Mission Statement, Philosophy & Organizational Structure
Mission

Jefferson Regional Medical Center is committed to providing measurable quality health services in a caring environment which fulfills the needs of our patients, physicians, employers, employees, and community.
Vision

Jefferson Regional Medical Center will be widely recognized as the health care leader and referral center of choice for South Arkansas by providing quality health care services delivered in a cost effective manner.
JRMC GOALS

1. Enhancing Operational Performance
2. Building a Regional Focus
3. Developing Employees
4. Partnering with Physicians
5. Creating a Care Management Program
VALUES

Jefferson Regional Medical Center, as a **community-owned, not-for-profit health care provider, is dedicated to excellence in care.** These core values **STEER** and provide direction to the organization in achieving our mission. Each value is equally important in this effort.
STEER

STEWARDSHIP

TRUST

EXCELLENCE

ETHICS

RESPECT
STEWARDSHIP

We use our resources in an effective and efficient manner.
TRUST

We conduct ourselves with honesty, reliability and integrity.
EXCELLENCE

We perform at a level that meets or exceeds expectations.
ETHICS

We hold ourselves to a high level of personal and corporate responsibility.
RESPECT

We show consideration, fairness and dignity to others.
Making a Difference in Patients’ Care

**Patient-Centered Care** – Look for ways to involve patients and their families in the care process. This will improve overall satisfaction.

**Patient Safety**  – Create a culture of safety by eliminating hazards. Identify and report potential safety risks.

**Create a Caring Environment**  – Anticipate the needs of patients and visitors. Use active listening and clarify any questions or concerns about their experience.

**Quality Patient Outcomes**  – Follow the care plan and provide customized care based on the diagnosis and needs of each patient.
REACH

JRMC has developed a strategic plan for the future of the hospital. The acronym REACH has been created to represent the major points of the strategic plan.

REACH stands for:

R – Recruit, Retool and Rebuild Medical Manpower
   Medical Manpower and Modern facilities

E – Expand and Grow Services
   Market Share, Referrals, Revenue and Services

A – Affiliate and Align
   Partnerships for Future Success

C – Cultivate Loyalty
   Improve Experience and Perception

H – Help Improve Health
   Prevention, Self-Management, Quality and Outcomes
How can each employee help JRMC achieve the goals outlined in the strategic plan?

- We all play a part in the success of JRMC. All employees should strive to make each patient’s experience at our hospital the best it can be. Providing friendly and quality service should be a priority in order to achieve high patient satisfaction.

- Each new employee is asked to sign a Commitment to Customer Service and Satisfaction during Hospital Orientation. As a reminder of this commitment to excellent service, employees may be asked by Management to sign an additional form several times throughout the year, or at the time of their annual performance evaluation.
The Patient Experience
What is the Patient Experience?

The patient experience is the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute

Every employee and volunteer at JRMC should think:

“I am the Patient Experience!”
Guest Relations

- The primary reason a customer switches to competition is poor customer service.
- Who are your customers?
- What do your customers want while they are here?
Power of 10

- I am committed to treating you with compassion & respect.
- I am committed to actively listening and providing clear communication.
- I am committed to being responsive to your needs.
- I am committed to providing the highest quality care.
- I am committed to the comfort and well-being of JRMC patients & guests.
- I am committed to earning and keeping your trust.
- I am committed to conduct my work in a professional manner.
- I am committed to having a positive attitude and willingness to do my job to the best of my ability.
- I am committed to providing you with a clean environment.
- I am committed to making JRMC the best hospital possible for patients & guests.
“People may hear your words, but they feel your attitude.”
- John C. Maxwell
Guest Relations

- Patient Expectations
  - Introduce Yourself
  - Positive Non-Verbal Communication – Smile/Eye Contact
  - Professional Image & Watch the Perfume/Cologne
  - Communication – Narrate your Care!
BLAMING APOLOGIES

Sorry, but it wasn’t my fault!

I’m really sorry. It’s a ZOO here today!

“I’m sorry you had to wait. We’re really short-staffed.”
Guest Relations

- Visitors at JRMC
  - Stop and offer to give directions
  - Take the time to help lost patients/visitors
  - Walk patients/visitors to their desired location

Cleanliness
- Identify and report messes or spills
- If you can clean it up, do so
- Everyone is responsible for picking up trash, not just Environmental Services
Guest Relations

Phone Calls

- No more than 3 rings
- Give name and department when answering
- Ask permission before putting someone on hold
- Check back frequently
- When transferring a call, give the caller the direct number
Visitation Policy

- General visiting hours are from 9:00 A.M. until 9:00 P.M. All exterior doors are locked each night at 9:00 P.M. except for the ER door.
- Overnight visiting may occur in private rooms anytime and in semi-private rooms with prior approval from the unit manager.
- Visitors must wear proper attire, such as shirts and shoes at all times.
- JRMC is a smoke-free facility. There is no smoking allowed anywhere on the campus.
Patient Satisfaction

- HCAHPS Surveys
- Surveyed by Phone
- Random Sample
- Required by CMS (HCAHPS)
- Inpatient, ER and SDSU surveys
- Compare other hospitals by going to www.hospitalcompare.hhs.gov
- Part of the Value Based Purchasing Program - directly linked to reimbursement
HCAHPS Survey Topics

- Doctor & Nurse Communication (ALWAYS)
  - Courtesy & Respect
  - Listen Carefully
  - Explain Things in Way You Could Understand
- Responsiveness of Hospital Staff (ALWAYS)
  - Help as soon as you wanted it after pressing the call button?
  - Help in getting to the bathroom or in using a bedpan as soon as you wanted?
- Cleanliness (ALWAYS)
  - How often were your room and bathroom kept clean?
- Quiet (ALWAYS)
  - How often was the area around your room quiet at night?
HCAHPS Survey Topics

- Communication About Medication (ALWAYS)
  - Tell you what the medicine was for?
  - Describe possible side effects in a way you could understand?

- Discharge Instructions (YES)
  - Help you needed when you left the hospital?
  - Information in writing about what symptoms or health problems to look out for?

- Transition of Care (Strongly Agree)
  - Staff took my preferences in deciding what my healthcare needs would be after discharge.
  - Good understanding of the things I was responsible for in managing my health.
  - Clearly understood the purpose for taking each of my medications.

- Rate the Hospital (Scale of 0 -10)

- Recommend the Hospital (Definitely Recommend)
Employee Recognition

Outstanding customer service is rewarded!

- Daily - Customer Service Coupons
- Monthly – Employee & Nurse of the Month
  - Presentation, Cake and Acrylic Plaque
  - Picture in the JRMC Newsletter with CEO
  - Eligible for Employee of the Year
- Yearly-Employee & Nurse of the Year
  - $1000 Reward
  - Reserved Parking for 1 year
  - Presentation and Acrylic Plaque during Hospital Week
  - Featured in the JRMC Newsletter
- Daisy Awards – Nursing
Henry Ford West Bloomfield Hospital

“We must anticipate needs, we must communicate effectively and we must always treat our guests with dignity and respect.”
Final Thoughts!

