

## Thompson Education Digest STUDENT VERSION 2016 Answer Sheet

**Directions:** For multiple choice, select the best answer. Place the correct letter on the corresponding line and return answer sheet to your Department Leader.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

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Department Leader Signature: \_\_\_\_\_

# Abuse Prevention

Patients/residents have the right to be free from any form of abuse. Education of staff as well as formal policies and procedures assist in prevention and detection of abuse. Education of staff includes learning the types, signs and indicators of abuse.

## *Definitions of Abuse:*

**Abuse** is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. This includes the deprivation of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. It is assumed that instances of abuse of all patients/residents, even those in a coma, cause physical harm, or pain or mental anguish.

**Verbal abuse** is oral, written or gestured language that includes disparaging and derogatory remarks to residents or their families, within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse are: threats of harm, or statements to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again.

**Sexual abuse** includes sexual harassment, sexual coercion, or sexual assault. It can be without consent, by force or threat of force, or the incapacity of the person to give adequate consent.

**Physical abuse** includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment. Physical abuse can also include incorrect repositioning, forced feeding, improper use of restraints, rushing an elderly or fragile patient too much or administering too little medication.

**Mental abuse** includes humiliation, harassment and threats of punishment or deprivation and attacks on one's self-esteem, self-image or self-confidence.

**Financial abuse** includes theft or conversion of finances.

**Neglect** includes intentionally or unintentionally withholding basic care needed, i.e., personal care, nutrition, medical attention, medications, and a safe well-maintained environment.

## **Elements of our Abuse Prevention Program include:**

- Performing background checks on potential new hires to avoid hiring those with an abuse history
- Training of new Associates to recognize abuse and their responsibilities to report it
- Patient/Resident Bill of Rights, including the right to be free of abuse or neglect
- Policies and Procedures regarding Abuse prevention, recognition and reporting
- Identification of possible incidents and allegations which need investigation
- Investigation of incidents and allegations
- Reporting incidents and allegations to the appropriate government authorities
- Protection of patients/residents during investigations
- Reporting of incidents, investigations and facility response to the results of investigations

Any suspected incidents of abuse or neglect are to be reported immediately on an incident report form and documented in the patient/resident's medical record. An investigation will be commenced immediately after such report, as well as notification to the appropriate government authority.

1. Elements of our Abuse Prevention Program include:

- A. Performing background checks on potential new hires to avoid hiring those with an abuse history
- B. Training of new Associates to recognize abuse and their responsibilities to report it.
- C. Policies and Procedures regarding abuse prevention, recognition and reporting.
- D. All of the above

2. Examples of verbal abuse are: threats of harm, or statements to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again.

- A. True
- B. False

3. Any suspected incidents of abuse or neglect are to be reported immediately on an incident report form and documented in the patient/resident's medical record.

- A. True
- B. False

# Back Safety

## Risk Factors for Back Injury:

1. Poor posture.
2. Faulty body mechanics.
3. Stressful living and work habits.
4. Loss of strength and flexibility.
5. Decline of physical fitness.

## Things You Can Do To Reduce Your Risk of Back Injury:

1. Use proper body mechanics with all lifting and daily activities.
2. Maintain good posture.
3. Practice good nutrition.
4. Maintain good physical fitness and flexibility.
5. Get sufficient rest and relaxation.

## These Principals of Lifting and Proper Body Mechanics need to be used EVERY DAY:

1. Test the load to determine if you can safely lift it;
2. Plan the move. Determine where you are going and remove any obstacles in your path before you lift the item or person.
2. Hold object close to you while lifting.
3. Maintain a good base of support. Keep feet shoulder width apart. Place one foot slightly in front of the other.
4. Bend at the hips and knees. Keep your spine upright. Don't bend over at the waist.
5. Maintain your normal lumbar curve while lifting.
6. Tighten the stomach muscles.
7. Keep your head up, shoulders relaxed.
8. Always use a transfer belt to move all Residents/Patients. This provides you with a secure handhold.
9. Always communicate:
  - a. Lift on a count of "3".
  - b. Instruct patients/residents in how to assist with the transfer.

## Instructions for Associates Following an Injury to the Back or Neck

The Supervisor shall assist the Associate in:

1. Traveling to the Associate Health Department, the Emergency Department or to Healthworks **OR** to their primary care MD for evaluation and treatment immediately. If severity of injury makes transportation impossible, or, if there is a lack of transportation, or, if neither Associate Health nor Healthworks is open, the Associate is seen in the Emergency Department.
2. If you are released from work for a period of time greater than twenty-four (24) hours, you must obtain a return to work slip from your **own private physician** prior to returning to duty. (If your private physician cannot see you in a timely manner, call Associate Health).
3. **YOU MUST HAVE WRITTEN PERMISSION FROM YOUR PHYSICIAN BEFORE YOU WILL BE ALLOWED TO RETURN TO DUTY.** Please give the slip to your Department Manager/Supervisor at the time you return to your job.
4. It is the responsibility of each Associate to comply with the requirements set forth in this policy and procedure.

4. Risk factors for back injuries include:
- A. Maintaining good posture
  - B. Stressful living and work habits
  - C. Taking frequent breaks during your activity/job
  - D. None of the above
5. A principle of proper body mechanics would be:
- A. Hold object away from your body
  - B. Relax your stomach muscles
  - C. Bend at the hips and knees -- not with your back
  - D. Using your lower back to lift

# SBAR Communication

## Communication is Critical to Healthcare

*You can have brilliant ideas, but if you can't communicate them, your ideas won't get you anywhere.*

-Lee Iacocca

Communication problems were the primary cause of approximately two thirds of all reported sentinel events to Joint Commission.

*“If there were one aspect of health care delivery an organization could work on that would have the greatest impact on patient safety, it would be improving the effectiveness of communication on all levels – written, oral, electronic.”*

~ Richard K. Croteau, MD, executive director for strategic initiatives for the Joint Commission

That quote is true in every area of life. Most communication challenges do not have life and death situations hanging in the balance. However, in healthcare, every conversation has that potential impact. In fact, some studies indicate 70 to 80 percent of medical errors are related to interpersonal interaction issues. It has been noted that in 63% of sentinel event occurrences, communication breakdown is the leading root cause. Not only is poor communication costly, it can also cause heartache, pain and suffering for patients and their families. Poor communication has also been identified as the primary factor of both medical malpractice claims and major patient safety violations, including errors resulting in patient death.

How do we address these issues? Healthcare leaders agree that implementing a standardized approach to communication across health care systems is the only way to eliminate these preventable errors.

Hospitals, Healthcare Associations and Patient Safety Organizations believe employing “SBAR communication” among all healthcare providers will make a tremendous, positive impact on professional-to-professional communication and ultimately, patient safety.

### **Originating from the nuclear submarine service, SBAR stands for:**

S - Situation: What is happening at the present time?

B - Background: What are the circumstances leading up to this situation?

A - Assessment: What do I think the problem is?

R - Recommendation: What should we do to correct the problem?

SBAR creates a shared mental model for effective information transfer by providing a standardized structure for concise, factual communications among clinicians. Consider the many SBAR communication opportunities that involve transferring important patient information:

- nurse-to-nurse (such as change of shift report or patient transfer)
- physician-to-physician
- nurse - to -physician
- staff education
- new policy and procedure communiqués
- debriefings on internal issues
- information on new procedures
- administrative team meetings and

Healthcare professionals can learn to communicate in ways that are effective and meaningful. This in turn, will lead to a reduction in harm, increased satisfaction for all providers and overall better outcomes for patients and their families.

Have you ever been in the situation where unexpectedly a new piece of medical equipment or supplies is in your work area and no one told you about it? Or perhaps a new policy is being implemented and it is five pages long. Want a quick summary of that? Are you looking for a simple method to communicate to your staff, but you tend to be long-winded?

When the conversations do not convey critical components, the implementation and follow through may be lacking. One solution is adopting the SBAR model to communicate all your messages. SBAR is highly flexible, which makes it easily adaptable to all of the following types of healthcare conversations:

- Clinical conversations
- Non-clinical conversations
- Written communications such as emails and policy and procedures
- Business and administrative communications.

### **Six Risk Factors that Impair Effective Communication**

Do you tend to hear but not listen? Clarity is the key when communicating with others. However, research tells us there are six factors that influence communication and how we are being heard.

#### **1. Culture Ethnicity**

A patient's culture may influence how he/she interacts with caregivers. Language barriers can cause misunderstandings and miscommunications.

#### **2. Personality Individuals'**

Personalities color their daily communication and influence how others perceive them.

#### **3. Behavior Urgency**

Affects a speaker's tone, for example, a hurried doctor or stressed out nurse may be perceived as curt by the patient or staff.

#### **4. Literacy**

How well does the person understand medical terms? Are they nodding to be polite? Can they comprehend / follow directions?

#### **5. Socioeconomics**

Levels of education, literacy, economics, beliefs and behaviors can differ tremendously among patients; can affect the ability of staff to communicate with one another (e.g. nurses to doctors) and can lead to miscommunication.

#### **6. Gender**

Gender influences relationships among staff and between caregivers and patients.

