting noise in patient areas.
- Taking pride in this facility and conveying that pride to the patients, their families and other staff members.
- I will keep personal food out of patient areas or in areas visible to the public.
- When I come across litter I will dispose of it properly and when I see spills I will ensure that they are cleaned up in accordance with safety guidelines.



- Remaining friendly and courteous, stopping to offer help if I believe it is needed, and offering directions or escort to other areas of the facility.
- Remembering to thank patients for choosing to use this facility because I know they always have a choice in their healthcare and am thankful they have chosen Texas Health Southlake

**I promise to uphold the CHOICE Values and reveal my commitment to physicians and co-workers through my words and actions by:**

- Showing my sense of ownership in Texas Health Southlake by taking pride in my position and recognizing my work as a reflection of myself.
- Striving to do the job right the first time in a timely and accurate manner.
- Recognizing that it is the hospital's objective to exceed patient expectations.
- Coming to work each day with a positive attitude and striving to leave any negativity at the door.
- Conveying my concern and willingness to be a part of the team by helping other employees when needed and by keeping my interactions with others professional and respectful without arguing or judging.
- I will also affirm my coworkers' contributions to quality service.
- Doing my part to ensure the workload is shared by being flexible and helping others when needed.
- Showing my constant commitment to the physicians and my coworkers by treating them with courtesy, consideration and respect.
- Being aware that conversations I am having can be heard by others and striving to resolve any issues with my coworkers before going up the chain of command or involving anyone else.
- Being a problem-solver and owning issues until they are resolved and seeking help when I do not know the answer to a question.
- I am committed to finding solutions to problems rather than complaining about them or blaming someone, and I will ask my coworkers to do the same.
- Being supportive of new employees, helping them wherever I can and setting an example of the cooperation expected in the workplace.
- Respecting the privacy of other employees by not discussing matters of a sensitive nature.
- Adhering to the policies and procedures of my department and following the chain of command when issues arise.
- Using the resources of the hospital wisely.

- Upholding the CHOICE Values.

**Compassion** – Providing care that is focused and expresses empathy and understanding of individual needs.

**Healing** – Treatment of the whole person, mind and body.

**Oneness** – Working together in harmony to achieve our mission and vision.

**Integrity** – Honesty, trust, reliability and commitment to uphold the highest ethical and compliance standards.

**Commitment** – Pledge to our stakeholders.

**Excellence** – Distinction, quality, and superiority.

### **I promise to focus on Cultural Diversity, Quality Care and a Culture of Safety by:**

- Being proud to recognize the value of a diverse workforce and customer base and remaining open to new viewpoints, ideas and talents. I am open to learning about new cultures and providing culturally competent care.
- Following the guidelines as set forth in the hospital's policies and procedures.
- Committing to "zero tolerance" for intimidation and disruptive behaviors and striving to maintain a culture of safety and quality throughout the hospital.
- I will report all accidents and incidents promptly and completely.
- If I observe a safety hazard, I will do my best to correct it if possible; report it if not.
- Committing to ensure that our culture does not support rudeness or inappropriate body language when interacting with patients, physicians or co-workers.
- Committing to uphold the measures that support compliance with National Patient Safety Goals.
- Recognizing the importance of a safe workplace and practicing safety in my interactions with my co-workers and patients and immediately reporting any unsafe conditions or practices to the appropriate person.
- Practicing appropriate hand hygiene and encouraging others to do the same.
- Striving to maintain a healthy work/life balance and trying to serve my community as well.

As an employee of TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHLAKE, I promise to go "above and beyond" my job duties to ensure the continued success of the facility, the staff and myself. I promise to remember the CHOICE Values in my dealings with others and will remember that I am a vital link in the chain of excellence that is TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHLAKE.

# Compliance & Privacy Program/HIPAA

In support of its mission and core values, Texas Health Southlake is committed to conducting its activities with the highest integrity and ethical standards, and in compliance with all applicable laws and hospital policies. However, because the legal and regulatory environment is so complex, it often can be difficult to determine the right course of action. The Compliance and Privacy Program provides resources to use in our daily activities to help determine the right course of action and meet our ethical and legal obligations when acting on behalf of the hospital. The Program, approved by the Board of Managers, is administered by the Compliance and Privacy Officer

## What resources are available to assist me?

1. Compliance and Privacy Officer – The Compliance and Privacy Officer is available to answer policy questions, assist you in avoiding compliance risks, and help you meet your compliance responsibilities. If you have questions about following the ethical course of action or need guidance for a specific situation, contact Bob Brace, Texas Health Southlake's Compliance and Privacy Officer. Bob may be reached at 972.419.5823.
2. Standards of Conduct – The behavior/performance standards are the foundation of the Compliance and Privacy Program, and embodies the Board's and senior management's expectations that we all act ethically and in compliance with applicable laws and policies in all our activities on behalf of the hospital.
3. Compliance Policies – The policies support the mission and core values of the hospital and provide guidance for specific activities and transactions. The policies establish behavioral expectations in accordance with applicable laws and in keeping with the ethical standards our respective professional associations.
4. Compliance and Ethics Helpline – If you suspect a potential violation of law, regulation, standard or policy report your concerns to your immediate supervisor, to your director, to the Human Resources department or to the Compliance department. If you are uncomfortable using these normal administrative channels, you should feel free to use the Compliance Hotline to report your concerns anonymously. The Hotline is available 24 hours a day, 7 days a week at tel. 800. 381.4728 (toll free). All good faith reports may be made free from fear of retribution per the THSL's Non-Retaliation Policy.
5. Compliance Awareness Training – This mandatory training provides an introduction to common compliance risks, and provides greater detail regarding the resources listed here. The session is available online at THSL's Intranet page. Should your department wish to have an in-person presentation tailored to the needs of your unit, please reach out to the Compliance Office to arrange a convenient time to schedule an in-service.

## Why have a Compliance Program?

- The Hospital's compliance program increases the likelihood of early detection of problems and/or violations of law or regulations.
- The Hospital's compliance program improves operational efficiency within the Hospital.
- The Hospital's compliance program improves the quality of healthcare.
- The Hospital's compliance program ensures the prompt and thorough investigation of all alleged acts of misconduct.

Compliance programs help hospitals fulfill their legal duty to refrain from submitting false or inaccurate claims or cost information to the Federal health care programs, or engaging in other illegal practices. A hospital may gain important additional benefits by voluntarily implementing a compliance program, including:

- Demonstrating the hospital's commitment to honest and responsible corporate conduct;
- Increasing the likelihood of preventing, identifying, and correcting unlawful and unethical behavior at an early stage;
- Encouraging employees to report potential problems to allow for appropriate internal inquiry and corrective action; and
- Through early detection and reporting, minimizing any financial loss to government and taxpayers, as well as any corresponding financial loss to the hospital.