• It’s the little things that can mean the most.

• Don’t just meet, but exceed expectations!

• Today, I made a difference in someone’s (my patient, my co-worker, the physician, the family member) life.

• Hospitals are busy, but don’t let it be too busy to do the right thing!
Body Mechanics

Working Smarter, Not Harder OSHA Ergonomics Standard
Work Related Back Injuries

Statistics:

- 8 out of 10 Americans are going to experience a back problem at least once in their life.
- Every day there are more than 10,000,000 Americans off work seeking relief from back-related symptoms.
- PREVENTION is the only way to treat back pain.
Anatomy of the Spine

Neutral Spine
Tips for Neck and Back Care

WORKING - DO’S

- Use adaptive or assistive equipment whenever possible (i.e., a dolly, cart, lumbar corset, gait belt, sliding board).
- Alter your work area to fit your needs.
- Whenever possible, push rather than pull (You can push twice as much as you can pull without strain).
- Push or pull with both arms.
- Take breaks
- Work at eye level whenever possible
- Use an upright stand for typing or reading
- Use a step ladder instead of reaching up
Tips for Neck and Back Care (cont.)

Do’s and Don’ts for Lifting

Do’s:
- Bend with your knees and lift with your legs.
- Hold objects close to your body.
- Lift objects only chest high; stand on a stool, if necessary.
- When a load is too heavy or awkward, get help. PLAN AHEAD!
- Always be sure of your footing.

Don’ts for Lifting:
- Don’t bend with your legs straight
- Don’t twist while lifting
- Avoid lifting above shoulder level
Tips for Neck and Back Care (cont.)

Do’s and Don’ts of Sitting

Do’s:
- Sit in the chair low enough to place both feet flat on the floor with knees and hips level.
- Sit firmly against the back of your chair.
- Use a lumbar support or rolled up towel to support your back.

Don’ts:
- Don’t slump.
- Avoid leaning forward and arching your back.
Infection Prevention and Control
Healthcare Associated Infections (HAI)

- This is an infection that occurred due to care provided in a healthcare setting (nursing home, hospital, ambulatory surgery center, etc.)
- Nearly 2 million patients will have a HAI each year; almost 100,000 of those die as a result of complications due to the HAI.
- Most are preventable.
- HAI’s increase length of stay, pain, disability, costs, and morbidity.
- Examples of HAIs: central line associated blood stream infection, ventilator associated pneumonia, Foley related urinary tract infection, surgical site infection.
Infection Prevention

- Our goal as an organization is to have ZERO healthcare associated infections.
- All departments have a part in infection prevention.
  - How you impact patient care is not based on if you actually provide patient care. Examples: Equipment cleaning/sterilization, appropriate temperature/humidity, appropriate supply storage, cleanliness of the environment, etc.

WE ALL HAVE A ROLE IN PREVENTING INFECTIONS!
DID YOU KNOW THAT WHAT YOU CAN’T SEE CAN HURT YOU?

Potentially infectious pathogens are most commonly found on the most touched surfaces in any given hospital room.
<table>
<thead>
<tr>
<th>Microbe</th>
<th>Survival Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acinetobacter</td>
<td>3 days to 5 months</td>
</tr>
<tr>
<td>C. difficile (C-diff)</td>
<td>5 months</td>
</tr>
<tr>
<td>E. Coli</td>
<td>1.5 hours to 16 months</td>
</tr>
<tr>
<td>Enterococccus sp. (VRE)</td>
<td>5 days to 4 months</td>
</tr>
<tr>
<td>CRE (Carbapenem-resistant Enterobacteriaceae)</td>
<td>Weeks to months</td>
</tr>
<tr>
<td>Pseudomonas</td>
<td>6 hours to 16 months</td>
</tr>
<tr>
<td>S. Aureus</td>
<td>7 days to 7 months</td>
</tr>
<tr>
<td>H.I.V.</td>
<td>$\leq$ 7 days</td>
</tr>
<tr>
<td>H.B.V.</td>
<td>&gt; 1 week</td>
</tr>
<tr>
<td>Influenza</td>
<td>1 to 2 days</td>
</tr>
<tr>
<td>Norovirus</td>
<td>8 hours to 7 days</td>
</tr>
<tr>
<td>Candida Albicans</td>
<td>Up to 4 months</td>
</tr>
<tr>
<td>Mycobacterium Tuberculosis</td>
<td>Undetermined months</td>
</tr>
</tbody>
</table>
Hand Hygiene

- Hand hygiene is the best way to prevent the spread of infection.
- Hand hygiene is monitored frequently.
- Infection prevention is IN YOUR HANDS!
Hand Hygiene (cont.)

- Use soap and water with visible soiling or with C.diff patients; use alcohol based product when hands are not visibly dirty.
- Scrub hands at least 15 seconds when using soap/water.
- When cleaning hands cover all surfaces: fingers, between fingers, palms, wrists, and back of hands.
Hand Hygiene: When to Wash

This is what we do if you get caught

- Before entering the patient room.
- Before and after glove use.
- Before and after eating.
- Before and after using the bathroom.
- Before and after preparing food.
- Before patient procedures.
- When moving from a “dirty” body site to a clean body site during pt. care.
- There are many more hand hygiene opportunities in a day's time!
Standard Precautions

- Apply to ALL work done
  - Use of appropriate PPE
    - Gloves with patient contact
    - Gown and gloves if in contact with blood/body fluids
    - Face shield/mask if splashing of body fluids could occur
- Hand Hygiene
- Disinfection of equipment
Contact Precautions

Infections:

- Multidrug Resistant Organisms (MDROs)
  - Microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents
  - MRSA, VRE, ECBL, Klebsiella, Burkholderia
- C.diff

Requirements:

- Use of gowns/gloves
- Wash hands (C-diff use soap and water)
- Use of disposable equipment
- Place in private room or cohort with a patient with the same organism
- Limit movement/transport of the patient
- Rooms cleaned frequently (especially high-touch surfaces)
Airborne Precautions

Infections:
- Tuberculosis
- Measles
- Chickenpox

Requirements:
- Negative Pressure rooms/Keep door closed
- Mask required when caring for patient
- Pt must wear mask when transported out of their room
- Pt must wear mask when transported out of their room
- Annual fit testing for N95 mask
- Annual PPD for all employees

<table>
<thead>
<tr>
<th>TB</th>
<th>Measles/Chickenpox</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Pressure rooms/Keep door closed</td>
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<tr>
<td>Annual PPD for all employees</td>
<td></td>
</tr>
</tbody>
</table>
Droplet Precautions

Infections:
- Flu
- Pneumonia
- Meningitis

Requirements:
- Private room
- Staff must wear mask as part of PPE
- Patient must wear mask when transported out of their room
Healthcare Safety