6. It has been noted that in 63% of sentinel event occurrences, communication breakdown is the leading root cause.

- A.True
- B.False

7. SBAR stands for:

- A.Situation, Background, Assessment, Recommendation
- B.Situation, Background, Action, Respect
- C.Simulation, Beginning, Assessment, Recommendation

8. SBAR provides healthcare workers with a standardized structure for concise, factual communications.

- A.True
- B.False



# Confidentiality

~~Thompson Health strictly requires every Associate to observe the highest level of confidentiality regarding the health and other personal information (“information”) of our patients and residents. It is the responsibility of every Associate to protect respect every the patient's and resident's rights to privacy. of information. All information related to an admission, stay, and discharge from F.F. Thompson Hospital or M.M. Ewing Continuing Care Center is considered confidential and is to be shared only with the members of the immediate health care team for the purpose of rendering optimal health care, or with other individuals who have been authorized by the patient or resident to receive information, or as required by law for legal or billing matters. Any information released other than for this purpose, can be done only on written consent and understanding of a patient/resident or legal guardian. Record reviews for the purpose of quality assurance are to be coded without personal identifying data.~~

~~All quality assurance information is strictly confidential and is to be maintained in the Clinical Quality office or Administration Services/Regulatory Compliance Office.~~

~~If someone who is not a part of the health care team and who is not authorized by the patient or resident or by law to receive information regarding the patient or resident t is recommended that Associates, confronted with the issue of disclosing seeks information about a current or past eustomers patient or residentand/or their condition treatment while in our care, Thompson Health requires Associates to reply to the request for information with one of two responses:~~

- ~~1. I am not permitted to discuss any information regarding patients or residents of Thompson Health. at liberty to diseuss that subject at this time.~~
- ~~2. That is confidential information is confidential and I cannot discuss it. divulge information of that nature.~~

~~As specified in the Associate Handbook and in the written policies and procedures of Thompson Health, any Associate who fails to adhere to these confidentiality requirements is subject to discipline, up to and including termination of employment.~~

9. Associates are only required to keep information regarding a patient's or resident's medical condition or treatment confidential?

- A. True
- B. False

10. A breach of a patient's or resident's right to confidentiality by an Associate will never lead to termination.

- A.True
- B.False

~~According to the Associate handbook on professional conduct, the consequence of failure to adhere to this policy is possible termination.~~

# Corporate Compliance

Thompson Health requires full compliance with the federal and state standards established under the Deficit Reduction Act of 2005, for the operation of all health care programs. Thompson Health also strives to operate in accordance with the highest legal, moral and ethical standards of health care and operations. Accordingly, we seek to protect the public we serve, including our patients, residents, physicians and associates. We require the same standards of care and operations from the contractors, suppliers and lenders with whom we do business. We fully cooperate with and support the governmental entities who share our mission to provide safe, high quality services to our patients, residents and the community.

To uphold this vision, Thompson Health has implemented a Corporate Compliance Program. The mission of The Corporate Compliance program is to prevent fraud and abuse and reduce errors through education, auditing, monitoring, detection, investigation, process improvement and discipline. We are ALL responsible for ensuring that Thompson Health continues to meet the highest standards of Compliance.

## **The Corporate Compliance Program**

**The Corporate Compliance Program is organized around the following Essential Elements:**

Standards of Conduct Set Forth in Written Policies and Procedures

Compliance Officer & Compliance Committee

Education & Training

Auditing & Monitoring

Reporting & Investigation

Enforcement & Discipline

Response & Prevention

Non-Retaliation

Thompson Health requires all Employees, Medical Staff, Contractors and Agents to report suspicions of fraud, waste or abuse.

Thompson Health prohibits any employee from intentionally or recklessly submitting a claim, which includes fraudulent information or is based on fraudulent documentation to any government program for payment or approval.

Government programs include Medicare, Medicaid or any other government-sponsored benefit program offered by the Centers for Medicare & Medicaid Services, or the New York State Department of Health.

Submission of false or fraudulent claims or information to private insurers is also strictly prohibited.

**Examples of False or Fraudulent Claims Include:**

## Upcoding

- Billing for services or products that were not provided
- Duplicate billing
- Providing unnecessary tests or services
- Offering or accepting inducements for referrals for care or services

## What to Do if You Observe or Suspect Non-Compliant Activities:

- Contact the Chief Compliance Officer at x6714
- Call the Confidential Corporate Compliance Hotline (x6234)
- Talk with your supervisor
- Contact the Vice President or Senior Vice President in your area

## The Importance of Corporate Compliance

Violations of regulations are addressed through the Progressive Discipline process, which means if a violation is serious enough, you can be terminated. If you are a licensed professional, you could lose your license. If you are responsible for defrauding Medicare, you could be excluded from working in health care and/or be criminally prosecuted. In addition, sanctions from the government can result in costly fines and penalties and potentially harm the Health System's reputation in the community.

### 11. Which statement best describes Thompson Health's compliance standards?

- A. Thompson Health hopes that Associates will not submit false claims to the government.
- B. Thompson Health does the best it can to meet applicable compliance standards.
- C. Thompson Health has designated certain individuals to deal with compliance, and other Associates do not need to be concerned with compliance.
- D. Thompson Health requires full compliance with federal and state standards established under the Deficit Reduction Act of 2005, for the operation of all health care programs, and also strives to operate with the highest legal, moral and ethical standards.

### 12. Which of the following actions fit the legal definition of a false or fraudulent claim?

- A. Knowingly present a false or fraudulent document to Medicare for payment.
- B. Conspiring with or assisting someone else in defrauding the government.
- C. Refusing to submit a claim based on lack of sufficient information.
- D. A & B only.

### 13. What are examples of False or Fraudulent Claims?

- A. Upcoding.
- B. Erroneous claims which are identified before they are billed and submitted in correct form to Medicare.
- C. Billing for Services not delivered or for unnecessary services.
- D. Duplicate billing.
- E. All of the above, except for B.

### 14. Every Thompson Health Associate, Medical Staff Member, Vendor and Board Member is responsible to promote and adhere to compliance standards.

- A. True

B.False

# Disaster Plan

*Refer to Thompson Health Intranet/Emergency Preparedness section. Each associate will review their individual department responsibilities in a disaster situation, found in LS.005.*

The Health System has policies in place to handle disasters that affect the Health System facilities or the surrounding communities.

**Internal Disaster** is a disruption of services within the facility that affects the facility and may affect multiple patients/residents/visitors or staff, possibly requiring the activation of additional staff.

**External Disaster** is an event in the community that may result in injury to numerous people, such as a plane crash, bus crash, multiple car crash, explosions, industrial accident, fires, civil disorders, etc. or necessitate the activation of additional staff and transfers to other hospitals. The disaster situation may be urgent, demanding immediate action, or impending, permitting more orderly planning.

## **Health System Disaster Plan:**

Our Health System Disaster Plan is an all-hazards plan that incorporates two distinct plans: **Code Triage** (Medical Mobilization) and **Facility Safety Plans and Codes** (such as Bomb Threat, Security, Fire, Code Gray).

There are two types of response to internal and external disasters:

- I. "Code Triage ALERT" & Code Triage Level I, II -- An Emergency Department and hospital unit situation that requires minimal amounts of intervention/support from other departments, or
- II. "Code Triage Level, III, IV" -- A disaster in which the whole Health System responds. This will require the utilization of many Health System departments, supplies and equipment.

There are many individual department procedures within the external disaster plan. **ALL** Associates must review the plan for their departmental responsibilities.

## **DISASTER PLAN REMINDERS:**

- All Associates enter through the Constellation Entrance and report to the staging area/personnel pool in Associate Services.
- **All Associates must show their Thompson Associate I.D. badge in order to be admitted during an external disaster.**
- Mutual Aid for the Hospital or Senior Living may require support from other departments.

## **Notification of a Disaster:**

1. The Switchboard Operator using the tone page system will announce an actual disaster. The announcement will be repeated three times--  
**"Attention all Health System personnel, Code Triage is now in effect."**  
Switchboard Operator will **REPEAT** above three times, and then announce one time: **"All Incident Command Personnel please report to Incident Command. All other personnel report back to your department and wait for further instructions."**
2. Disaster *drills* will be announced as follows:  
**"Attention all Health System personnel, a Code Triage drill is now in effect."**  
Switchboard Operator will **REPEAT** above three times, then announce one time:  
**"All Incident Command Personnel please report to Incident Command. All other personnel report back to your department and wait for further instructions."**
3. All clear--  
The all-clear page announcement will be made only upon request of the CEO/Administrator on Call or the Director of Nursing/Nursing Supervisor and will be repeated three times.  
**"Disaster emergency plan - all clear (for actual disaster)" or**

**“Disaster emergency drill - all clear (for disaster drill)”**

15. A disaster in which the whole Health System responds:

- A.Code Triage Level III and IV
- B.Code Purple
- C.Code Yellow

16. All Associates enter through the Constellation Entrance and report to the staging area/personnel pool in Associate Services.

- A.True
- B.False

# Diversity and Cultural Competence

Imagine if you came to work and your opinion did not matter. Your ideas were never taken seriously because you were different in some way. You were treated as an outsider and no one ever understood your point of view. Imagine how difficult it would be to come to work. You could never express an exciting idea or solution for fear it would be rejected and deemed to be foreign just because it was different. People would avoid you because of your uniqueness. Finally imagine a place where you could not express or live your personal values. Not many people would tolerate this situation very long, nor would the organization thrive and grow. What we are talking about is Diversity. Fortunately for us, Thompson Health does value Diversity. It embraces our individual differences; it seeks to include all points of view into its decision making. The result is a more rewarding experience for both our patients and our associates.

“Diversity” often is used in the context of legal requirements as mandated by discrimination and harassment laws, and in the past has referred to “protected classes,” such as gender, race, color and religion. In fact, diversity encompasses all of the potential differences that affect how we interpret and behave, differences that are so commonly encountered that we might fail to understand their power.