An effective compliance program demonstrates a hospital's good faith effort to comply with applicable statutes, regulations, and other Federal health care program requirements, and may significantly reduce the risk of unlawful conduct and corresponding sanctions. Building and sustaining a successful compliance program rarely follows the same formula from organization to organization. However, such programs generally include: The commitment of the hospital's governance, leadership and employees through the organization; structures and processes that create effective internal controls; and regular self-assessment and enhancement of the existing compliance program.

Compliance involves EVERYONE at the Hospital, regardless of position.

### **HIPAA/Privacy – It happens HERE!**

The Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted to make it easier for people to continue their health insurance despite job changes and to help the health care industry control administrative costs.

An overwhelming need to protect the privacy and security of medical records led to a major expansion of HIPAA. In 2003, the U.S. Department of Health and Human Services (HHS) issued and adopted the HIPAA Privacy Rule, HIPAA Security Rule, and the HIPAA Enforcement Rule. The Rule sets standards for the uses and disclosures of protected health information and the rights individuals have regarding their health information. As a "covered entity," TH Southlake must comply with HIPAA regulations. Staff members receive training related to HIPAA regulations, including a review of the policies developed and forms used by TH Southlake.

Within HHS, the Office for Civil Rights (OCR) has the responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high-quality health care and protect the public's health and well-being. The Rule strikes a balance that permits important uses of information while protecting the privacy of people who seek care and healing.

The Privacy Rule applies to all protected health information, which includes, when held or transmitted by a covered entity, information that:

- Relates to the individual's past, present, or future physical or mental health condition; to the provision of health care to an individual; or to past, present, or future payment for the provision of health care to the individual; and
- Identifies the individual or is information for which there is a reasonable basis to believe it can be used to identify the individual.

Protected health information can be in any form -- electronic, paper, or oral. It can include financial and demographic information collected from patients. And, when in possession, must be protected from unauthorized disclosures and/or loss.

Given that the healthcare marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed. The complexity of applying the HIPAA rules can be as cumbersome and confusing. The Privacy/HIPAA regulations health care providers' must know and apply are outlined below.

### **HIPAA Overview:**

- HIPAA created stringent minimum federal confidentiality standards for the treatment of patients' health information (the "Privacy Regulations"). The Privacy Regulations under HIPAA have three main purposes:
  - (1) to define how patients' protected health information may be used and disclosed,
  - (2) to create specific rights for patients with respect to their protected health information; and
  - (3) to require covered entities (such as the hospital) to develop a Privacy Compliance Plan.
- Protected Health Information or "PHI" is a subset of health information relating to the condition, treatment or payment for treatment and identifies the individual or could reasonably be used to identify the individual. Examples include a patient's medical record, claims payment information and prescriptions.
- General Rule: The Hospital may not use or disclose PHI without an individual's authorization. Here is a short, non-exclusive, list of patient information you cannot disclose without authorization: a patient's name, address, date of services, birth date, admission date, discharge date, date of death, telephone number, fax number, e-mail address, social security number, medical record number, health plan beneficiary number, account number, license plate number, website information, photographic information, condition, type of service provided, or any other private information. When in doubt, contact the hospital's Compliance Officer before disclosing any information!





# Quality Improvement/Risk Management

## Key Principles:

### Quality

means doing the *right thing*, at the *right time*, the *first time*, is the responsibility of every member of the team, and is about taking a proactive approach to improve systems, processes and services; and avoid adverse events.

### Dimensions of Quality

**Safe:** Avoiding harm to patients from the care that is intended to help them.

**Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

**Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

**Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.

**Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.

**Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Source: Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001.

- Risk Management involves utilizing appropriate approaches to improve quality and safety of healthcare services by timely identification and control of system components and processes that may pose risks to patients, visitors, employees, contractors and facilities.
- Risk Management Goals
- Risk identification
- Prevention or reduction of harm, injury or loss
- Control of systems and processes
- Performance Improvement is a team led, continuous and customer focused process to identify and implement best practices to improve healthcare outcomes and patient experience.

## Performance Improvement Tools

### PDSA (Deming Cycle)

- P Plan – Plan the desired change or improvement.
- D Do - Carry out the planned change or improvement.
- S Study – Examine the results. What did we learn? What worked? What went wrong?
- A Act – Adopt change, abandon it or make modifications and run through the cycle again.

### DMAIC

- D Define – Define the goals of the improvement activity
- M Measure – Measure the existing system or process.
- A Analyze – Analyze data to identify ways to eliminate the gap between current performance of the system or process and desired goal.
- I Improve – Find and implement ways to improve the system or process.
- C Control – Institutionalize improved systems and processes and adapt policies and operating procedures.

## Quality Monitoring

Standards Based:

- Regulatory – CMS and TDH
- Accreditation – The Joint Commission
- Best Practice
- Patient and staff satisfaction
- Internal rounds and surveys
- Event Reporting - RLt

### Unusual Occurrence

An unusual occurrence (unanticipated) may cause or potentially lead to an unintentional outcome (“near miss”).

- Unusual occurrences are often related to a “breakdown” or an inefficiency in a process
- Any unusual occurrence that is unanticipated, causes harm, or is at risk of causing harm (“near miss”) needs to be reported using RLt solution.
- Unusual Occurrences are usually attributed to “failure of communication”.
- Please refer to Event Reporting Policy and Procedure.

### Sentinel Events

- An unexpected occurrence involving (or the risk of involving) death, serious physical or psychological injury
- A “Sentinel Event” signals the need for immediate investigation and response

### **Examples:**

- Surgery on the wrong patient or the wrong body part
- Unintentional retention of a foreign object in a patient after surgery or procedure
- A full list of Sentinel Event categories is available on The Joint Commission resources on hospital's intranet site. Also, please see Sentinel Events policy for additional information.

# Cultural, Religious & Spiritual Considerations of Care

Culture is the set of beliefs, values, and practices that are commonly shared by a group of people. Patients can belong to different ethnic, religious, and other groups. A person's cultural background may affect how they view health and the type of care that they expect. It may also affect how they express and respond to pain, communicate with healthcare workers, the degree of involvement of the family, practices related to birth and death, and food preferences. A person's spirituality refers to such issues as where the individual finds hope and meaning and may not necessarily be a part of a particular religion.

A focus on cultural diversity is important at Texas Health Southlake as our mission, values and belief statements direct us to respect the dignity of all with whom we work and serve. Respecting the cultural, ethnic and spiritual traditions of one another facilitates the building of communities of trust and creates a healing environment. This mutual respect fosters a work environment that values "unity and diversity".

The need for culturally sensitive healthcare is critical because the population is very diverse. In order to provide optimal care in our hospital setting, caregivers must understand the role that cultural, religious and spiritual differences play in shaping behaviors during illness, and the treatments that patients will seek and follow.