- Occupation Safety and Health Administration (OSHA) mandates that a Sharps Safety program be implemented to prevent accidental needle sticks or sharps exposures. This is a supplement to the JRMC Exposure Control Plan that is available on the Intranet.
- Needleless IV access.
- Safety Syringes and IV catheters.
- Safety equipment and supplies for obtaining lab and respiratory specimens.
Sharps Safety

- Place sharps in a puncture proof (sharps) container.
- Close sharps when they are \( \frac{3}{4} \) full. **Never** over fill!
- Never stick hand inside a sharps container.
- Assess for combativeness of patient prior to procedures.
- Activate safety device and dispose of immediately.
- Check linens for sharps.
Blood Borne Pathogens

- OSHA sets standards for hospital blood borne pathogen regulations.
- Use standard precautions for all work that you do!
- Blood borne pathogens: Hepatitis B, Hepatitis C, and HIV.
- Treat all patients as potentially infectious.
- REPORT NEEDLESTICKS / EXPOSURES IMMEDIATELY!
Employee Health

Programs:
- Hepatitis B: No cost to JRMC employees
- Flu Shots: Mandatory for all employees
- Annual TB Skin Testing
- Family Medical Leave
- Exposures

Employee Accidents:
- Forms should be completed & returned to Employee Health within 24 hours.
- Exposures to blood or body fluids must be reported IMMEDIATELY!
- NEVER use Qstatim Event Entry for employee accidents
Safe Injection Practices

- Needles/syringes are single use devices. They should NEVER be used on more than one patient or used to redraw additional medication for the same patient.
- Do not administer medications from a single-dose vial or IV bag to multiple patients.
- Limit the use of multi-dose vials and dedicate them to a single patient whenever possible.

- One needle, ONE syringe, One patient, only ONE time
Health Information Portability and Accountability Act (HIPAA)
Health Information Portability and Accountability Act (HIPAA)

WHAT IS HIPAA?

The Health Insurance Portability and Accountability Act, or HIPAA, is a federal law which protects the privacy and security of health information and creates safeguards to guarantee that only those people or entities that have a real need for protected medical information have access to it.
Who is a HIPAA Hero?

A HIPAA Hero is someone who observes, or has information regarding an incident, administrative procedure or practice that may violate our patients’ privacy or the confidentiality of their health information. This person would contact the Compliance Department at (870) 541-7390 or stop by to discuss the issue. Sharing this information may prevent a HIPAA violation or a patient privacy breach from occurring now and in the future.
How to file a patient privacy complaint or security breech

- The Corporate Compliance Department at
  - 870-541-7390
  - 870-541-7589
- JRMC Compliance Line
  - 24 Hour Coverage
  - Completely Anonymous
  - 1-888-622-JRMC (5762)
- Come to the Corporate Compliance department in the South Basement
- Enter a Qstatim Event on any computer.
- Contact Office of Civil Rights (OCR) www.hhs.gov/ocr/
What is “PHI”?

Protected Health Information (PHI) is health information about a patient held by health care providers and health plans.

This includes things like:

- Patient’s medical record number
- Patient’s demographic information (e.g. address, telephone number)
- Information entered in a patient’s medical record by doctors, nurses and other healthcare providers
- Images of the patient
- Conversations a doctor has about a patient’s care or treatment with nurses and others
- Information stored regarding a patient in a doctor’s computer system or a health insurer’s computer system
- Billing information about a patient at a clinic
- Thinking about it another way, PHI is any health information that can lead to the identity of an individual. This also includes any content that can be used to make a reasonable assumption as to the identity of the individual.
What does HIPAA mean by “health care operations”?

Under HIPAA, health care operations include activities that ensure our effective business operations. These include, but are not limited to:

- Conducting quality assessment and improvement activities
- Reviewing the competence or qualifications of health care professionals
- Evaluating practitioner and provider performance, and health plan performance
- Conducting training programs, accreditation, certification, licensing or credentialing activities
- Conducting or arranging for medical review, legal services, and auditing functions, including:
  - Fraud and abuse detection and compliance programs
  - Business planning and development, (such as conducting cost management and planning-related analyses pertaining to managing and operating the entity)
  - Formulary development and administration
  - Development or improvement of methods of payment.
What is “Authorization”?

An authorization is an individual’s signed permission to allow healthcare professionals to use or disclose their PHI for reasons generally not related to treatment, payment or health care operations. The authorization must include: a detailed description of the PHI elements to be disclosed, the person who will make the disclosure, the person or entity to which the disclosure will be made, an expiration date, and the purpose for which their PHI will be used.
What is meant by “business purpose” or “business need to know”?

- Business purpose is when employees or business associates access information (paper or electronic) that has been authorized and is completely appropriate for their work duties as assigned by JRMC.

- Employees may not go to the Emergency Room (including the waiting area for purposes of discovering information about a patient unless they are properly notified that their presence is needed or desired).

- Employees may not use their access privileges to find out information about patients who are not under their direct responsibility! Unless you have been properly notified that a patient is being assigned to your care, you are not to access facility boards/patient list to view orders in the event you might be getting an admission.
2009 HIPAA Mandates

The American Recovery and Reinvestment Act (ARRA) of 2009 (better known as the Stimulus Package) made significant changes to HIPAA. Under the new regulations, JRMC will now have to notify patients when “breaches” occur involving their protected health information. In addition to notifying patients, JRMC will also have to report breaches to HHS. The ARRA also increased the civil penalties and scope of criminal enforcement for HIPAA violations, with patients able to collect a percentage of the fees collected. The attached summary provides an outline of the new requirements to include how “breach” is defined, what our obligations are when a breach occurs, and how the new penalties are structured.

New HIPAA regulations require that we notify patients anytime there has been a breach of their protected health information (PHI). The following is a summary of the requirements under the new rules.

What is a breach? A breach is any use or disclosure of PHI that is not permitted by the Privacy Rule. Some examples include:

• A JRMC employee accesses the record of a patient outside the performance of their job duties.
• An unencrypted laptop containing PHI is lost or stolen.
• A fax or letter containing PHI is sent to the wrong fax number or address.
• Uses or disclosures that are more than the minimum necessary.

Exceptions – there are certain types of uses of disclosures that do not meet the definition of a “breach.” JRMC bears the burden of proof to meet the requirements of the exceptions. These exceptions are:

• Unintentional use by a JRMC workforce member that does not result in the PHI being further used or disclosed. For example, a nurse accidentally clicks on the wrong patient’s name and pulls up that patient’s record, realizes that she is in the wrong patient’s chart, and closes the record.
• Unauthorized disclosure to an individual who cannot possibly retain it. For example, a nurse accidentally hands a patient the discharge papers of another patient, and then immediately recovers them.

Continued...
What are JRMC’s obligations when a breach is discovered?