Jan Salisbury and Sam Bryd write exclusively about diversity. They suggest that there are four layers of diversity:

- 1) Personality
- 2) Internal Dimensions - (e.g., gender, country of origin, race, physical ability);
- 3) External Dimensions (e.g., religion, parental status, recreational habits, geographical location)
- 4) Organizational Dimensions (e.g., management occupation, department, specialty)

This 4 layer model brings our attention to the less visible aspects of diversity, as each layer of diversity is significant for how we approach our healthcare practices. Think about how these layers could impact your decisions and actions. For example, a patient who, as a result of his or her race, culture and/or religion, believes that death is just another spiritual journey, may find the conversation about informed consent less stressful than one who fears death and believes modern medicine should eliminate all risks.

Workforce cultures that are inclusive and value diversity enhance productivity and innovation. If the workforce culture allows the different voices—be they ethnic, racial, financial level and/or generational—to be heard and integrated, then the needs of patients are more effectively addressed.

Cultural Competence refers to a set of congruent behaviors, practices, attitudes and policies that come together in a system to enable work to be done effectively in cross-cultural situations. An example of Cultural Competence is the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of delivery to meet patients’ social, and cultural needs. Here again Thompson Health has demonstrated a high level performance.

The Cultural Competence challenge for each associate is to learn to utilize our differences as well as our similarities to create positive, productive working relationships that benefit ourselves and allow us to provide the best care for our patients and community.

We need to avoid discrimination. When we make it a habit to deal with each person as an individual, we will avoid making assumptions about the person's knowledge or abilities. Use our CARES values to handle a diversity situation; treat the other person with courtesy and respect, just as you would want to be treated. Report discrimination to your supervisor, and/or Jennifer Devault, Vice President of Associate Services.

*If variety is the spice of life, then in an organization which does not value diversity, we would all have a pretty bland life. **It is because we are different that each of us is special.***

17. Gender, country of origin, race and physical ability are examples of which "layer" of diversity?

- A. Personality
- B. External Dimensions
- C. Internal Dimensions
- D. Organizational Dimensions

18. Workforce cultures that value diversity enhance...

- A. Productivity
- B. Innovation
- C. Both A and B



# Ergonomics

## *What Is Ergonomics?*

Ergonomics is the science of fitting the job to the person rather than the person to the job. Ergonomic changes enhance your ability to perform your task safely and effectively. Some ergonomic changes are simple and quick to apply. Others will take time, study and money.

Risk Factors for CTD's (Cumulative Trauma Disorders: Disorders that can affect muscle, tendon, bone and other anatomical features. Can develop when micro-traumas or small injuries occur repeatedly from overuse or inappropriate use of a body part or external force applied to the body):

- **Repetition** - Is defined by the number of times an activity is repeated in a given time. Keystrokes on the computer are an example of repetition or reaching to answer the telephone over and over again.
- **Static Exertion** - Is defined by the amount of time a body part is in a fixed position with the muscle contracted; such as sitting in a chair for a prolonged time period or holding a tool in one position.
- **Force** - Excessive forces load the muscles, creating a potential for fatigue. Tools that are hard to use create forces; moving any large or heavy object is a force. Pushing and pulling are forces. Any lifting, pushing carts that are heavily loaded or whose wheels are not well maintained creates force.
- **Awkward Posture** - Safe zone is waist to shoulder and in front of the body with your arms as close to your sides as possible. Any deviations from this can be an awkward posture. Reaching up to a shelf to retrieve a book or tool on a frequent basis, reaching behind you when seated, etc.
- **Mechanical Contact Stresses** - Is identified as anything causing direct pressure on an area of the body, particularly in areas of superficial blood or nerve supply. The sides of fingers, palm of the hand, wrist, forearms, and thighs are all common areas.
- **Temperature** - Extremes of temperature are a risk. Cold constricts soft tissue and blood vessels and they cannot work at optimal. Heat opens everything up and can cause swelling and inflammation, which again make the musculoskeletal system not work at optimal.
- **Vibration** - Any vibration from a tool/ other source will potentially cause damage to nerves/ soft tissue.
- **Physical Condition** - The poor physical condition or muscles, tendons and other soft tissue structures of the arms, shoulders and neck often contribute to CTD.

**Usually, it is not just one of these eight factors that causes CTD, but a combination. The more factors that are combined in a particular task, the greater the risk.**

## *Sitting Posture*

### **Ideal seating:**

1. Feet rest firmly on the floor or footstool
2. Knees level with or slightly lower than hips
3. Shoulders should be neutral
4. Elbows at sides bent 90-105 degrees
5. Upright posture with good back support
6. Wrists in neutral, in alignment with forearm
7. Chairs can/should be adjusted frequently to accommodate the various tasks done from day to day

**Look at the following:**

1. Ease of back/seat adjustability
2. Seat depth and edge style
3. Amount of lumbar and total back support
4. Chair caster mobility
5. Arm rests

19. Safety Zone is:

- A. Close to your body
- B. From the knees to waist
- C. Behind you

20. Proper computer posture includes:

- A. Upright posture with good back support
- B. Knees lower than your hips in the chair
- C. Elbows bent to 90-105 degrees to use the keyboard
- D. All of the above

# Ethics

Thompson Health has an Ethics Committee comprised of board members, community members, and associates from various disciplines. The purposes of the Ethics Committee include:

- Promotion of clinical and corporate ethical standards throughout the health system
- Ethics education of Associates, board members and our service region populace
- The provision of consultation regarding clinical and corporate ethical dilemmas
- Collaboration with other service providers regarding education and advocacy around common ethical concerns

There are five ethical principles employed in decision making at Thompson Health:

- *The Principle of Nonmaleficence:* To cause no needless harm or injury to another
- *The Principle of Beneficence:* To seek the positive welfare of another
- *The Principle of Autonomy:* To honor the choices of another regarding his/her own life
- *The Principle of Justice:* To treat others fairly and equally
- *The Principle of Utility:* To act in a way that brings the greatest good and the least harm

An Ethics Advisory Team can convene to provide consultation for a clinical or corporate ethical dilemma. An ethical dilemma is a situation in which the application of conflicting or incompatible values/viewpoints cannot be readily resolved. An Ethics Advisory Team is comprised of System Ethics Committee representatives, Associates and other care providers involved in the situation and the patient/resident and/or family members where advisable. The purpose of the team is not to mediate a decision, but to gather information and facilitate discussion concerning decisions to be made by the appropriate people involved in the situation. The team will:

- Identify and carefully analyze ethical issues
- Outline various alternatives
- Improve communication with all parties involved
- Provide emotional support
- Interpret health system policies when appropriate

The steps to initiate an Ethics Advisory Team consultation are posted in each unit.

21. The Principle of Autonomy is to:

- A. Treat others fairly and equally
- B. Seek the positive welfare of another
- C. Honor the choices of another regarding his/her own life
- D. All of the above

22. The purpose of an Ethics Advisory Team is to mediate a decision during an ethical dilemma.

- A. True
- B. False

# Financial Aid / Community Care Program

A Financial Aid/Community Care Program has been established to provide necessary medical care to patients regardless of their ability to pay. Here are some key highlights of the program:

- Community Care is available to a patient who is uninsured and/or underinsured with a demonstrated inability to pay.
- The Community Care Policy uses the eligibility criteria as established by the Federal Poverty Income Guidelines.
- It is available for services provided by Thompson Health in the Hospital, Urgent Care Center, off-site Thompson Health Lab Draw sites, off-site Rehab Therapy departments and Hospital Owned Physician Practices.
- Financial Aid/Community Care may include unpaid coinsurance, deductibles and non-covered medically necessary services if the patient meets the eligibility criteria.
- Notices and applications can be found in the Business Office, Emergency Room Registration, Admissions/Registration Office, Urgent Care Center and in all of our Physician Practice Offices.

23. Patients receiving services from providers not part of Thompson Health are eligible for the Financial Aid/Community Care Program.

- A. True
- B. False

24. The Financial Aid/Community Care Program is only for patients with no insurance.

- A. True
- B. False

# Fire Safety

Fire is the number one cause of disaster in health care institutions. With this in mind, the process for responding to fire at Thompson Health is:

## **YELL "CODE RED" and the Patient Room Number or appropriate area.**

**R**emove any patients, residents, staff or visitors in immediate danger.

- Control of Fire if it is small: Use a fire extinguisher or smother with a blanket.
- CLOSE THE DOOR ON THE FIRE. Place Yellow Fire Tag on the door handle (Tag can be found in Extinguisher cabinets).

**DO NOT REOPEN DOOR.** Mark door with Orange Tag following evacuation.

**A**larm – Pull the nearest fire alarm box.

- Call the telephone operator by dialing "6666".
- Give the exact location, type and size of fire, or indicate if it is a drill.

**C**lose doors - Alert co-workers in the area to close all doors. Clear equipment from the hallway.

**E**vacuate patients/residents/staff and visitors if fire is burning and there is little/no smoke in hallway.

- Close and mark the door of each room with an Orange Tag as it is evacuated. ---Orange Tags available in all extinguisher cabinets.

## ***Fire Prevention starts with an awareness of hazards.***

- Report fire hazards immediately.
- Corridors, stairways and doorways are to be free of obstructions.
- Store flammable materials in closed metal cabinets. If you do not have a cabinet, notify Facility Services to dispose of the chemical.
- Do not use flammable materials near oxygen.
- Respect electricity. Do not overload circuits. Report and remove from service any electrical cord or appliance that is damaged in any way.