## To Provide Culturally Competent Care We Should:

1. Avoid stereotyping. Factors such as age, gender, sexual orientation, socioeconomic status, and physical or mental disabilities can create differences among members of the same group.
2. Learn as much as possible about other cultures, religions, and ethnicities. Acquiring and using knowledge about other populations helps us understand behaviors that are unfamiliar.
3. Consider the patient's need for privacy. Is touching or being unclothed acceptable? Does the person feel comfortable when others stand close to them? Do they require private time for prayer, meditation, or some other spiritual practice?
4. Learn how respect is shown. Ask how the patient would like to be addressed. Ask before touching or removing things that are being worn or displayed.
5. Consider the role of significant others. Do others such as healers, spiritual leaders, members of the community have a significant role in the support of the patient? Would the patient like a member of the clergy to visit? How are healthcare decisions made?
6. Ask about the patient's view of health. What is the meaning of the health problem? Does the patient view it as a punishment or something that makes them stronger if it is endured?
7. What have they been using to care for themselves? This may include home remedies or special diets. Has someone other than a physician been caring for them, and, if yes, what is the title of the other caregiver? Whenever possible, accept alternative practices if they have been successful after discussing them with the patient's physician. Are there certain practices or foods that are prohibited or require special arrangements?



While it is not possible to know everything about the cultural factors affecting every patient, we can learn more about their expectations and responses to health care through our discussions with our patients, our research, and our observations of their behaviors. It is always important to remain sensitive and nonjudgmental to these differences.



# Texas Health Southlake: RAPID RESPONSE TEAM

## **What is the Role of the RRT?**

Assists the staff member in assessing and stabilizing the patient conditions.

Assists the staff member in organizing information to be communicated to the patient's physician.

Educates and supports the staff as they care for the patient.

If circumstances warrant, assists with patient transfer to a higher level of care.

## **Rapid Response Team Activation Criteria**

### **How do I call the RRT?**

To call an RRT dial 894 and overhead page RRT to the area or room where assistance is needed.

# Examples of Abuse

**Physical:** hitting, squeezing, pinching, inappropriately restraining; or withholding personal or medical care or failure to supervise an impaired person (patient) adequately to prevent injury.

**Psychological:** consists of instilling fear through verbal assaults, demands, threats to perform demeaning tasks, or isolation.

**Financial or Material:** the theft or mismanagement of money or personal belongings.

**Social:** a violation of rights, being forced out of one's home, or being denied the opportunity to exercise rights as an adult.

**Neglect:** a lack of services that are necessary for physical and mental health. "Self-neglect" can occur when someone can't take care of themselves. Neglect by another person can occur when the need for food, clothing, medical care, or assistance are not met. Note: Adult children are not legally obligated to care for their aging or dependent parents. Unwillingness to be involved in care is not by itself, evidence of neglect.

**Exploitation:** is the illegal or improper use of disabled adults or their resources for another's profit or advantage.

## WHAT CONTRIBUTES TO ABUSE AND NEGLECT?

**Family Violence:** A learned behavior which can be passed on for generations.

**Caregiver Stress (Including Hospital Care-Givers):** When caregivers perceive caring as stressful and burdensome, higher levels of verbal, psychological, and physical abuse can occur.

**Dependency:** Caregivers are increasingly stressed as the older person becomes more frail and dependent.

## PHYSICAL INDICATORS OF ABUSE

- Abrasions or Bruises
- Inappropriate Clothing
- Injuries Inconsistent with History
- Poor Hygiene
- Malnutrition / Dehydration
- Untreated Medical Problems
- History of Falls
- Burns
- Dislocations
- Fractures
- Excessive Drowsiness
- Pressure Ulcers
- Over / Under Medication
- Sprains or Strains

## Hospital Policies

Employees, agents and associated health care professionals should report any suspected abuse, neglect, or exploitation involving a patient which they have cause to believe has occurred in Texas Health Southlake to their direct manager or Vice President of Patient Care Services immediately.

Abuse, neglect, or exploitation suspected to have occurred while a patient at Texas Health Southlake will be reported according to state law (policy #: 3.1.01 Abuse, Patient Neglect, or Exploitation Occurring in the Facility).

All patients presenting to this institution will be assessed for the existence of abuse (policy #: 3.1.02 Abuse, Patient Neglect, or Exploitation Occurring outside the Facility).

### *What is Your Responsibility?*

By law, Healthcare Workers (all of us) are required to report suspected potential abuse or neglect situations.

In accordance with Texas law, we are required to:

- Provide the victim of suspected family violence with information regarding shelter and opportunity to visit with social worker. (On call through Texas Health H. E. B.)
- Document the following in the medical record:
  - Reason the medical professional believes the patient is involved in family violence
  - Physical assessment
  - Offer written notice of the patient's legal rights and information on family violence assistance programs.

In compliance with state law, mandatory reporting is required by the professional knowing or suspecting instances of abuses or neglect involving:

- Children under age 18
- Adults over age 65
- Disabled persons of any age
- Injury from a fired gun

Each time you enter a room to provide care, answer a call light, or interact with patient, family and other visitors, listen to what they say, and notice how they look and act. Ask open-ended questions to encourage speaking freely. Portray acceptance. Above all else, never approach the interaction with preconceived ideas of who they are, or what you might have heard.

If you notice something that doesn't seem right, report it immediately to your Supervisor.

You should report any suspected cases of abuse to your Supervisor, Administration, or Quality Management.

For complete procedures, refer to the following policies on the facility intranet:

- Clinical: Abuse, Patient Neglect, or Exploitation Occurring in the Facility
- Clinical: Abuse, Patient Neglect, or Exploitation Occurring outside the Facility

**Remember.....It is your legal responsibility to REPORT SUSPECTED ABUSE.**







# Ergonomics, Back Safety, and Body Mechanics

Ergonomics is defined as “the science of fitting the job to the worker”. OSHA regulations provide guidelines for workplace safety including ergonomics.

A primary goal of Texas Health Southlake is to reduce both the risk and occurrence of workplace injuries. Signs and symptoms of musculoskeletal dysfunction may include: weakness, decreased

range of motion, numbness, tingling, or other notable change in function or sensation. A common source of injury is prolonged task performance in an awkward position or posture. One simple way to reduce your risk of injury is to avoid prolonged awkward postures and alternate tasks frequently.

## **To help avoid life-altering back injuries, remember these lifting tips:**

- Keep your back upright, legs apart, arms & load close to your body at waist height.
- Bend at your hips and knees to lift and lower the load.
- Size up the load – if you think it may be too heavy or awkward, get help.
- When moving or transferring a patient use as many needed helpers to safely move the patient.
- Use mechanical devices (draw sheets, slider boards, transfer belts) whenever possible to assist with transferring a patient.
- Instruct/educate the patient before repositioning or relocating. Allow them to help as able.
- Make sure the bed, wheelchair, stretcher or other equipment is locked in position.

## **Responsibilities:**

### **Employees:**

- Work safely, report risks, modify workspace to reduce risk and **immediately** report early signs of musculoskeletal disorders and repetitive motion injuries characterized by pain, decreased range of motion, numbness, tingling, burning, decreased strength, deformity, cramping or stiffness. Common diagnoses include carpal tunnel syndrome, rotator cuff syndrome, sciatica, or tension neck syndrome.
- Participate in ergonomic training and education provided at orientation as well as annual review.
- Notify your Supervisor or Employee Health if you have questions or concerns.