JRMC must notify every individual whose unsecured PHI has been breached following the discovery of a breach. JRMC must implement reasonable methods for discovery of breaches, and a breach is “known” if it is known, or could have been known using reasonable diligence, by any person other than the person committing the breach, who is a JRMC workforce member or agent. Please note that JRMC is liable for breaches that should have been discovered exercising reasonable diligence, even if they were not in fact discovered. Notice must be sent to the patients as soon as possible, but no later than 60 days after discovering the breach (unless otherwise directed by law enforcement). The notice must be written and must include:

• a description of what happened,
• the date of the breach,
• a description of the unsecured PHI,
• recommended steps for the individual to take to mitigate potential harm (for example credit monitoring),
• a description of what JRMC is doing in response, and contact information

In addition to notifying patients, JRMC must report breaches to HHS. For breaches involving less than 500 individuals, JRMC must log the breaches and report them annually. Breaches involving more than 500 individuals must be reported at the same time as notification of the individuals.

What happens when the breach involves several patients? Each individual patient must still be notified. However, if more than 10 patients cannot be located, JRMC must make an announcement on our website for 90 days and/or using major print or broadcast (TV/radio) media. If the breach involves more than 500 individuals, media outlets must be notified as well.

When does this take effect? The changes apply to all breaches occurring after September 24, 2009. Enforcement will begin February 2010.
What can we do? There are several steps JRMC is taking in response to these changes, but we need your help.

- Continued training of all employees about the importance of not accessing patient records outside the performance of job duties, and disciplinary action against any employee found to violate this policy.
- Not storing PHI on laptops or off-campus computers unless absolutely necessary, and when it is necessary storing only the minimum necessary. This especially applies to employee home computers and ALL laptops and other mobile devices.
- Encryption of all computers and laptops containing PHI.
- Notifying the JRMC HIPAA Office immediately upon discovering a breach.

What enforcement actions can HHS take? In addition to these new requirements, new enforcement measures have also been put into place under HIPAA. Enforcement of HIPAA will be increased, and the following new penalties may be assessed.

- HHS is required to post a report annually listing all covered entities and BA to which it has levied fines, issued corrective action plans or provided technical assistance to correct a violation. State attorneys general can take action to seek damages and/or fines for privacy and security violations in their states.
- Violations in which the offender didn’t realize he or she violated the Act and would have handled the matter differently if he or she had will result in a $100 fine for each violation, and the total imposed for such violations cannot exceed $25,000 for the calendar year.
- Violations due to reasonable cause, but not “willful neglect” will result in a $1,000 fine for each violation, and the fines cannot exceed $100,000 for the calendar year.
- Violations due to willful neglect that the organization ultimately corrected will result in a $10,000 fine for each violation, and the fines cannot exceed $250,000 for the calendar year.
- Violations of willful neglect that the organization did not correct will result in a $50,000 fine for each violation, and the fines cannot exceed $1,500,000 for the calendar year.
- The HITECH Act also allows states’ attorneys general to levy fines and seek attorney’s fees from covered entities on behalf of victims. Courts now have the ability to award costs, which they were previously unable to do.
- Patients whose PHI has been breached can get a portion of the fines collected.
Who is Included?

The law includes:

- Hospitals
- Physicians
- Nursing homes
- Insurance companies
- Medicare/Medicaid
- Billing services
- Third party administrators
What Health Information is Covered?

Any information that relates to the physical or mental health of an individual, or to the payment of health care to an individual.

- Paper records
- Electronic files
- Video or audio recordings
Minimum Necessary Standard

JHA policy states that we will restrict the use and disclosure of patient information to the minimum amount necessary to accomplish the intended purpose.

- Only use the minimum amount of patient information necessary to accomplish your duties.
- Do not access patient information unless authorized to do so.
- Internal access to patient information on electronic systems will be monitored by the Corporate Compliance Department, and access to paper records will be monitored by Medical Records Department.
Minimum Necessary Standard (cont.)

The minimum necessary standard does not apply to the sharing of medical information for treatment purposes, because physicians and other health care providers need full access to medical records in order to provide the best possible care.
Minimum Necessary Standard (cont.)

- When required by law to release information to federal or state agencies, use “no more, no less” standard. (Release no more or no less than the law requires.)
- If a patient signs a authorization form to release medical records, only release what the patient specified.
- If you are not specifically authorized to release patient information as part of your job duties, do not do so!
- Any request for patient information that is perceived by an employee to be unusual or questionable should be referred to the JHA Privacy Officer or Medical Records for review.
Notice of Privacy Practices

- Patients must be given a Notice of Privacy Practices explaining how JRMC may use and disclose their health information.
- Each patient will be provided with a Notice of Privacy Practices during registration, or as soon as reasonably possible in emergency situations.
- Patients will be asked to acknowledge by signature that they received the Notice of Privacy Practices.
- If the patient’s acknowledgement cannot be obtained, JHA must document the good faith effort to obtain the acknowledgement, and the reason it was not obtained.
Patient Rights

Patient rights listed in our Notice of Privacy Practices:

- A patient can request certain restrictions on the use and sharing of health information.
- A patient can obtain a paper copy of our Notice of Privacy Practices upon request.
- A patient can ask to inspect and/or copy his/her health record.
- A patient can request an amendment to his/her health record.
- A patient can obtain an “accounting” of disclosures describing how his/her health information has been shared.
- A patient can request that communications of health information be sent to an alternative address or by alternative means. Patient should contact Admissions Dept. or the Business Office.
- A patient can revoke an authorization to use or disclose his/her health information.
- A patient can file a complaint regarding our information privacy practices.
HIPAA Penalties

Anyone who obtains or discloses protected health information for personal or commercial gain or for malicious purposes is subject to fines and criminal charges.

JHA may terminate any employee for the first breach of security or privacy policies if management determines that the offense is serious enough to be classified as a “critical offense”.

For less serious offenses, disciplinary action may include verbal or written reprimand or warning, loss of access, suspension without pay, and demotion.
Reporting

- JHA policy states that all personnel must report breaches of information security and confidentiality.
- The person discovering the breach must take the following actions as soon as possible after the occurrence or discovery of the breach:
  - Initiate any immediately necessary corrective action.
  - Report to supervisor, Information Security Officer, the Privacy Officer, or the Compliance Hotline.

24 Hour Coverage Completely Anonymous – 1-888-622-JRMC (5762)
Safety and Environment of Care
Safety Management

SAFETY POLICIES
- Can be accessed on intranet under Safety / Policies
- Each department has training for specific hazards in that area
- Fill out an Unsafe Practice Notice

To report unsafe conditions or practices:
  - Call the Safety Officer at #7809 or page through the Operator
Life Safety

Leading causes of fire in health care:

- Smoking
- Equipment Failures

Smoking is not allowed on the JRMC campus. Electronic, smokeless tobacco or anything that resembles a tobacco product is not allowed.
Life Safety (cont.)