## ***Your Work Area***

It is essential that you know the following things about your work area:

1. The location of the fire alarm stations (pull stations). NEVER block these devices!
2. The location of fire extinguishers. NEVER block these devices!
3. The location of exits. NEVER block an exit!
4. The location of stairways, which will be used for vertical evacuation.
5. The location of smoke doors (marked "Fire Door – Do Not Block") which will serve as separations for horizontal evacuation. An area to which patients or residents may be moved, in the event of evacuation.

## ***Order of Action if Fire or Drill is Outside Your Area:***

All fires and fire drills will be announced over the P.A. system as "Code Red" and the location.

1. Stop all work not related to the fire plan or not essential to urgent patient care.
2. Close all doors.
3. Reassure patients, residents and visitors that all is under control.
4. Never use the elevators, or allow visitors to use them, until "CODE RED ALL CLEAR" is sounded.
5. **Limit travel** in the corridors and calls to the switchboard operator.
6. Stand by to receive further instructions from your supervisor.

25. Fire is the number one cause of disaster in health care institutions.

- A.True
- B.False

26. It is acceptable to open a door marked with a Yellow Tag to report the status of the fire to the operator.

- A.True
- B.False

27. During a fire drill Associates are allowed to use elevators.

- A.True
- B.False

# Associate Wellness: Your Wellness Program

Your Associate Wellness Committee is organized to assist associates in promoting, and supporting optimal health and well-being. The Health Improvement programming is based on health data from four main sources; health insurance claims, wellness profile information (Excellus HRA), health screenings and associate service aggregated personnel data. The top 5 health insurance claims are for: 1) Back Pain, 2) Diabetes, 3) Cholesterol Disorders, 4) Hypertension and 5) Depression & Anxiety. Programming and education are provided for: weight management, nutrition education, fitness training, routine exercise, smoking cessation, stress management, biometric screening and injury prevention/ reduction.

Thompson Health results from the HRA are in **2009 51%** of Associates function with low health risks, in **2010 57%** of Associates have low health risks, in 2012 **62%** and **today 59%** of associate function with low health risks. Below are three references that were designed to assist Associates and Community Members in pursuing a healthy living agenda. Personal health requires a daily intentional effort.

## 16 TIPS FOR HEALTHY EATING

1. Eat 5 cups of fruits and vegetables a day
2. Expand your consumption of whole grains
3. Eat a wide variety of foods
4. Eat 4 small meals a day
5. Eat colorful foods
6. Eat locally grown foods
7. Read food labels
8. Know good carbs (whole foods) from bad carbs (refined foods)
9. Snack on fruits and vegetables
10. Eat cereals with 4 grams of fiber or more
11. Buy food from the outside of the grocery store
12. Sit down and slow down at meal time
13. Drink five glasses of water per day
14. Eat raw foods at every meal
15. Drink zero sugar drinks
16. Eliminate use of Hydrogenated Oils

## 14 TIPS FOR HEALTHY FITNESS

1. **Write down goals.** Challenge yourself! Set goals, big or small and stick to them!
2. **Aim for 10,000 steps per day.** Buy a pedometer and keep track of your steps.
3. **Get outdoors.** A change in scenery can keep your fitness program exciting and you can explore new places.
4. **Take the stairs!** Stop using that elevator. It is a quick easy way to increase activity at work.
5. **Stretch!** Take breaks throughout the day to stretch. A flexible muscle is less prone to injury, and it gives you a chance to clear your mind and step away from your work for just a few minutes which actually helps increase your productivity and decrease your stress level.
6. **“Stealth Health”-** find simple ways to sneak in exercise into your daily life. You can’t use the excuse “I don’t have the time,” a few minutes here and there add up!
7. **Drink plenty of water throughout the day.**
8. **Park further away-** it’s an easy way to increase the number of steps you take each day.
9. **Get support.** Use the buddy system- get a friend or family member to join in your fitness program with you so you can keep each other motivated.
10. **Mix it up!** Change your fitness routines and keep it new and exciting.
11. **Lift weights-** and your spirits. Exercising has been shown to affect mood controlling parts of your brain. So next time you are down, reach for the dumbbells instead of junk food!
12. **Take advantage of fitness trails in your community.**
13. **Involve your family into your fitness goals.** Take your kids with you when you walk, go for a bike ride with your spouse, play fetch with your dog at the local park.
14. **Keep it fun-** If you have fun with your fitness activities you will be able to stick to it and reach your goals.

**TOP 15 STRESS MANAGEMENT TECHNIQUES IDENTIFIED**  
**BY THOMPSON HEALTH ASSOCIATES**

1. Go for a walk or do Yoga
2. Listen to music of your favorite artist
3. Turn to a higher power, such as your God, through prayer
4. Take a warm bubble bath
5. Meditation with deep breathing techniques
6. Light some candles, wrap yourself up in a blanket, and watch a movie
7. Spend time with family or pets
8. Go for a run or engage in some other sort of cardio exercise
9. Get a whole body massage
10. Journal your thoughts and feelings
11. Take a nap, can help take your mind off things
12. Stop what you are doing and take a deep breath
13. Talk to someone you are close with (ex: spouse, partner, friend)
14. Close your eyes and count backward from 50, visualizing each number and thinking about nothing else
15. If you are feeling overwhelmed, prioritize what needs to be done and tackle one thing at a time

28. The most prevalent health issue reported by associates is...

- A. Hypertension
- B. Diabetes
- C. Back pain

29. According to the results from the HRA, the percentage of associates that are functioning with low health risks has...

- A. Improved
- B. Declined
- C. Stayed the same

Call Randy Jacque, Director of Health if you have suggestions for associate health/ wellness improvements at x6589



# General Safety

## *General Safety Tips:*

- Wash your hands frequently and thoroughly to prevent infection.
- Positively **NO RUNNING!**
- Portable electric heaters are not permitted within the facility at any time.
- Stairways and exits must be kept clear of obstructions at all times. Patient room sides of corridors should be kept free of obstructions.
- Always approach corners and doorways cautiously to avoid dangerous collisions. Make use of ceiling mounted mirrors allows you to see around blind corners.
- Push carts **SLOWLY**, making sure that you can see what is in front of you.
- Only operate tools and equipment that you have been trained on and **AUTHORIZED** to use.
- Keep machine guards in place.
- Clean up spills immediately or block off the area until the spill has been removed.

## **Transportation:**

- At the elevators, be sure that the floor and elevator deck is level before proceeding. When entering an elevator with a wheelchair always **BACK** the wheelchair on and push the wheelchair off.
- Before assisting a patient or resident on or off of a wheelchair – **ALWAYS** set the wheel brakes.
- Transport patients and residents feet first. If the patient or resident is on a stretcher or bed, use the rails or straps for an extra degree of safety.
- **Never** leave a patient or resident unattended.

## **Electrical:**

- Water and electricity do **NOT** mix. Prevent dampness near switches, wiring, & appliances.
- Electric cords can trip you. Place them out of the way. Remove them when not needed.
- Close drawers and cabinet doors right away after use.
- Portable heating devices are **PROHIBITED** throughout the entire health system.
- Extension cords are **PROHIBITED** except for temporary maintenance use.
- Report electrical troubles immediately to Facility Services.

## **What to do if you have an injury at work**

1. Administer First Aid in your unit/avenue/area, **IF NEEDED**.
2. Report the injury to your direct supervisor immediately. Your supervisor may refer you for medical evaluation. Not all injuries need to be seen by a medical professional. (You have the option of being seen at a later date, even if you were not seen immediately after the injury occurred.)
3. Complete an **ACCIDENT REPORT** immediately for all injuries, even if a medical professional does not see you. This is for your protection. You must give the report to your supervisor. Completed forms must be sent to Associate Health within 24 hours of the accident.

30. If an associate is injured at work an INCIDENT REPORT should be filled out immediately.
- A.True
  - B.False
31. Completed forms should be sent to Associate Services within 48 hours of the accident.
- A.True
  - B.False

# Growth and Development

When we hear the words growth and development, we might think they are one and the same. The dictionary even uses ‘development’ to define growth! However, growth usually means body changes such as height, weight and bone changes that come with age while development is the change in our ability to perform skills and adapt to the world around us.

As you can imagine, this time with us, may be one of the most stressful in our patient/resident’s lives. Their ability to cope or do the things they once did may be changed. Experts like Freud, Erikson and Piaget give us some guidelines about development, but we need to individualize the care we give based on our patient/resident’s situation. Only they know what is important to them. And what is important to them may have changed because of their health situation.

Clinicians, depending on your role, think about how your care will be changed for different *ages* including neonates, infants, children, adolescents, young adults, middle aged adults and the elderly.

For example, the newborn will feel safer in a parent’s arms. Allowing a child to safely explore equipment or show a procedure on a favorite stuffed animal will help gain their trust.

Safeguarding privacy for the teen and allowing time with friends will be very important. For the adult and elderly populations, loved ones will likely be involved in decision making.

Encouraging the middle aged adult to delegate tasks so they can rest and recover will be as important as listening to the stories the elderly have to share.

Also think about how care may be affected by *cultural or religious needs* and how *patient/resident teaching* will change for those with developmental delays, physical impairments, dementia or different reading abilities. Perhaps there are rituals for birth or death or dietary requirements needed during a patient or resident’s stay?

This is what the Joint Commission means by age specific and cultural competence. How is the care we provide, individualized for the unique needs of our patients and residents? And how will we know without asking? It is especially important that we know what comforts people as individuals and not assume that everyone in the same age group, ethnic group or religious group is the same.