### **Supervisors:**

- Identify conditions of potential risk and make timely recommendations to reduce or eliminate risk.
- Respond to employee reports of risk or injury.

## Basic Safety Tips for Patient Care

### Transfers:

- Use mechanical devices whenever possible: power lift, roller boards, sliding boards, transfer belts, or draw sheets.
- Use as many helpers as needed to safely move the patient.
- Keep transfer surface level by raising or lowering bed height: raise bed to height of gurney or lower to height of wheelchair.
- Lock bed, wheelchair, gurney, or commodes with wheels.
- Make sure path and floor are clear of hazards.
- Instruct/educate the patient before repositioning or relocating. Taking the time to instruct or educate the patient decreases fear and resistance and allows them to help as able, it provides a sense of participation in their care.
- Move in two phases: 1<sup>st</sup> to the edge of the bed, then to the alternate surface (wheelchair, gurney, or commode).
- If the patient is falling, lower them gently to the floor by bending your knees while protecting the patient's head.

### Re-Positioning a Patient in Bed:

- Use as many needed helpers to safely move the patient.
- Enlist the patient's assistance as able, and instruct them in the process.
- Raise the bed to waist level to avoid stooping.
- Bend knees, pushing on count of three, as in: "1, 2, 3". With this method, reposition patient **together** when the number '3' is spoken aloud by the leader.
- Use draw sheets for ease of motion. **Do not lift a patient by pulling on their arms.**
- Make sure the bed is locked and use all safe lifting tips.
- Lift and glide to move a patient up in bed. Do not drag the patient.

# Population Appropriate Care

Competency assessment and verification is an ongoing process. Competencies are assessed by supervisors and/or qualified validators (preceptors). Staff must be able to demonstrate the knowledge and skills for age appropriate care. Documentation of competencies is maintained in employee records.

- Initial assessment
- Self-assessment
- Skills orientation checklists
- Annual competencies

## **Age specific:**

- Neonate/Infant = Birth to 1 (one) year
- Child/Pediatric = 13 (thirteen) months to 12 (twelve) years
- Adolescent = 13 (thirteen) years to 18 (eighteen) years
- Adult = 19 (nineteen) years to 64 (sixty-four) years old
- Geriatric = 65 (sixty-five) years or older

Please refer to the Texas Health Southlake policies on Age-Specific Patient Care on the facility intranet for more information.

- Human Resources: Competency Assessment

# Respiratory Protection Program & Tuberculosis (TB)

To reduce the risk of exposure to TB in the workplace, employees who may be exposed to infectious tuberculosis (TB) through face-to-face contact with an infected patient must participate in respiratory protection fit testing and training prior to assignment of an NIOSH-approved air-purifying respirator with an N-rating and numerical rating of 95 (i.e., N-95).

Tuberculosis is an infection, most often in the lungs, which is caused by a very small germ called *Mycobacterium tuberculosis*, so small it can float in the air for days or weeks. When a person with TB in their lungs coughs, sneezes, shouts or sings, TB germs can be spread from their lungs into the air where people may then breathe the germs into their lungs. Certain procedures done in the hospital may cause the patient to cough, increasing the spread of germs into the air. These procedures are considered by OSHA to be “high risk” for transmission of TB and should only be performed in negative air flow settings or negative air flow isolation rooms.

## Signs and Symptoms of TB

Persons with infectious (contagious or active) TB may have the following signs & symptoms:

- persistent cough – sometimes coughing up blood
- weight loss or poor appetite
- fever
- night sweats
- chest pains
- shortness of breath
- fatigue

## Prevention of TB Exposure

Texas Health Southlake has a written plan to control exposure to TB by recognizing, isolating and treating patients with infectious TB including annual screening of staff by answering questions about signs & symptoms of TB, and/or having a chest X-ray (only if symptomatic). Patients suspected or known to have TB should be placed in the negative pressure isolation room. Staff are also trained to use special “respirators” to filter the air they breathe when caring for these patients. Annual mask “fit-testing” is performed to ensure proper fit of the N-95 respirator masks. N-95 masks must not be worn unless the employee has been trained, fitted and tested to ensure proper fit and use of the N-95 mask. A “fit-check” must be performed each time you wear an N-95 respirator.

Texas Health Southlake stocks OSHA approved respirators in various work areas. You should know where to locate and obtain an N-95 respirator if needed. There are other illnesses such as SARS (Severe Acute Respiratory Syndrome) or Pandemic Influenza that would require the use of an N-95 respirator. If the N-95 respirator is worn while caring for patients with these illnesses, it should be discarded after each use.

# Infection Control Summary

All employees are responsible for infection control.

Use these fundamental safeguards against spreading infections:

- hand hygiene
- personal protective equipment (PPE)
- avoidance of exposures to bloodborne pathogens

**Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.**

## Notify Infection Prevention:

- Patients readmitted for surgical infections or seen in ER with surgical infection
- When two or more patients develop similar signs/symptoms which were not present on admission, a suspected outbreak will be investigated
- A known or suspected case of a reportable communicable disease
- Any surgical site infection
- Any central line infection
- Any infection in an otherwise young healthy adult

## Hand Hygiene

Texas Health Southlake follows the **World Health Organization (WHO)** guidelines for hand hygiene. Hand hygiene audits are conducted at least quarterly to ensure appropriate compliance.

Hand hygiene (hand washing with soap and water for 15- 20 seconds or sanitizing hands with an alcohol-based hand rub) is the best defense against the spread of infection.

## When to perform hand hygiene:

### BEFORE:

- Coming on duty
- Direct patient contact
- Donning sterile gloves
- Performing invasive procedures -  
Foley catheters, inserting IV's, wound care environment
- Moving from a clean site to a contaminated body site

### AFTER:

- Using the restroom
- Direct patient contact
- Doffing (removing) gloves (sterile or nonsterile)
- Contact with equipment or patient
- Performing invasive procedures
- Contact with blood or body fluids or if hands are visibly dirty



After exposure to spore-forming bacteria such as *Bacillus Anthracis* or *Clostridium Difficile* use soap and water and not alcohol gel.

Use the alcohol-based hand gel to sanitize hands when hands are not visible dirty.

***Educate patient family members and friends regarding the use of alcohol hand sanitizer – gel in, gel out. Excel with gel!***

## **Nail Policy**

Artificial nails, wraps or extenders are not permitted for healthcare workers with direct patient contact. Nail polish is permitted but should not be chipped or cracked. Nails should be no longer than ½ inch.

## **EMERGING DISEASES:**

### ***References:***

For information please contact your manager or the Center of Disease Control.