- **Fire Prevention/Readiness Tips:**
  - Inspect equipment before use.
  - Obey smoking rules.
  - Don’t block fire extinguishers, fire cabinets, etc.
  - Don’t lock exit doors.
  - Don’t stack materials within 18” of a sprinkler head.
  - Don’t let combustible materials and trash build up to excessive levels.
  - Don’t block exit corridors.
  - Don’t chock fire doors to storage rooms and other hazardous areas.
FIRE

“CODE RED”

- Fire Drills - Everyone participates
- Required by The State Health and OSHA
- Quarterly on all occupied shifts
- Increased fire hazards from construction
- Implement interim life safety including double fire drills and designation of alternative fire exits
Our basic response to a fire is **R.A.C.E.**

- **Rescue:** anyone in immediate danger.
- **Alarm:** Notify other staff and emergency services.
- **Contain:** the fire.
- **Extinguish the fire if possible.**
- **Evacuate to a safe area.**
Life Safety (cont.)

Proper way to use a fire extinguisher

P.A.S.S.

**Pull**: the pin
**Aim**: at the base of the fire
**Squeeze**: the handle
**Sweep**: with a side to side motion from front to back
Life Safety (cont.)

When evacuation is necessary:
FIRST - Horizontally through a least one set of smoke/fire doors to a safe area on the same floor
SECOND - Vertically, down the stairwell to another floor
THIRD - Total evacuation from building to the Convention Center or Jack Robey Jr. High School

DO NOT USE ELEVATORS DURING A FIRE!
Emergency Management

EXTERNAL DISASTER:  “CODE ORANGE”

- Community or area emergency
- Influx of mass casualties
- May initiate callback of off duty staff
- Implement “Healthcare Emergency Incident Command System”
  - Identifies chain of command
  - Utilizes available staff
Emergency Management (cont.)

**INTERNAL DISASTER: “CODE ORANGE”**

Types of internal disasters include:

- Major fire
- Chemical spill
- Tornado
- Electrical outage
- Water outage
Emergency Management (cont.)

PERSONNEL POOL

- Located in cafeteria
- Members of the personnel pool will assist by delivering extra stretchers and wheelchairs as needed and be available to serve as communication runners.
Emergency Management (cont.)

THREATENING WEATHER: “CODE YELLOW”

- Close drapes & blinds for protection from glass and debris
- Lower all patient beds
- Place blankets on patients
"Code Black"

TORNADO WARNING

- Assist ambulatory patients to bathroom or corridor
- Move non-ambulatory patients away from windows, cover with blankets
- Close & latch all doors
- Move visitors and staff away from windows
Emergency Management (cont.)

**Active Shooter**:
- Run
- Hide
- Fight
Code **PINK**

- Indicates infant abduction.
- Be on the look out for individuals carrying infants.
- Notify Security.
- Get a description of the person(s).
- Get a license number and vehicle description, if possible.
Hazardous Materials / Wastes

OSHA HAZARD COMMUNICATION STANDARD

3 main chemical user facility requirements are:

- Material Safety Data Sheets
- Labels for all containers
- Training for chemical users
Hazardous Materials / Wastes (cont.)

1 - 888 - 362 - 7416

- SDS / MSDS “Fax on demand”
- Spill and Emergency Hotline
- Exposure and Poison Control Hotline
- Advantages:
  - Faster access
  - No need to maintain copies in each dept.
  - Immediate help for spills & exposures
 SDS Online

• SDS stands for Safety Data Sheets and can be used to search JRMC’s list of chemical products as well as product information and data.
• All JRMC employees now have access to SDS online through the employee intranet.
• SDS online can also be found in Allscripts under the “Tools” option on the menu bar.
SDS / MSDS on JRMC.org

- Go to JRMC home page [www.jrmc.org](http://www.jrmc.org)
- Click the “Log In” tab at the top of the page
- Click the “Employees” tab
- Select the Departmental Links button
- Look Under the Safety/Security section for the SDS / “MSDS Online” link
SDS / MSDS on Allscripts

- Login to Allscripts
- Click “Tools” on the Menu bar
- Select “MSDS” (SDS)
How to search for an SDS / MSDS once you are inside the link

- **To Search for an MSDS within your company:**

  1. Type the product information into the single search field and click Search.

     *Hint: You can search for multiple types of data at once. For example, if you are searching for Acetone manufactured by Sigma, you can type in Acetone Sigma in the single search field to search for both product and manufacturer.*

  2. If you are not able to spell the product name, click on the 1st letter of the product name to search for documents that begin with that letter.

  3. To see a full display of documents by Product Name, by Location, or by Manufacturer, click on one of the tabs above the search field.
Once the MSDS has been found:

1. View the MSDS by clicking on the PDF icon to the left of the Product Name. You can print or save the MSDS after viewing the PDF.

2. View the summary of the MSDS by clicking on the Summary icon next to the PDF.

3. Print labels for secondary containers by clicking on the Label icon next to the Summary.
   - a) Choose your label
   - b) Select the data fields you would like to include on your label
   - c) Then click “Generate PDF”

4. View Attached Files by clicking on the paper clip icon next to the Label.
General Types of Chemical Hazards

- Sensitizers: Latex, Disinfectants
- Irritants: Glutaraldehyde Solvents, mild cleaning agents
- Corrosives: Strong acids or bases
- Flammables: Alcohols (Isopropyl, Ethyl Alcohol)
- Carcinogens: Formaldehyde, Hazardous drugs
- Toxic: Phenol, Mercury, Lead, Cadmium
Chemical Spills

- Blood, body fluids, mercury, non-hazardous chemicals: Call Environmental Services at (7810).
- Small hazardous chemical spills: Spill clean-up materials available in using department; will be cleaned up by trained staff within dept.
- Large spill (over 1/2 gallon): Contact PBX operator; PBX will contact Fire Dept.’s HAZMAT Team and the Safety Officer.
- All spills are reported on Hazardous Material Incident Form; send copy to Safety Officer.
Medical Equipment

Equipment Repairs and Test:
- Call Biomed at (7703).
- All hospital owned, rented, leased, or demonstrator equipment must be tested before use.

Patient or Visitor Owned Equipment:
- No electrical test by Biomed
- Limited to grooming devices and cell phone chargers (no coffeepots, toasters, etc.)
- Nursing does visual inspection of cord and housing
Medical Equipment

Equipment Related Death or Injury:
• Contact Risk Management at (8729).
• Qstatim Event Entry
• Tag the defective equipment and lock it up. Don’t throw away any disposable parts.
• Risk Management will determine who needs to be contacted.
Electrical Power Loss / Utility Systems Loss

JRMC has emergency generators
- Fire alarm equipment and exit lights will work
- Office lighting will not work
- Make sure critical equipment is plugged into a red outlet

In the event of utility failures such as:
- Loss of electrical power
- Loss of elevators
- Problems with medical gases or vacuum
- Natural gas failures or leaks
- Loss of Nurse Call System
- Water outages
- Loss of telephone services
- Critical ventilation problem, etc.