Some resources for you:

- Links about growth and development: Associate Services> Education> Clinical Education> Growth and Development
- HRSA: Culture, Language and Health Literacy: <http://www.hrsa.gov/culturalcompetence/index.html>
- Age Specific Competency articles sent by email monthly and stored at: Associate Services> Education> Age Specific Comps. Look for topics that interest you. Complete the article ‘on your honor’ and use the keys to grade the tests and return them to Associate Services for credit in your Ultipro education record.

32. According to the Joint Commission, age specific and cultural competence means:

- A. We follow Piaget’s guidelines for development
- B. We individualize care based on the unique needs of our patients and residents
- C. We treat all patients and residents the same, regardless of age, culture or religion

# HIPAA – Health Information Portability and Accountability Act

Federal and state laws, which include the Health Information Portability and Accountability Act (HIPAA), protect the right of every patient and resident to the privacy of his or her health information. Thompson Health protects the privacy of its patients and residents in strict adherence to HIPAA through a series of written policies and procedures, training, education, security measures and disciplinary action.

All privacy complaints or concerns from patients, residents or Associates must be reported to the Vice President of Legal & Regulatory Affairs who serves as the Privacy Officer for Thompson Health. The Privacy Officer can be reached directly by telephone (396-6714), email ([Elizabeth.talia@thompsonhealth.org](mailto:Elizabeth.talia@thompsonhealth.org)), or in person. Associates may also report concerns anonymously through the Corporate Compliance Hotline (396-6234), or to their direct supervisor.

- The key elements of health information privacy include: All providers and payers must take reasonable steps to protect confidential health information.
- All providers and payers must have systems in place to control and safeguard access to protected health information.

Key aspects of the HIPAA Privacy Rule include: :

- Protected Health Information (PHI) – Any information related to healthcare services that identify the patient or resident or his/her treatment.
- Minimum necessary – Associates may only access or disclose patient or resident information necessary to do their job. In other words, PHI is disclosed on a “**Need to Know**” basis only.
- Notice of Privacy Practices – Patients and Residents receive a notice informing them of the manner in which Thompson Health may utilize or share their information.
- Business Associate Agreements – Thompson Health utilizes contracts with our business partners to ensure that they protect the confidentiality of health information. .

Examples of Protected Health Information are:

- Name of the patient or resident
- Home or work address
- Social Security number
- Names of relatives
- Unique identifiers (such as tattoos, scars, one-of-a-kind job title, etc.)
- Telephone/fax/other numbers
- Photographs

## HIPAA Security

The purpose of the HIPAA Security Rule is to ensure that organizations safeguard electronic forms of PHI and the integrity of our information systems, ensuring the systems are safe from

internal or external threats (unauthorized users, such as hackers, viruses, spam, spyware). If an Associate has any knowledge or suspicion of a security violation, they must report it to the HIPAA Security Officer. Under New York State law, a security breach would include the unauthorized acquisition of private information (i.e. personal identification, Social Security number, driver's license number) by a person or entity who is acting without permission to obtain or utilize this information.

Information Security refers to all measures that are in place to ensure:

- Confidentiality: Only those who need access, have access.
- Integrity: Ensure that PHI is not improperly altered or destroyed.
- Access: PHI is readily accessible when needed by those who are authorized.

General Requirements:

- Information stored in or, transferred by, computers is available when needed.
- Only people who need data can access it.
- PHI cannot be changed or corrupted by mistake.
- The IT system includes protection from internal and external threats.
- Security measures guard against accidental or intentional inappropriate sharing.
- **NEVER** share your password(s) with anyone!

33. PHI stands for Personal Health Information

- A. True
- B. False

34. All privacy complaints from patients/residents and associates must be reported to the Compliance Officer, Compliance Hotline or your supervisor.

- A. True
- B. False

# Incident Reporting

## The Purposes of Incident Reporting Include:

1. Permitting appropriate and accurate investigation of incidents.
2. Ensuring and improving quality of care and safety of the environment.
3. Measuring the performance of our safety measures.
4. Responding to customers' safety concerns.
5. Encouraging objective decision-making through accurate documentation of incidents and accidents.
6. Reducing the organization's liability risk through accurate and factual documentation, and timely reporting to regulators and insurance carriers.

## Definition of an Incident

An incident is an unexpected or unusual event that results in an actual or claimed loss, injury, damage and/or liability or risk for the organization or one of its patients/residents/visitors. An actual or threatened interruption of any of the services we depend on to meet patient/resident needs is also an incident that may need to be reported.

## Incident Management

We handle an incident by attending first to the needs of any person who has been affected, and then recording the event in a concise, accurate way on the appropriate incident reporting form.

## Completing the Form:

- | <u>DO</u>   | <u>DON'T</u>  |
|---|---|
| <ul style="list-style-type: none"><li>• State facts completely</li><li>• State facts objectively</li><li>• Be specific</li><li>• Describe conditions before &amp; after the incident</li><li>• Use exact quotes</li><li>• Be timely</li></ul> | <ul style="list-style-type: none"><li>• Assume, assign blame, or discuss</li><li>• Document in the medical record that an incident report was filed</li><li>• Use Associate names in the description of the incident</li><li>• Use the term "wrong"</li></ul> |

**Completed incident forms from the Continuing Care Center and the Senior Communities are sent to the Senior Living Services Operations Department. All other completed incident forms are forwarded to the Clinical Quality Office. Incidents that include injury to a patient, resident or visitor are reported online to the Vice President of Legal & Regulatory Affairs/ General Counsel within 24 hours through the Online Risk Notification process available on the Intranet.**

## Incidents to Be Reported outside Thompson Health

The Vice President of Legal & Regulatory Affairs/ General Counsel investigates and reports incidents involving a claimed injury, death or other harm to the Health System's insurance carriers.

The Clinical Quality Departments of the Hospital and the Senior Living Services Administration report certain incidents to government agencies who oversee health care. Under certain circumstances, a reportable incident must be communicated to the appropriate regulatory agency. Key regulatory agencies include:

- ❑ **New York State Department of Health (NYSDOH)**
- ❑ **Centers for Medicare and Medicaid Services (CMS)**

- Office of the Medicaid Inspector General**
- The Joint Commission**
- Occupational Safety & Health Administration (OSHA)**
- Federal Food and Drug Administration (FFDA)**
- Local Fire Department**

Concerns about the safety or quality of care provided in the organization may be reported to The Joint Commission. There will be no disciplinary or punitive actions for reporting concerns.

35. Completed incident forms should be forwarded to:

- A. Emergency Department
- B. Compliance
- C. Clinical Quality or the Senior Living Services Operations Department
- D. Administration

36. We handle an incident by attending first to the needs of any person who has been affected, and then to the completion of the incident report.

- A. True
- B. False

# Infection Prevention and Control

The goal of the Infection Prevention and Control program is to prevent and control the spread of Healthcare-Associated Infections (HAI). A healthcare-associated infection is an infection that was neither present nor incubating at the time of hospital/healthcare admission, unless it is related to a previous admission. Hand Hygiene (hand washing or use of hand gel) is the most effective way to prevent the spread of infections.

*How do I wash my hands correctly?*

1. Use continuous running water.
2. Use plenty of soap.
3. Scrub vigorously for at least 20 seconds.
4. Rinse keeping hands pointed down so run off will go into sink.
5. Dry well with paper towel.
6. USE PAPER TOWEL TO COVER HANDLE as you turn water off. This eliminates recontamination.
7. Discard paper towel in appropriate trash container.

**When should I wash my hands?**

1. Before and after your work shift.
2. Before and after physical contact with a patient or resident.
3. After handling contaminated items such as bedpans, dressings, or soiled linens.
4. After using the toilet, blowing your nose, or covering a sneeze, etc.
5. Before eating, drinking, or handling food.
6. After using the bathroom
7. After **EVERY** removal of gloves.

**Respiratory Hygiene Cough Etiquette** - The following measures to contain respiratory secretions are required for individuals with signs and symptoms of a respiratory infection:

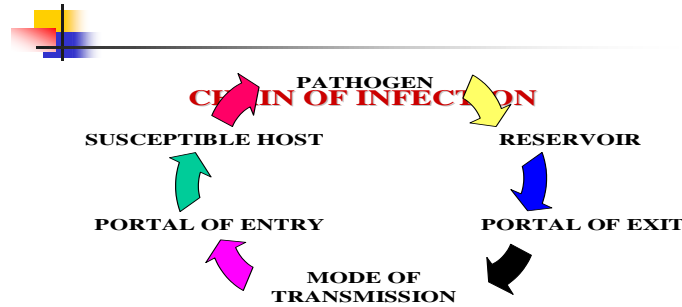
- Cover the nose/mouth when coughing or sneezing
- Use tissues to contain respiratory secretions and dispose in the nearest waste receptacle after use
- Perform hand hygiene (e.g. washing with soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials

During periods of increased respiratory infection activity, offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions. When space and chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas.

Healthcare personnel must observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions. Beginning with the onset of local influenza activity in 2013-2014, Thompson Health Associates who have not been vaccinated for influenza must wear a mask at all times, except when eating.

*The following steps in the Chain of Infection are necessary for an infection to occur:*





## #1 METHOD TO BREAK THE CHAIN OF INFECTION IS HANDWASHING!!

***Standard Precautions*** -Applies to ALL patients/residents regardless of diagnosis or presumed infection status. Many people may have unknown blood borne diseases (HIV, HBV, HCV and other pathogens). **When handling the blood and body fluids from all patients we practice Standard Precautions, which includes use of PPE, personal protective equipment such as: gloves, masks, and/or protective eyewear. We also need to use safe injection practice and sharps disposal.**

***Gloves*** - Gloves are to be worn whenever you anticipate contact with blood or body fluids. After removing your gloves, you must wash your hands. Gloves are to be changed between tasks, especially when going to a clean area from a dirty one. Gloves are to be changed when going from patient-to-patient/resident-to-resident.