CDC has produced helpful resources and references. Information and guidance may change as experts learn more about emerging diseases. You can monitor the CDC website at [www.cdc.gov](http://www.cdc.gov) and the THR website at [www.texashealth.org](http://www.texashealth.org) under Emerging/Re-Emerging Infectious Diseases (EID).

## Patient Care Supplies/Equipment

- Single-patient care supply/equipment will be used when possible.
- Multiple-patient use supply/equipment must be cleaned with appropriate germicidal between patients. This includes stethoscopes, blood pressure cuffs, IV pumps, etc.
- Single use devices should not be cleaned for reuse.

## Standard Precautions:

All patient's blood and body fluids are considered to be potentially infected with bloodborne pathogens or other potentially infectious material. Healthcare workers should use appropriate personal protective equipment (PPE) such as gloves, gowns, masks, and eye protection to avoid exposures.

If you think you may encounter a situation during patient care that would expose you to blood or other potentially infectious body fluid, use PPE such as gloves, mask, eye protection, or a gown to protect yourself.

## Personal Protective Equipment (PPE):

- Standard precautions are to be used with all patients.
- Gloves, gowns, masks, and protective eye/face shields are to be worn whenever it is anticipated that an exposure to blood or body fluids could occur.
- Gloves are to be worn when touching blood, body fluids, non-intact skin.
- **Do not wear mask/gloves/gowns in hallway or at the nurse's station. PPE should be removed when exiting from a patient room and hand hygiene should be performed.**

Additional precautions such as Contact, Droplet or Airborne precautions may be necessary. The appropriate precaution signage should be clearly posted outside of the patient's room. Nurses may initiate appropriate isolation precautions.

Physicians should be contacted and informed of instituted precautions.

Additional information regarding specific precautions and etiologies can be found under the Quality link on the hospital's intranet.

## Contact Precautions:

- Requires gowns and gloves to be worn by healthcare workers when providing patient care.
- Immediate family members (living in same household) of patients are to be instructed on hand hygiene upon entering and exiting the patients room.
- Visitors not in the patient's immediate household will need to stop at the Nurses Station before entering patient room. These visitors are to be instructed on gowning, gloving and hand hygiene before visiting the patient.

- Contact precaution patients needing to walk/ambulate outside of the room should wear a gown and gloves.
- To transport contact precaution patients in stretchers, cover the patient with a clean sheet.
- Clean wheelchairs used to discharge contact precaution patients with an approved hospital disinfectant immediately after discharging patient.
- Contact the Infection Preventionist with questions or for further information.

### **Droplet Precautions:**

- Masks are required when working within 3 feet of the patient or when entering the room.
- Patients with Droplet Precautions should wear a surgical mask if walking/ambulating outside of the room.

### **Airborne Precautions:**

- Place patient in the Negative pressure room with the doors kept closed.
- Wear an N-95 mask when entering patient's room.
- Patients should wear a surgical mask if they are transported outside the room.

### **Bloodborne Pathogens and Sharps safety:**

Texas Health Southlake complies with OSHA Bloodborne Standard 1910.1030.

To reduce and eliminate the risk of exposure to blood and other potentially infectious materials:

- Use safety engineered sharp devices when possible
- Know how to handle and dispose of a sharp before it is used
- Dispose of all needles and sharps in the appropriate, puncture-resistant containers
- Never bend or recap needles
- Use PPE to avoid the risk of exposure

Notify your supervisor or Charge Nurse **immediately** in the case of an exposure to blood or body fluid, needlestick, cut with a contaminated sharp instrument, or splash to eyes, nose, mouth with blood or other potentially infectious material.

Appropriate screening for bloodborne pathogens is available for healthcare workers exposed to blood or other potentially infectious material.

If you have direct clinical contact with patients, Texas Health Southlake offers the **Hepatitis B vaccine** at no charge in order to protect and prevent the transmission of Hepatitis B from blood or other potentially infectious material. Contact Employee Health or your supervisor if you are interested in receiving this vaccine.



All employees with direct patient contact need to provide documentation or establish immunity to Measles, Mumps, Rubella, and Varicella (Chicken Pox). Tetanus, Diphtheria and Pertussis (Tdap) immunization is required for all employees and volunteers who have not received a booster. Hepatitis B vaccine is available and encouraged for those employees with clinical patient care duties. Evidence of immunity should be provided to Employee Health or lab work will be performed at no cost.

Employees will receive annual TB skin tests on a schedule determined by that entity's **Annual TB Risk Assessment** and annual N-95 mask fitting prior to your annual review.

**It is the employee's responsibility to ensure annual Employee Health assessments are completed on time.**

- Employees will be notified when their annual assessments are due.
- Employees are responsible for making an appointment with Employee Health for annual assessments after receiving notification.
- Assessments must be completed during the employee's annual evaluation time period.
- Failure to complete Employee Health annual assessments may affect the employee's annual review.

## Influenza Vaccinations

Most people who get Influenza will recover in a few days to less than 2 weeks, but some people will develop life-threatening complications (such as Pneumonia) as a result of the flu. Millions of people in the United States — about 5% to 20% of U.S. residents — will get Influenza each year. An average of about 36,000 people per year in the United States die from Influenza-related causes, and more than 200,000 have to be admitted to the hospital as a result of Influenza-related causes. Anyone can get the flu (even healthy people), and serious problems from Influenza can happen at any age. People age 65 years and older, people of any age with chronic medical conditions (such as Asthma, Diabetes, or Heart Disease), pregnant women, and young children are more likely to get complications from Influenza. Pneumonia, Bronchitis, and sinus and ear infections are three examples of complications from flu. The flu can make chronic health problems worse. For example, people with Asthma may experience asthma attacks while they have the flu, and people with chronic congestive heart failure may have worsening of this condition that is triggered by the flu.

Texas Health Southlake has an annual Influenza vaccination program. Hospital employees are educated regarding Influenza and the Influenza vaccine. Influenza vaccinations are offered at no charge to all hospital employees.

Seasonal Influenza vaccination helps to prevent the spread of Influenza to coworkers and patients.

Employees/volunteers are required to receive the current Influenza vaccination or must provide documentation of current seasonal Influenza vaccination. An employee/volunteer may request an exemption for approval on the basis of an illness/medical condition if an Influenza vaccination is medically contraindicated or a sincerely held religious belief or practice that prohibits an

employee / volunteer from obtaining the Influenza vaccination . The request will be submitted to the Immunization Exemption Review Committee for approval.

## ***WORKPLACE INJURIES***

For work-related injuries, contact your supervisor or the unit charge nurse immediately. ***All work-related injuries should be reported.*** An Injury Report and a variance form are to be completed. Random drug testing may be required for work-related injuries.