Call Facilities at (7703); after hours contact PBX operator
Utility Systems

Who can turn off a main O2 valve?

- Respiratory Therapist
- Nursing Supervisor
- Director of Facilities / Support Services
Radiation Safety

Observe the following precautions when entering Radiology or Nuclear Medicine:

Check to assure radiation procedures are not in progress if door is posted with a caution sign.

- Do not empty trash cans that are labeled with a radiation sign.
- Do not dispose of packages with a radiation sign that has not been marked out or where there is no indication of attempted label removal.
- Do not clean up spills in Nuclear Medicine without consulting with a technologist or supervisor.
- Do not mop or empty trash cans in a Hot Lab or a Scan Room without consulting with a technologist or supervisor.
MRI Safety

Magnet Safety in MRI

- Magnetic field is always present, even if system is not in use!

- Use hand magnet to check wheelchairs, tools, oxygen tanks, mop buckets, etc. before entering the room. Magnetic force can cause objects to accelerate rapidly and result in extreme damage or destruction.

- Patients / staff with pacemakers, artificial limbs, internal plates / screws, etc. can not enter the room.
Security

Services provided by the security department include any task that will facilitate a safe environment and assist patients, visitors and employees.

- Continuous patrol of facilities and parking lots
- Public Service
- Protection
- Employee Education

To contact security in-house dial 7106, 7107, or “0” Operator
Employee Badges / Parking

- All employees must wear their JRMC employee badge.
- Badges must be worn above the waist, with the picture facing outward.
- Badges are used for admission into some exterior doors.
- All employees must park in the designated lots.
- Please do not park in the visitors parking lots, or in first three rows of parking deck.
- **NO PARKING IN RED ZONES!**
Patient Valuables

- Patient valuables should be put in the hospital safe to remain secure.
- Call Security to pick up valuables.
- When patient valuables are put in the safe, a copy of the envelope will be placed on the front of the patient’s chart.
Code **QUICK**

Used to request emergency security assistance for aggressive/violent situations potentially harmful to patients, visitors and/or staff.
Bomb Threat

If you receive a bomb threat:

- **Remain calm**
- **If caller ID phone - Do not hang up!**
- Record wording of message
- Exact language
- Engage caller in conversation
- Time of detonation
- Why, who is calling, where he/she is calling from
Suspicious Persons

- People that wander and appear to have no destination (most are lost)
- When asked, state they are not visiting anyone nor are they a patient.
- Groups of young people wandering the hallways
Protect Your Possessions and Hospital Possessions

- Lock purses in desk, file cabinet or locker.
- Lock office door when you leave.
- Don’t leave valuables in the interior of your vehicle.
- Lock your vehicle.
- If you observe someone in your work area working on equipment-verify they are bona fide.
Workplace Violence

- Employee vs. Employee
- Employee vs. Supervisor
- Patient vs. Employee
- Visitor vs. Employee or any combination of people

The following elements of violence are grounds for immediate termination:
- Threats
- Touching, pushing, hitting
- Fighting words (general profanity)
- Invasion of personal space
Workplace Violence (cont.)

- Report to Supervisor and Security.
- If not addressed early, these situations can escalate to deadly force.
- Take these situations seriously and do not rationalize inappropriate behaviors of others.
- Generally before deadly force is used, the suspect in some manner states his/her intentions.
Weapons

- Hospital policy prohibits weapons on property. (This includes inside vehicle property.)
- Weapons include: handguns, rifles, instruments designed to strike another, or knives with a blade four inches or longer.
Safety Culture

- We are all equally responsible for patient, staff, and visitor safety.
- All employees have the right and responsibility to report unsafe acts or equipment.
- A Safety Culture empowers everyone at JRMC to succeed.
Abuse and Neglect / Cultural Competencies
Non-Discriminatory Policy

In accordance with Title VI and Title VII of the Civil Rights Act of 1964 and their implementing regulations, JRMC will, directly or through contractual or other arrangements, admit and treat all persons without regard to race, color, creed, religion, sex or national origin in its provision of services and benefits. This includes assignments or transfers within the facility and referrals to or from the facility. Staff privileges are granted without regard to race, color or national origin (where appropriate).
Cultural Competencies

Cultural competencies involve understanding and respecting the patient’s cultural values, beliefs and practices.

- Views about health care
- Family and community relationships
- Language and communication styles
- Food preferences
- Religion
- Views about death
  - Pay attention to body language, facial expressions, and other behavioral cues
  - Avoid making judgments about the other person’s beliefs
  - Ask questions that help you learn about the patient’s view of his/her condition
Dealing with Diversity

• Everyone is different
• Each individual skill or idea helps to achieve better patient care
• Look for the unifying goals which hold us together

Salad Theory - each unique ingredient held together by unified purpose (dressing)
What is Sexual Harassment?

Legal definition:
Unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature
Hostile Work Environment – Defined

- Unwelcome conduct towards an employee
- Need NOT be based on the employee’s sex
- Need NOT be based on sexual desire
- So severe or pervasive that it alters the conditions of the employee’s employment or creates an abusive working environment
Factors for Determining Hostile Work Environment

- Frequency of conduct
- Severity of conduct
- Whether the conduct is physically threatening or humiliating
- Whether the conduct unreasonably interferes with the employee’s work performance
Reasonable Person Standard

- The alleged harassing conduct must be unwelcome to the employee, and
- A reasonable person in the employee’s position must find the conduct offensive.
Examples of Hostile Work Environment

- Physical conduct, such as touching
- Unwanted sexual advances
- Derogatory comments or jokes (to or within hearing of other employees)
- Leering, staring (elevator eyes), or gestures
- Posters, calendars, photos, or emails
HR Policy - “Employee Conduct”

- Policy defines appropriate procedure for employees and managers in the event of a sexual harassment or hostile work environment allegation:

Employee

- Promptly contacts his/her manager and explains the complaint.
Personnel Policy and Procedure Manual

HR Policy - “Employee Conduct”

Management

• Conduct a thorough investigation immediately, i.e., interview personnel, identify witnesses.
• Review results of the investigation with Human Resources.
• Document complaint of harassment and results of investigation.
JRMC’s Promise to Employees

- “Sexual harassment in the form of unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature, *will not be tolerated*.”
- Complaints of sexual harassment and related investigations shall be pursued on an expedited basis.
- Retaliation against the individual making the complaint or any individual who participates in a sexual harassment investigation is strictly forbidden. Employees should report any perceived retaliation to their Manager or to Human Resources to remedy the situation.
Definitions of Abuse

Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

- **Verbal abuse** is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to patients, residents, or their families, regardless of their age, ability to comprehend, or disability.
- **Sexual abuse** includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault, and inappropriate sexual advances, gestures and language.
- **Physical abuse** includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment. Also, any unauthorized touching of a party.
- **Mental abuse** includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.
- **Neglect** means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
- **Misappropriation of patient/resident property** means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient’s/resident’s belongings without the patient’s/resident’s/customer’s consent.
Staff Treatment of Residents

“First, do no harm.”