***Masks and Protective Eyewear*** - Are to be worn if you anticipate a splash, splatter or spray of blood or body fluids. Prescription glasses are not adequate protection. Generally, if you need to protect your eyes, you also need to protect your face and mouth.

***Protective Gowns*** - Are to be worn if you anticipate your clothing might become contaminated with blood or body fluid. Protective (yellow) gowns are available on all nursing units and from linen room. Do not wear protective yellow gowns outside a room or from room-to-room. Do not wear protective gowns to keep you warm.

***Work Practices*** - Handle sharps with care. All syringes and needles are specially engineered with safety devices to cover needles, and many instrument such as scalpels have a retraction mechanism. **Do not bend, recap by hand or break contaminated needles or other sharps.** Immediately after use, dispose of sharps in appropriate puncture resistant leak proof containers, never in waste baskets. Report to Environmental Services all sharps containers that are full. They will change these containers, but it is everyone's responsibility to let them know.

**Transmission-based precautions** are designed for patients known or suspected to be infected with communicable diseases and resistant organisms. There are three main types of Transmission-based Precautions:

- **Airborne Precautions** require a private room and a negative pressure room. N95 respirator masks or PAPRs are required for all people entering the room. The door must be closed at all times. Diseases that require airborne isolation may include: active pulmonary TB, chicken pox and measles.
- **Contact precautions** help to prevent the transmission of diseases that are spread by direct or indirect contact. Patients/residents need a private room if possible. Gowns and gloves must be worn whenever you are entering the room. Patients with C. difficile infection, ORSA/MRSA, VRE, ESBL, scabies, and lice are examples of patients/residents who require Contact precautions.

**Contact isolation signs are:**

- **Green for MDROs- says all need to wear gown/gloves and clean their hands**
- **Brown for C. Diff-says all need to wear gown/gloves and USE SOAP AND WATER to clean hands**
- **Pink for patient who has ORSA/MRSA in respiratory tract and is coughing-says all need to wear gown/gloves AND mask and clean their hands**
- **Droplet precautions** require the patient/resident to be placed in a private room and all who enter the room are required to wear a surgical mask. Patients/residents who have influenza, pertussis and certain types of bacterial meningitis are placed on droplet precautions.
- **Drug Resistant Organisms & Clostridium difficile - Prolonged hospital stays and extended therapy with multiple antibiotics predispose patients to multi-drug resistant organisms and C. difficile Infections or colonization result from transmission from other patients/residents or their environment. Hand washing is the most effective way to prevent spread of these organisms.**

#### **How often must I get a TB test?**

According to New York State Department of Health, OSHA and the CDC, a healthcare worker must have a TB test annually.

#### **What do I do if I am exposed to Blood or Body Fluid?**

If you are exposed to B/BF, you must do the following:

1. Wash or rinse the skin or eyes immediately.
2. Report the accident to your supervisor and immediately get relieved from duty.
3. Associate Health should be notified weekdays until 3pm and the Nursing Supervisor after 3pm weekdays, and on weekends and holidays.
4. Fill out an Accident Report; follow directions from Associate Health or supervisor for medical follow-up.

*Where can I find this information in our facility?*

In our facility, all policies related to Infection Prevention are located on the **Intranet**.

37. A healthcare-associated infection is an infection that :
- A. Was neither present nor incubating at the time of hospital/healthcare admission
  - B. May be related to a previous admission
  - C. Requires prevention measures by all associates
  - D. All of the above
38. During the 2013-2014 Influenza season, associates who have not received the vaccine must wear a mask at all times when at work, except when eating.
- A. True
  - B. False
39. Hands should be cleaned:
- A. Before and after your work shift.
  - B. Before and after physical contact with a patient or resident.
  - C. After EVERY removal of gloves.
  - D. B and C ONLY
  - E. A, B and C

# Language Assistance and Patient Rights

The Language Assistance and Patient Rights amendment to the Patient Rights is to strengthen communication provisions for persons who do not speak English or do not speak it well.

Some of the areas of the Regulation are:

- 1) The Language Assistance Coordinator is the Director of Case Management/Social Work.
- 2) Brochures and signage about interpreter services are at public locations.
- 3) There is a policy and procedure and ongoing education to associates.
- 3) At the time of admission, the patient's primary language is identified and documented.
- 4) An interpreter is offered and is documented whether the patient accepts or refuses an interpreter.
- 5) Family and friends may NOT act as interpreters unless the patient requests.
- 6) Associates may NOT act as interpreters unless their competency has been considered. This is to assure accurate translation.
- 7) There is a resource list of skilled interpreters for vision and/or hearing impaired individuals and is available to inpatients, outpatients and emergency services. For those hearing impaired individuals, face and speak directly to the patient. For those visually impaired, identify yourself and maintain verbal communication.
- 9) There is communication assistance for patients with mental and developmental disabilities.

To provide Language Assistance or interpreter services: Language Line Services, TTY Phone, Language and Sign Interpreters are available.

For the Language Line Services: Thompson Health contracts with Language Line Services, a company that provides over-the phone interpretation into more than 150 languages, 24 hours a day, 7 days a week. To access this: 1) Obtain a speaker phone, take it to where the patient is and plug it into the phone jack in the wall.

- 2) Call and inform the Switchboard Operator what language is needed.
- 3) The Operator will connect with Language Line.
- 4) Press the speaker button on the phone and begin talking.

40. All patients whose primary language is not English should be offered an interpreter.

- A.True
- B.False

41. Language Line Services is available 24/7 for interpreting.

- A.True
- B.False

42. For those who are hearing impaired; get their attention, face and speak directly to them.

- A.True
- B.False

# MRI Safety

The MRI Policies and Procedures are located on the hospital intranet under clinical care. At Thompson Health the MRI Safety Officer is Dr. Ben Wandtke at X6620 (or any other radiologist in his absence. Working hours for MRI are 7am-8pm Monday- Friday, Saturday 8am-12pm and on call outside those hours.

**THE MRI SCANNER (MAGNETIC FIELD) IS ALWAYS ON- EVEN IF A PATIENT EXAM IS NOT IN PROGRESS 24 HOURS A DAY 7 DAYS A WEEK!!**

## **Metal Objects in a Magnetic Field**

- The powerful magnetic field of the MR system will attract iron-containing (also known as ferromagnetic) objects and may cause them to move suddenly and with great force. This can pose a possible risk to the patient or anyone in an object's "flight path."
- Great care is taken to be certain that objects such as "ferromagnetic" screwdrivers and oxygen tanks are **not brought into the MR system area.**

## **Items Prohibited From Entering MRI Scan Room**

Items that need to be removed by **anyone** before entering the MR system room include:

- Purse, wallet, money clip, credit cards, cards with magnetic strips
- Electronic devices such as beepers or cell phones
- Metal jewelry, watches, hair barrettes, hairpins, hearing aids
- Pens, paper clips, keys, coins
- Stethoscopes

## **Associates With "Implants" Are Prohibited From Entering The Scanner Room**

The powerful magnetic field of the MR system will pull on most implanted devices. Items that may create a health hazard entering the MRI scanner room include:

- Cardiac pacemaker or implantable defibrillator
- Catheter that has metal components that may pose a risk of a burn injury
- A ferromagnetic metal clip placed to prevent bleeding from an intracranial aneurysm
- An implanted or external medication pump (to deliver insulin or pain-relieving drug)
- A cochlear (inner ear) implant
- Metal fragments in eyes

## **Associate Screening Process**

You will be asked to fill out a screening form asking about anything that might create a health risk. The screening forms are filled out during NAB. All associate MRI screening forms are kept in alphabetical order and checked prior to an associate entering.

You would need to fill out a new screening form if your health status changes. **Please note if you are cleared you still need to remove all loose metallic/electronic items prior to entering the scanner room each and every time.**

43. It's safe to go into the MRI scanner room after hours with metal objects because the staff turns off the machine, therefore the magnetic field, when they go home?
- A. True
  - B. False
44. Associates with the following are not allowed to enter the MRI scanner room?
- A. Pacemaker, implanted defibrillator
  - B. Insulin pump, aneurysm clip in brain
  - C. Metal fragments in eye that were not removed (even if a long time ago)
  - D. All the above
45. If there is a patient emergency in the MRI scan room then it's ok to not take the time to remove loose metal or electronic objects prior to entering the room?
- A. True
  - B. False

# OSHA Hazard Communication Standard

## What is the Hazard Communications Standard?


The Hazard Communication Standard provides people the right-to-know the hazards and identities of the chemicals they are exposed to in the workplace. These chemicals pose a wide range of health hazards (such as irritation, sensitization, and carcinogenicity) and physical hazards (such as flammability, corrosion, and reactivity). OSHA's Hazard Communication Standard (HCS) is designed to ensure that information about these hazards and associated protective measures is disseminated.

In order to ensure chemical safety in the workplace, information about the identities and hazards of the chemicals must be available and understandable to associates. OSHA's Hazard Communication Standard requires the development and dissemination of such information;

- Chemical manufacturers and importers are required to evaluate the hazards of the chemicals they produce or import, and prepare labels and safety data sheets to convey the hazard information to their downstream customers;
- All employers with hazardous chemicals in their workplaces must have labels and safety data sheets for their exposed workers, and train them to handle the chemicals appropriately.