# Emergency Management and Environmental Safety

## WHAT YOU NEED TO KNOW ABOUT OUR EMERGENCY OPERATION PLAN

- Our Emergency Operation Plan includes local and regional response strategies that take advantage of our relationship with Texas Health affiliate hospitals, the regional healthcare coalition of hospitals and public health departments, and state response agencies.
- Annually, a hazard vulnerability assessment is conducted to rank our top threats:
  - Severe Weather and Tornadoes
  - Loss of IT and/or Telecom Networks
  - Loss of Heat, Ventilation and/or Air Conditioning
  - Epidemic – Resources Strained
- A standard Incident Command Structure is utilized to align our emergency communication response efforts with local first responders (i.e. fire, police, public health, etc.)
- Emergency communication tools are in the event primary communication is lost. Emergency radios are available for internal communication and a commercial radio is located in the inpatient department for external communication with fire/police dispatch.
- Plain language will be used to communicate the need for an emergent response, with the exception of Code Blue (Cardiac Arrest). The four types of emergency communication are

<b>ALERT</b>	<b>TYPE OF EVENTS</b>	<b>EXAMPLS OF ALERT LANGUAGE</b>
<b>Medical Alerts</b>	Code Blue, RRT, clinical team activations	• <i>Medical Alert + <b>Code Blue</b> + Room 15</i>
<b>Facility Alerts</b>	Utility interruptions, internal/external disaster, fire, downtime of the electronic health record or IT/Telecom networks	• <i>Facility Alert + Emergency Plan Activation + Level 3 + External</i> • <i>Facility Alert + Fire Alarm Activation + Kitchen</i>
<b>Security Alerts</b>	Security officer needed, active shooter, suspicious package or person, infant security system activation, missing person, etc.	• <i>Security Alert + Assistance Needed + ER Waiting Room</i> • <i>Security Alert + Missing Patient</i> • <i>Security Alert + Active Shooter + Front Lobby</i>
<b>Weather Alerts</b>	Damaging winds, large hail, ice tornado, flooding, etc.)	• <i>Weather Alert + Tornado + Take immediate cover away from glass doors, windows and skylights</i>

## Hazardous Material and Material Safety

Hazardous chemicals are located throughout the hospital. OSHA's Hazard Communication Program, often referred to as the "Right to Know" law, is designed to protect individuals from exposure to hazardous chemicals in the workplace. You should know:

- Safety Data Sheets (SDS) outline hazards and how to manage exposure for each chemical used at our hospital
- SDS information can be found on the Intranet or in hard copy SDS Manual in Dietary.
- Spill kits are located in many high-risk areas, but can also be obtained from EVS.
- Eye wash stations are located in areas with corrosive chemical risk. Staff can assist you in finding one and how to use it.
- Compressed gas cylinders
  - o Should be secured at least 5 ft from combustibles
  - o Full and Empty cylinders should be stored separately and labeled
- Once our Command Center is activated, leaders gather in Administration to share facts and outline an incident action plan.
- The hospital must conduct full-scale disaster exercises twice annually and need physicians to participate to meet regulatory requirements.

## WHAT IS THE ROLE OF A MEDICAL STAFF MEMBER IN A DISASTER

In the event of an internal disaster, the safety of those in the building may be at risk. Hospital staff may need assistance stabilizing your patients and removing them from unsafe areas.

Once your patients are safe, please report to Administration. We may need your assistance:

- In determining who can be discharged early if necessary
- In staffing treatment areas set-up to treat those on the campus injured during the event

In the event of an external disaster, we can anticipate an influx of patients to our emergency room or transfers from other hospitals. If available, please report to Administration. We may need your help to:

- Determine who can be discharged early if beds are needed
- Supplement ER In staffing treatment areas to assess and treat incoming patients
- Temporarily oversee care of patients transferred to us in a local crisis.

Physician leadership responsibilities during a disaster may include, but are not limited to:

- The Chief of Staff, or designee, may make patient care decisions in the absence of the attending physician.
- The ED Physician on duty will work with the ER staff to manage the Emergency Department and triage of incoming patients.
- The Chief of Surgery, or designee, will work with Surgery staff to coordinate scheduling and care of patients.

## WHAT IS THE ROLE OF A MEDICAL STAFF MEMBER IN A FIRE

IF you are at the point of the fire, work with staff to to:

R – RESCUE victims from immediate danger

A – ALERT others by pulling the fire alarm

C – CONFINE the fire and smoke by closing doors

E – EXTINGUISH fire with available fire extinguishers if it can be done safely or EVACUATE to the next smoke compartment if necessary

If you are away from the point of the fire and hear a Facility Alert – Fire announcement:

Work with staff to close doors, clear hallways and avoid use of the elevators



## Security

Your role in promoting a safe and secure environment:

- Always wear your ID badge in a visible location. It must have your picture, name and credentials.
- Be aware of your surroundings and feel free to stop visitors and offer assistance
- For those that threaten our safety, vigilant staff, aware of their environment, are the best deterrent and warning system!
- When accessing secured areas, do not allow visitors to “tailgate” and enter a secured area.

## If you need security assistance:

1. Urgent request ONLY - Dial “0” for the Operator and outline your need for assistance. The Operator will announce “Security Alert – Security Assistance Needed + (location) + STAT” and designated staff will respond.

2. IF police assistance is needed, anyone can dial 911 directly or hit one of the panic buttons located in
3. Panic Buttons – call Security directly. They are located in the ER, Inpatient Nursing Station, Radiology and Administration.

### **Electrical Safety**

A number of products and processes are in place to reduce the risk of electrical injuries and shock. Guidelines in reducing the risk of shock include:

1. Never use a wall outlet that fits loosely.
2. Never use a “cheater” plug and do not break off the ground on a three-prong plug.
3. Inspect cords and plugs of all electrical equipment to detect any bent, frayed, cracked or exposed cords or wires. Damaged cords or plugs should be reported to the unit supervisor and the equipment should be removed. Patient care equipment should be reported to the unit supervisor.
4. Assure all electrical patient care equipment has a dated inspection sticker. If the inspection sticker is missing, contact the unit supervisor, tag and remove the equipment from service.
5. Avoid the use of extension cords.
6. Power cords or surge protectors are not allowed in the patient care vicinity (6 ft) or in the patient room without formal approval from biomed. Strict UL rating requirements are necessary, as well as an assessment of amp usage per device.

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- Spill kits are located in many high-risk areas, but can also be obtained from EVS.
- Eye wash stations are located in areas with corrosive chemical risk. Staff can assist you in finding one and how to use it.
- Compressed gas cylinders
  - o Should be secured at least 5 ft from combustibles

## Medical Equipment Safety

Operate medical equipment only outlined by the manufacturer. All equipment must be evaluated by the biomedical engineer prior to its initial use, and will be scheduled for preventative maintenance if added to the hospital inventory.

All vendor-owned equipment should be checked in with BioMed Department prior to use on a patient. The vendor equipment should be picked up within 24 hours of use. THSL will NOT provide storage space or allow outside storage for vendor equipment.

Equipment known or suspected of being unsafe or not functioning properly is to be tagged and removed from service immediately. Contact any Department leader to inform them of any concerns. They will determine if the equipment should be removed from the work area.