- Hippocratic tradition is at the heart of health care ethics.
- According to JHA administrative policy titled “Abuse-Neglect-Mistreatment Recognition and Reporting, each resident/patient has the right to be free from abuse, neglect, corporal punishment, misappropriation of property, and involuntary seclusion.

Patients/residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the patient/resident, family members or legal guardians, friends, or other individuals.
Reporting/Prevention/Training

Reporting
- If a staff member witnesses or suspects abuse by another staff member, they are to report this immediately to their supervisor or manager.
- JHA will report alleged violations and all substantiated incidents to the administrator of the facility and the state agency and to all other agencies as required.

Prevention
Information will be provided to patients, residents, families, and staff on how and to whom they may report concerns, incidents, and grievances without the fear of retribution. Staff are to identify, correct, and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur.

Prevention
Human Resources, Corporate Education, Safety/Security, and Management will provide training to employees through orientation and on-going sessions on issues related to abuse prohibition practices.
Nursing Measures to Promote Organization of Patient’s Abilities:

1. Reorient to environment, time, day, etc. as frequently as necessary.

2. If a deficiency exists on one side of the body, approach patient and address patient from unaffected side.

3. Encourage patient to participate in as many self-care activities as possible, providing direct or supportive care if necessary.

4. Institute measures to promote intact skin integrity.

5. Provide the patient needed time for decision-making, verbal expression and activities requiring movement.

6. Encourage visiting from family and/or significant others.

7. Institute measures to prevent physical injuries due to the unfamiliar environment.
Patients Throughout the Life-Cycle

**Purpose:**
To provide optimal care for the patients of varying ages and stages of development

**Age Specific Competencies:**

**Infancy: Birth to 1 year**

**Characteristics:** Rapid growth and development. The major potential strengths of the infant that can be used in planning and care are: crying, sucking and sleep/wake cycles. Crying is one of the infant’s major modes of communication. Sucking is used as a means of communicating stress and the infant’s ability to feed when it is ready, rather than waking him/her is more conducive to promote social interaction and play and to decrease environmental stressors.

**Toddlers: 1 to 4 years of age**

**Characteristics:** These children are more emotionally vulnerable to hospitalization than adults due to the young child’s ability to tolerate separation from loved ones and his/her limited ability to understand reasons for hospitalization. Physical growth slows, but psychological growth continues at a rapid pace. Crying and repetitive use of few words are common behaviors heard from a distressed toddler. The toddler is used to being highly mobile and exerting some control over his/her environment. They also have a comprehension level that is much greater than their verbal capacity. Play is most effective method to decrease the toddler’s distress level as much of the toddler’s behavior and learning is through play.
Pre-Schooler: 4 to 6 years of age

**Characteristics:** The pre-schooler may see hospitalization as a punishment for a misdeed. The predominant fear is focused on sensation (feel sleepy, an injection will sting) and smell. As the child has a short attention span, explanations should be short and simple. They are usually very imaginative and learn procedures through the use of medical equipment and dolls. It is important to reassure the child that he/she is not to blame for the situation and that the hospitalization/procedure is not punishment. Stress is manifested by feelings of abandonment, anxiety and night terrors.

School Age: 6 to 12 years of age

**Characteristics:** School age children have a strong sense of right vs. wrong and enjoy completing tasks. They are able to use their growth processes to understand cause and effect and perceive futures and past. They concentrate on concrete reality and are able to focus, reason, and deal with several concepts in sequence. Their greatest fears are school failure, separation from loved ones, disability and death, loss of control and forced dependency, bodily injury and invasive procedures involving the genital area. Stress is manifested by regression, anxiety, withdrawal and depression or increased dependency.

Adolescent: 13 to 18 years of age

**Characteristics:** Adolescents understand the physiological basis for their current condition. They possess a fairly mature level of reasoning and understand the concept of time as an adult would. Cognitive skills include identifying vs. confusion, problem solving skills, ability to draw inferences and having well developed mechanisms to cope with stress. The adolescent fears losing control, independence and threats to his/her physical appearance. They are usually very scared but do not want to show it. Stress is manifested by aggression, irrational behavior, fears and rebellion.
Early Adulthood: 18 to 29 years of age

**Characteristics:** The period of early adulthood is influenced more by social and cultural expectations than by physical development (choosing a vocation, receiving an education, choosing a mate, and establishing a home). Very few physical changes occur during this stage of development.

Young Adulthood: 30 to 44 years of age

**Characteristics:** This period of adulthood is focused on managing a household, rearing children and developing a career. Health habits are firmly entrenched by this stage of development. Important goals are to develop healthy habits and prevent chronic diseases.

Middle Adulthood: 45 to 65 years of age

**Characteristics:** This period is a time of relatively good physical and mental health and new personal freedom. Children are grown. They begin accepting a role reversal with aging parents, preparing for retirement and dealing with the physical changes that occur with aging.

Geriatric: 65 and over of age

**Characteristics:** It is recognized that these patients may experience deficiencies such as visual acuity, hearing, gait and balance, mental status, verbal communication and nutrition. Also, that some degree of muscle atrophy or bone frailty may be present.
RISK MANAGEMENT

Risk Management is a process to reduce and/or eliminate losses to the hospital and to deal with legal issues.
Risk Management protects the rights and safety of our patients, visitors, employees, property and assets. This includes:

- Clinical compliance
- Incident control
- Medical malpractice defense
- Medical practice audits
- Claims investigations

The goal of risk management is to reduce the frequency and severity of loss while improving the quality of patient care.
Risk Management program consists primarily of two areas:

**Identification** and correction of problems or processes which may give rise to events or incidents of potential liability for the hospital, its employees, physicians and other health care providers.

**Reduction** involves the action taken after an event or incident aimed at minimizing the adverse impact, financial or otherwise, of such an event or incident on the patient, the hospital or its staff.

Risk identification and prevention is everyone’s responsibility.
In the event of an accident involving a patient or visitor...

- Do not tell patient/visitor that JRMC will pay their bill.
- Report the accident on the Qstatim Event Entry system.
- Do not give the patient/visitor a copy of the report.
- Patients / visitors, families, or other third parties should not be advised that an incident report has been filed.
- Incidents reported on the Qstatim Event Entry system will be routed automatically, via the intranet, to Quality Management.
- It is the responsibility of every employee to participate fully in the error reporting program.
How to use the Qstatim Event Entry System

You are the eyes and ears of the hospital. If there is a problem in your area or you witness an incident, it is important that it is reported. Without reporting issues and errors the problem may never be resolved.