## Labels

OSHA has updated the requirements for labeling of hazardous chemicals under its Hazard Communication Standard (HCS). As of June 1, 2015, all labels will be required to have pictograms, a signal word, hazard and precautionary statements, the product identifier, and supplier identification. A sample revised HCS label, identifying the required label elements, is shown below. Supplemental information can also be provided on the label as needed.

<b>SAMPLE LABEL</b>	
<p style="text-align: center;"><b>PRODUCT IDENTIFIER</b></p> <p>CODE _____            Product Name _____</p> <p style="text-align: center;"><b>SUPPLIER IDENTIFICATION</b></p> <p>Company Name _____            Street Address _____            City _____ State _____            Postal Code _____ Country _____            Emergency Phone Number _____</p> <p style="text-align: center;"><b>PRECAUTIONARY STATEMENTS</b></p> <p>Keep container tightly closed. Store in cool, well ventilated place that is locked.            Keep away from heat/sparks/open flame. No smoking.            Only use non-sparking tools.            Use explosion-proof electrical equipment.            Take precautionary measure against static discharge.            Ground and bond container and receiving equipment.            Do not breathe vapors.            Wear Protective gloves.            Do not eat, drink or smoke when using this product.            Wash hands thoroughly after handling.            Dispose of in accordance with local, regional</p>	<p style="text-align: center;"><b>HAZARD PICTOGRAMS</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b>SIGNAL WORD</b> <b>Danger</b></p> <p style="text-align: center;"><b>HAZARD STATEMENT</b></p> <p><b>Highly flammable liquid and vapor.            May cause liver and kidney damage.</b></p> <p style="text-align: center;"><b>SUPPLEMENTAL INFORMATION</b></p> <p><b>Directions for use</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Fill weight: _____ Lot Number _____</p> <p>Gross weight: _____ Fill Date: _____</p> <p>Expiration Date: _____</p>

## Safety Data Sheets

The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDSs) (formerly known as Material Safety Data Sheets or MSDSs) to communicate the hazards of hazardous chemical products. As of June 1, 2015, the HCS will require new SDSs to be in a uniform format, and include the section numbers, the headings, and associated information under the headings below:

**Section 1, Identification** includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

**Section 2, Hazard(s) identification** includes all hazards regarding the chemical; required label elements.

**Section 3, Composition/information on ingredients** includes information on chemical ingredients; trade secret claims.



**Section 4, First-aid measures** includes important symptoms/ effects, acute, delayed; required treatment.

**Section 5, Fire-fighting measures** lists suitable extinguishing techniques, equipment; chemical hazards from fire.

**Section 6, Accidental release measures** lists emergency procedures; protective equipment; proper methods of containment and cleanup.

**Section 7, Handling and storage** lists precautions for safe handling and storage, including incompatibilities.

**Section 8, Exposure controls/personal protection** lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).

**Section 9, Physical and chemical properties** lists the chemical's characteristics.

**Section 10, Stability and reactivity** lists chemical stability and possibility of hazardous reactions.

**Section 11, Toxicological information** includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12, Ecological information\*

Section 13, Disposal considerations\*

Section 14, Transport information\*

Section 15, Regulatory information\*

**Section 16, Other information**, includes the date of preparation or last revision.

\*Note: Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15(29 CFR 1910.1200(g) (2)).

**Employers must ensure that SDSs are readily accessible to employees.**  
See Appendix D of 1910.1200 for a detailed description of SDS contents.

**If there is a major spill of a hazardous material that cannot be managed by your staff,  
call Facility Services for emergency containment and clean up.**

46. Irritation, sensitization and carcinogenicity are which type of hazard?
- A. Physical Hazard
  - B. Health Hazard
  - C. A and B
47. Manufacturer or distributor name of a chemical can be found in what section of the SDS?
- A. Section 1: Identification
  - B. Section 2: Hazard(s) Identification
  - C. Section 3: Composition/information on ingredients
  - D. Section 4: First-aid measures
48. Precautions for safe handling and storage, including incompatibilities can be found in which section of the SDS?
- A. Section 5: Fire-fighting measures
  - B. Section 6: Accidental release measures
  - C. Section 7: Handling and storage
  - D. Section 8: Exposure controls/personal protection

# Policies and Procedures

Thompson Health maintains Policies and Procedures in order to ensure compliance with laws and regulations, and adherence to the highest standards of quality, safety, operations and process integrity. The Health System has a unified Policy and Procedure system, Policy Manager, which organizes policies by functional category. All policies **must** be part of this system. All policies may be accessed by the Health System's Intranet under Policies and Procedures. Master copies are located in the Legal and Regulatory Affairs office. One additional complete printed set of policies and procedures is also located in the MMECCC.

Policies and Procedures include the following where applicable:

- Policy Statement – why we do something, the overall purpose
- Procedure(s) – the process(es) for implementing the policy
- Supporting Instructions/Forms- manufacturer's instructions, check sheets, etc.

Whenever possible, these are included in the same document under the specific headings, Policy, Procedure and Supporting Instructions. Additional instructions and/or forms may be attached to the document and therefore do not require their own number. This helps to reduce the overall number of documents in the system.

**Clinical Procedures:** Thompson Health utilizes Lippincott's evidence based clinical procedures whenever possible. It is important to remember to **always find Thompson approved policies and procedures only through Policy Manager**. If Thompson utilizes a Lippincott procedure, there will be a link to that procedure within the Policy Manager document. **DO NOT** directly access Lippincott for procedures.

Policies and Procedures are organized and numbered as follows:

**Functional Category** – there are ten categories (see below\*)

**Subcategory** – each functional category has different subcategories

**Policy Number** – the number within the subcategory

**Procedure Number** – relates to the policy

**Instruction Number** – relates to the policy or procedure

**For Example: Supporting Instruction IM.03.002.11.04**

**IM** – is the Functional Category this information falls under (Information Management)

**.03** – is a sub-category for Information Management (Health Information Management)

**.002** – represents a main policy under IM.03 (Release of Protected Health Information (PHI))

**.11** – represents a procedure under the main policy (Release of Information - Subpoena Duces Tecum)

**.04** – represents a supporting instruction to the procedure (Receipt of Medical Record)

**\*Functional Categories:**

**CC:** Clinical Care

**FS:** Financial Services

**HIPAA:** Privacy and Security

**HR:** Human Resources

**IM:** Information Management

**LR:** Leadership Resources

**LS:** Life/Facility Safety

**MR:** Material Resources

**MS:** Medical Staff

**QR:** Quality Resources

To find a policy, go to the Thompson Health Intranet and click on Policies and Procedures under the category Information. This will open a second page. Click on Policies and Procedures again and Policy Manager will open.

You may locate a document by Functional Category if you know the document number or you may utilize the Search feature in the upper right corner of the page. The Search feature allows you to search by title, full text, key words or all of the above.

For further information, please refer to policy **LR.05.006 Policies & Procedures in Policy Manager**.

49. It is acceptable practice to go directly to Lippincott to access clinical procedures.

- A.True
- B.False

50. How many functional categories are available for policies & procedures?

- A.10
- B.11
- C.12

# Patient/Resident's Bill of Rights

## ***RIGHTS OF PATIENTS:***

As a Patient in a Health Care Facility in New York, you have the right, consistent with law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the Health Care Provider **must** assist you, including providing an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the health care setting.
6. Know the name, position and function of any staff member involved in your care and refuse their treatment examination or observation.
7. A no smoking room.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Plan in advance for medical treatment through "advance directives."
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders - A Guide for Patient and Families".
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the health care institution and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the health care institution. The Health Care provider must give you a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical records without charge. Obtain a copy of your medical records for which the health care institution can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. Complain without fear of reprisal about the care and services you are receiving and to have the health care institution respond to you verbally and, if you request, in writing. If you are not satisfied with the response, you can complain to the New York State Health Department. The institution must provide you with the Health Department telephone number.

## ***Rights of the Continuing Care Center Residents:***

Nursing Home Residents in the State of New York are also guaranteed rights. State and Federal regulations require nursing homes to have written policies to implement the rights of residents. The social worker explains the rights and related policies to each resident and/or their representative soon after admission and periodically during their stay.

Any person requiring nursing home care should be able to enter any nursing home and receive appropriate care, be treated with courtesy and enjoy continued civil and legal rights.