Federal regulations require reporting any patient injury related to a medical device under the Safe Medical Device Act (SMDA). Report any such situation to the President or Chief Nursing Officer immediately.

## Traffic and Parking Regulations

Parking for employees is located on the northwest and southwest corners of the property. The parking in center west area is for emergency department patients. The parking in front lot is for other patients and visitors.

Medical staff parking is available at the southeast side of campus or at the southwest area of campus.

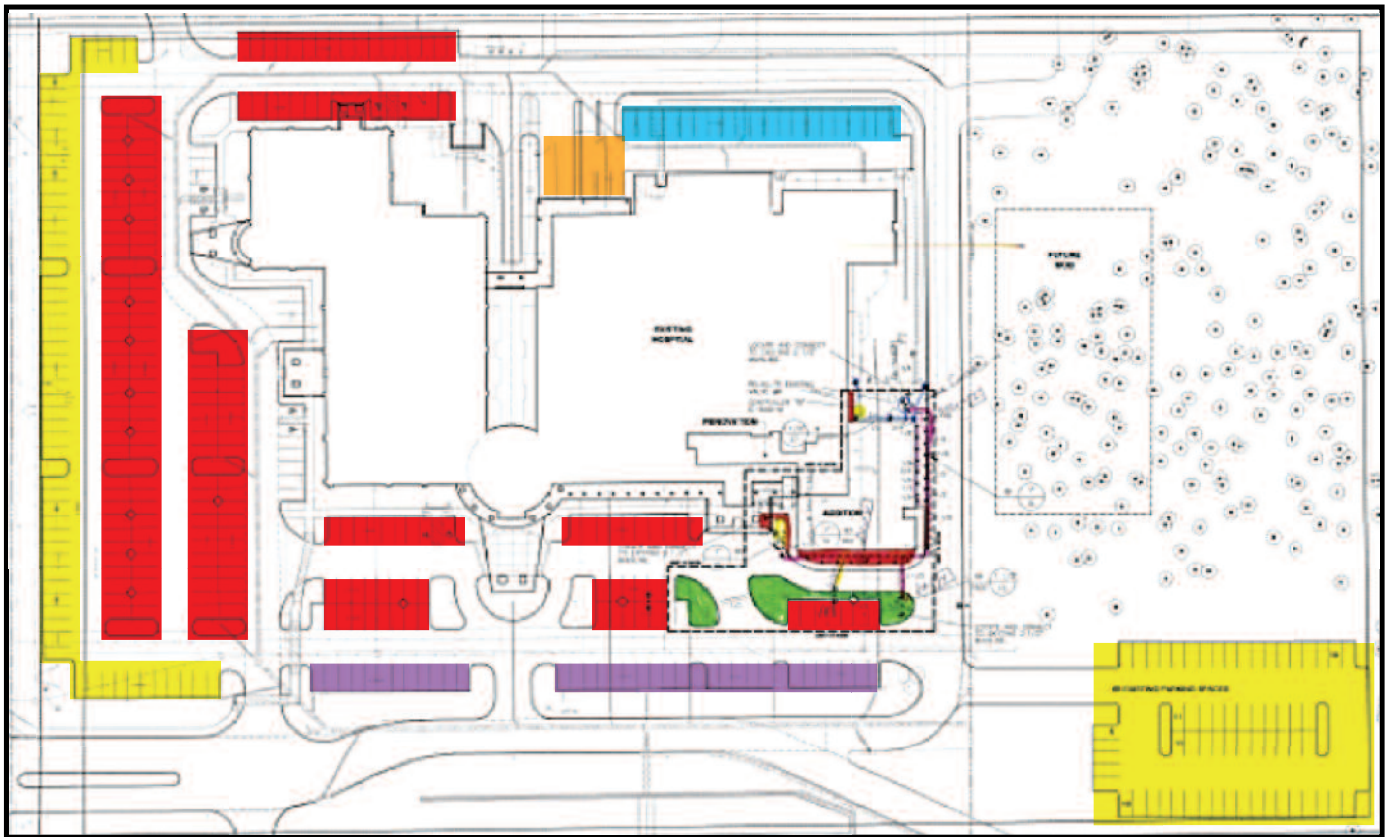
“No Parking” signs and the reserved handicapped parking spaces.

Please observe the following traffic and parking regulations:

- No parking signs
- Handicapped parking spaces
- Stop signs



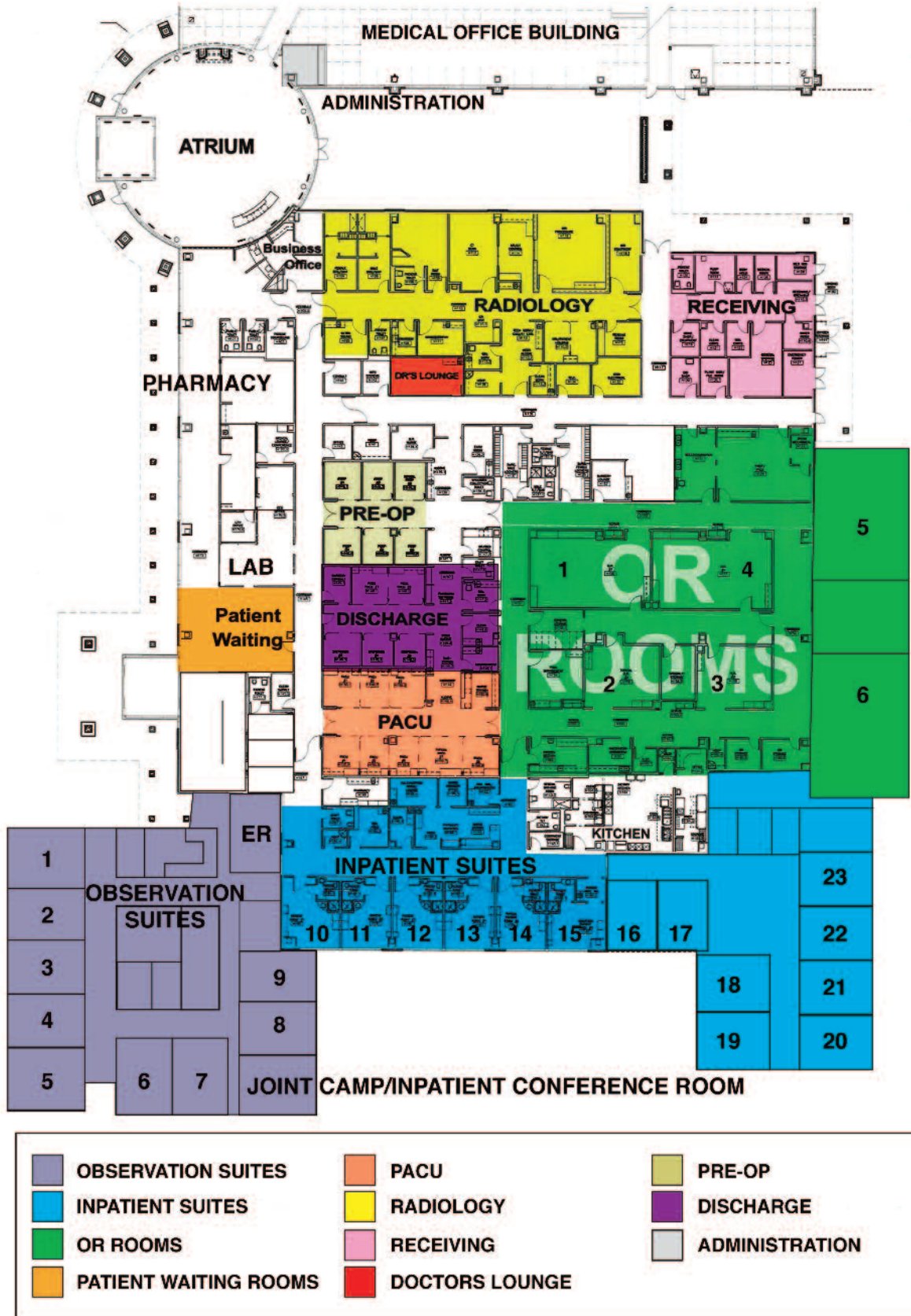
# Parking Map



- Reserved for patient or patient visitors - This is defined by THSL as a person that is a current patient at THSL for immediate medical/surgical care or those visiting a current patient receiving medical/surgical care. Patient visitors do not include those providing medical care or other services.
- Staff and vendor parking
- Staff parking after 4:00pm / Physician rounding parking all day
- Physician Parking
- Dock Area loading and unloading - Parking in loading/unloading zones is limited to 20 minutes maximum. If you require longer than 20-minutes, please contact the Materials Management Office directly to make parking arrangements. If for some reason no one is available and you need to park at a dock for more than 20-minutes, please stop by the front desk for assistance during Reprax check-in.

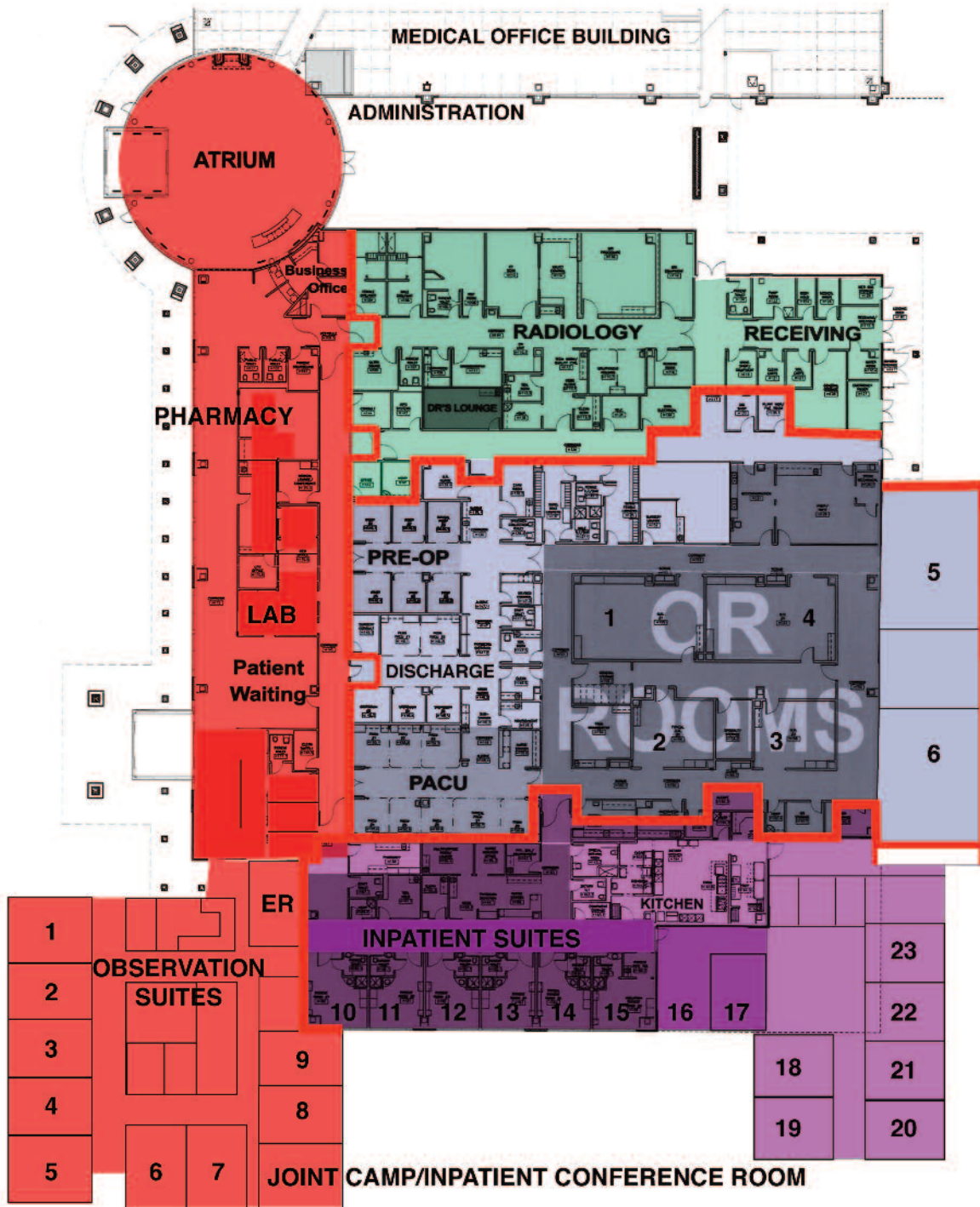
**Parking regulations will be enforced.**





# Interior Map





# Smoke Zones Map



	SMOKE ZONE 1		SMOKE ZONE 2
	SMOKE ZONE 3		SMOKE ZONE 4



# IMPORTANT TELEPHONE NUMBERS

## INTERNAL EMERGENCY "8700"

## EXTERNAL "911"

Hospital Switchboard	817-748-8700
Facilities Management / Plant Operations	x 8726
Safety Officer	x 8726
Security Officer	x 8700
Quality / Risk Management	x 8805
Patient Safety Officer	x 8805
Complaint & Grievance Officer Materials Management	x 8805
Administration	x 8821 or x8741
Human Resources	x 8780
Information Technology (after hours number)	x 8806
	1-817-748-8795

## Internal Telephone Calls

To call a number within the hospital, just dial the extension. There is no need to call the main number or the operator.

## Paging System

Paging is performed through the operator. Paging is to remain at a minimum. In the need to overhead page, please dial "0" with your request page.

## ADDRESS OF Texas Health Southlake:

### *Texas Health Harris Methodist Hospital Southlake*

1545 E. Southlake Blvd.

Southlake, TX 76092





[TexasHealthSouthlake.com](http://TexasHealthSouthlake.com)