Log on to hospital web page – www.jrmc.org

Click on “Log-In” at the top of the page
Click on the “Employee” link in the middle of the page
Click on “Departmental Links” to the left
Look under the Quality Management heading
Click on “Qstatim”
The Qstatim Event Entry System

- is a tool for reporting and analyzing errors
- provides data for reports to identify trends and alerts

Benefits

- contributes to the elimination of fatalities caused by errors
- helps get to the root cause of an error through data retrieval
- assists in reducing costs related to errors
Qstatim Event Entry System (cont.)

Complete an incident form on the Qstatim Event Entry system for the following types of occurrences:

- **Error** – An unintended act, either of omission or commission, or an act that does not achieve its intended outcome.
- **Sentinel Event** – An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof.
- **Near Miss** – A process variation that did not affect the outcome, but for which a recurrence carries a significant chance of a serious adverse outcome.
- **Hazardous Condition** – A set of circumstances that significantly increases the likelihood of a serious adverse outcome.

Any event involving severe injury or voiced intent to seek legal counsel by a patient, visitor, or family member requires immediate verbal communication to your department manager and Risk Management in addition to the completion of the report.
Patient-Related Occurrences

A reportable patient-related occurrence may include, but is not limited to:

- Falls
- Surgical related occurrences
- Medication related occurrences
- Consent related occurrences
- Contrast media related occurrences
- Treatment or procedure related occurrences
- Equipment related occurrences
- Repetitive and/or significant patient/family concern/dissatisfaction
- Other occurrences that result or may result in injuries to patients/visitors
- Any occurrence that is out of the ordinary
- Compliments are also encouraged on the GRS
Patient-Related Occurrences (cont.)

Significant Severe Occurrences

A significantly severe occurrence may include, but is not limited to:

- Unexpected deaths
- Unanticipated neurological deficits
- Birth related injuries
- Significant or severe burns
- Severe internal injuries
- Surgery on the wrong patient or body part
- Infant abduction
- Rape of a patient
- Patient suicide
Patients’ Valuables

Stop the claim before it happens:

- Encourage patients to leave valuables at home or with family.
- Security can place valuables in vault for safe keeping.
- Document all efforts to maintain safety.
  - “Gave patient’s jewelry to spouse.”
  - “Patient refused to put jewelry in vault – explained JRMC was not responsible for items kept in her possession.”
- Remind patients about dentures, eyeglasses and hearing aids.
Corporate Compliance

What is it?

A comprehensive program to ensure that we comply with all Medicare and Medicaid laws and regulations.

Why is it important?

- 2/3 of JHA revenue is from Medicare & Medicaid
- Not following rules may be fraud or abuse
- Government prosecutes fraud and abuse
- Civil monetary penalties / FINES
- Criminal prosecutions / JAIL TIME
- EXCLUSION from Medicare and Medicaid programs
Examples of Fraud and Abuse

- Bill for something we did not provide
- Fail to document services and supplies
- Provide something without doctor’s orders
- Fail to document doctor’s orders
- Code at a higher level
- Document that you provided care that you did not provide
Organizational Ethical Behavior

JHA has a code of conduct for Organizational Ethical Behavior found in Administrative Policy & Procedure Manual. All employees are expected to read and follow this policy. Policy states that both JHA as an organization and each JHA employee should subscribe to and practice ethical behavior in carrying out our commitments to patients and the public.

Principles of ethical behavior:
• We will be honest, fair, and respectful to all with whom we come in contact.
• We willingly assist and support our co-workers, visitors, and vendors and will be sensitive to their needs within JHA.
• We maintain a keen sense of integrity and honesty in our work, our dealings with each other, and our dealings with others.
JHA Employees Reporting Unethical/Illegal Behavior

- JRMC will take no disciplinary action against an employee if the employee reports safety or quality of care concerns to the DHHS Office of Inspector General (OIG).
- Discuss concerns with supervisor.
- If you get unacceptable answers, then call or come by Corporate Compliance office, or call Compliance Hotline: 1-888-622-JRMC (5762) (It is completely ANONYMOUS.)

No employee will be disciplined or retaliated against for reporting any good faith concern.
Have Doctor’s Orders for Everything We Do

- JHA cannot bill without documented doctor’s orders in the patient’s chart.
- Write down all verbal orders and get doctors to sign-off within 24 hours.
- Always forward written doctor’s orders to the appropriate place.
- Get written orders when registering a patient.
- Follow-up.
Follow Doctor’s Orders

• Read the physician’s order and do what it says.
• The services, materials, supplies and procedures we provide or perform must be the same ones ordered by the physician.
Quality Documentation

• Document HONESTLY, ACCURATELY and LEGIBLY all services, materials, supplies, procedures, and care given to patients.
• Not documented, not done.
• Can’t read it, not done.
• Documentation affects coding, reimbursement, quality of care, legal liability, etc.
Conflicts of Interest

- “Perception is 9/10 of the law.”
- We do not use our positions or knowledge gained from JRMC for our personal advantage or for another employee.
- Gifts - We do not ask for or accept any gifts in exchange for services or to influence a decision.
Federal False Claims Act

Federal statute that covers fraud involving any federally funded contract or program (i.e., Medicare / Medicaid) and establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U.S. government for payment.
False Claims Act Liability

- Subject to civil monetary penalties (CMP) ranging from $5,000 to $11,000 for each false claim submitted.
- In addition to the CMP, the individual can be required to pay three times amount of damages sustained by U.S. government.
- Office of Inspector General (OIG) may seek to exclude the provider or supplier from participation in federal health care programs.
No Retaliation

- The False Claims Act also grants relators protection from retaliation from employers for filing a lawsuit or assisting (e.g., providing testimony) in a False Claims Act action.

- Relief may include: Employee reinstatement, back pay, or any other damages arising from retaliatory conduct.
Arkansas Medicaid False Claims Act

- Provides for civil penalties for knowingly engaging in the same activities that are prohibited under the Medicare Fraud Act.
- Violators must pay a civil penalty of not less than $5,000 or more than $10,000 for each violation.
- Rewards those who report wrongdoing up to 10% of the PENALTY recovered but not more than $100,000.
How to Report Internally

- You may contact your immediate supervisor.
- JRMC Compliance Department at (7390) or (7589).
- Anonymous toll-free 24/7 JRMC Compliance Hotline:
  1-888-622-JRMC (5762)
Constant Survey Readiness – Quality
Performance Improvement

The Quality Department plays an important role in the creation and application of performance improvement (PI) projects.

The hospital Performance Improvement Plan requires us to engage in improvement projects.

Ask your supervisor about PI projects in your department.
Quality Measures

- One of the functions of the Quality Department is to publicly report our data.
- By this we mean how well we perform in the care we give our patients in comparison with other facilities in the state and nationally.
- You will be helping us improve the care we give to our patients who are suffering from heart failure, pneumonia and acute heart attacks.
- We work with the physicians and nurses to ensure we give the best and most timely treatment for these common conditions.
Thank You!