## **Rights of Residents:**

The facility presents these “Rights” with the expectation that observation of those rights will contribute to a better quality of life for all of us living, working or visiting in the Facility. You have the following rights as a Resident of this Facility:

1. **Free Choice:** This right refers to your choices regarding medical treatment as resident here.
  - Right to choose an attending physician.
  - Full advance information about changes in your care or treatment, which affects your well-being. This includes your right to refuse treatment.
  - Right to make advance directives concerning your medical treatment, which becomes effective if you should lose your capacity to make such decisions in the future.
  - Right to participate in your assessment and care planning.
  - Right to consent to participation in experimental research.
2. **Freedom from Abuse and Restraints:** You will be free from physical, sexual or mental abuse, corporal punishment and involuntary seclusion.
3. **Dignity and Respect:** You have the right to be treated with dignity, respect and consideration.
4. **Privacy:** You have the right to privacy in your accommodation; law does not require a private room.
5. **Confidentiality of Personal and Clinical Records:** Your medical, social and financial records will be released only to those staff who need them, to other health care institutions if you require care by those facilities when required by law or by the agency that is paying for your care.
6. **Accommodation of Needs:** You have the right to make choices about aspects of your life.
7. **Voice Grievances:** You may voice grievances to the Facility without fear of reprisal or discrimination.
8. **Organization of and Participation in Family and Resident Groups:** You and your family members may organize resident and family councils.
9. **Participation in Social, Religious and Community Activities:** You have the right to participate in any activities that do not infringe on the rights of other residents.
10. **Examination of Survey Results and Correction Plans**
11. **Resident Funds:** You have the right to manage your own funds.
12. **Information About Eligibility for Medicare/Medicaid Benefits:** You have the right to receive Medicare or Medicaid benefits if you are eligible for those benefits and if the Facility participates in these programs.
13. **Rights to File Complaints about Abuse, Neglect, or Misappropriation of Property:** You have the right to file a complaint with the state agency which inspects this Facility if you believe you have been abused or neglected, or if your property has been stolen.
14. **Information about Advocacy Groups**
15. **Visitors:** You have a right to immediate and unlimited access by immediate family or relatives, the long-term care ombudsman, government agency representatives and attending physician.
16. **Couples:** Spouses, relatives or partners have a right to share a room if they are both residents of the Facility, and you both consent to the arrangement.
17. **Work:** You have a right to perform or not perform work for this Facility if it is medically appropriate.

18. **Transfer and Discharge:** You have the right to remain in this Facility unless:
- You no longer need our care
  - Your welfare requires transfer
  - We cannot meet your needs
  - The health or safety of others in the Facility is endangered
  - You fail to pay for services
  - The Facility ceases to operate
19. **Personal Possessions:** You have a right to a homelike environment and to retain, store and use your personal belongings and furnishings if they can be used in accordance with health and safety regulations.
20. **Notification of Change in Your Condition:** We will notify you, your attending physician, your legal representative, and a family member within 24 hours of the following: an accident, a significant change, a need to alter treatment significantly or a decision to transfer or discharge.
21. **Bed-Hold Policy:** If your care is paid for by Medicaid and you have resided in the Facility for a minimum of 30 days, the State will pay for holding your bed 15 days with a 5 day extension if needed.
22. **Admission:** You have the right to non-discrimination in admissions and equal access to quality care.
23. **Food/Nutrition:** You have the right to receive special food or food products, upon request, when as a matter of religious belief you wish to observe dietary customs.
51. Any person requiring nursing home care should be able to enter any nursing home and receive appropriate care, be treated with courtesy and enjoy continued civil and legal rights.
- A. True
- B. False
52. A patient/resident does not have right to receive complete information about their diagnosis, treatment and prognosis:
- A. True
- B. False

# Professional Misconduct

Thompson Health System is dedicated to providing excellence in patient/resident care. All members of our health care team are pledged to abide by this philosophy.

Health care is a complex operation and cannot be performed by only one person. Each Associate has been hired to fill a particular need in the system and to personally contribute to the overall effectiveness of our healthcare system. Together we are stronger than each of us is alone. When Associates don't work together and contribute professionally, the quality of our output -- **patient/resident care** -- is affected.

Each specific job is spelled out explicitly in a job description, which each Associate receives at the time of employment. Failure to adhere to the limits established in the job description, as well as doing the various defined tasks poorly, constitutes **misconduct**.

Professional misconduct includes practicing fraudulently, negligently or incompetently; or practicing while being impaired by alcohol, drugs, physical or mental disability. Further examples of misconduct include:

- Behaving in a way that indicates moral unfitness with regard to principles of ethical practice
- Filing false reports
- Practicing beyond the scope permitted by one's job description, licensure, certificate &/or registration.
- Performing services unauthorized for a patient/resident or client
- Physically abusing or neglecting a patient/resident
- Practicing without a current license/registration

People who are incompetent are those who repeatedly make the same mistakes. They are either ignorant that the mistake is being made or their rationale lets them think it's really okay. Incompetence also exists when someone attempts to cover up an incident that jeopardizes a patient's or resident's welfare. Incompetence is usually a pattern of events.

The Thompson Health Associate Handbook indicates Associates may be dismissed for reasons including:

- Insubordinate behavior
- Falsifying time records
- Theft of property of Thompson Health, Thompson Associates, volunteers, patients, residents or visitor
- Possession of any weapon while on Thompson Health property
- Disclosure of confidential information regarding patient/resident or Health System business
- Unauthorized or inappropriate use of computer passwords/security, internet or computer equipment

In the best interest of our patients/residents and the rest of the Health System staff, all Associates are encouraged to report situations that involve impaired or incompetent co-workers. Substance abuse and psychiatric or organic illness causes impaired practice.

Associates from whom professional licensure is required are cautioned that the penalty for driving while intoxicated (DWI) convictions may include reporting by law enforcement agencies to the Office of Professional Discipline of the State Education Department. The results may be suspension or even revocation of their professional license. In New York State, professionals who abuse drugs or alcohol may voluntarily surrender their licenses while seeking treatment, provided they have caused no harm to patients/residents. All Associates must report any convictions for drug/alcohol offenses to the VP of Associate Services or his/her appointee within 5 days of the conviction.



Co-workers who may suspect a colleague of chemical dependency are to report the deviant action to the suspected individual's immediate supervisor or manager. If the manager is not available, then report to the Vice President covering your department. If the Vice President is not available, then contact an Associate Health Nurse or Nurse Supervisor. **An individual who fails to report** the incompetent or impaired behavior of another person may unknowingly be guilty as an accessory.

It is important to emphasize that offenders need help. People who are chemically impaired should be reported, and then referred to programs such as our Employee Assistance Program (EAP). Remember, when a question of possible incompetent or impaired behavior arises, your action must be to place the welfare of the patients and residents first.

53. Reporting to work under the influence of alcohol, controlled substances, inappropriately used prescription drugs or over-the-counter medications are strictly prohibited.

- A. True
- B. False

54. Professional Misconduct includes:

- A. Practicing beyond the scope permitted by one's job description, licensure, certificate &/or registration.
- B. Practicing without a current license/registration
- C. Performing services unauthorized for a patient/resident or client
- D. All of the above.

# Public Relations

Every Associate is a “public relations representative” for Thompson Health. Each of us can support Thompson Health’s good relationship with the community and the news media by doing two things:

**First**, each Associate can provide good customer service. Our customers are very selective about health care services. Associates who deliver expert clinical care, a clean, comfortable environment and courteous service support our efforts to retain existing customers and attract new ones.

**Second**, Associates are required to adhere to our policies regarding the news media. It is the policy of Thompson Health to maintain full cooperation with the news media while adhering to the Health Insurance Portability and Accountability Act (HIPAA) regarding patient/resident confidentiality. Thompson Health also has the responsibility to prevent unreasonable use of its facilities and excessive demands upon its personnel, which would interfere with its primary obligation of serving patients, residents and the community.

To meet all these responsibilities, Thompson has established the following policies for interacting with the news media:

**Designated Spokesperson** - The Administration has designated the Nursing Supervisor on any shift to release factual information under the guidelines of HIPAA. If in doubt, s/he will contact the Administrator on call. For more in-depth media inquiries and requests for photographs, contact the Director of Corporate Communications. However, for media inquiries during a disaster, contact the Public Information Officer under Incident Command.

**Admission**— Thompson Health will acknowledge the admission of a patient/resident and their condition without the patient/resident's permission, unless the patient/resident or a family member specifically requests that the information is not to be made public. Neither the hospital nor the patient/resident's physician is free to release any confidential information about the patient/resident without the patient/resident's permission. If the patient/resident is in no condition to release information, this must be obtained from the next of kin. If the patient/resident is a minor, authorization may be given by one of the parents or legal guardian.

**Photographs** - No photographs or video tapes/movies of any patient/resident will be taken without his/her signed consent. In the case of a minor, a parent or legal guardian will be asked to sign this consent. Permission to take still photographs in the health system, as well as clearance for television or radio news coverage, must be requested through the Director of Corporate Communications. No patient/resident will be interviewed without obtaining his/her consent and the consent of the department supervisor.

**Publishing Births** - Written consent for the publishing of births in the media or publishing of a photo on Thompson Health’s Internet Nursery (Baby Bytes) will be requested on the mother’s discharge paperwork, before the hospital will release any birth information to the local media and/or Baby Bytes.

**Disaster** - Working with the news media and disseminating information to them and to members of the public during an internal or external disaster or drill is the responsibility of the Public Information Officer under Incident Command. Media requests during a disaster are to be referred to the Public Information Officer.

**Deaths** - The death of a patient and the cause of death are considered protected health information (PHI). Under HIPAA regulation (in most cases), the only information that may be released is a one-word condition: deceased. Thompson Health will not release this information until the next of kin has been notified by the physician.

55. Admission: If a patient/resident is a minor, who may authorize the release of any confidential information?

- A. Physician
- B. Parent
- C. Legal Guardian
- D. Both B and C

56. Photographs: Permission to take photographs in the Health System as well as clearance for TV or radio news coverage, must be requested through the:

- A. Nursing Supervisor on shift
- B. Director of Corporate Communications
- C. Director of F.F. Thompson Foundation
- D. Director of Security

# Quality Improvement

Simply stated, The Thompson Way is our corporate culture, empowering Associates through quality improvement efforts. The Thompson Way creates a framework for all Associates to work within. It is part of our culture to recognize Associates and build a positive environment. All organizations provide employees payroll and benefits; Thompson Health provides a unique work experience through the Thompson Way to both encourage our Associates' contributions and recognize them. The Thompson Way is all about meeting the needs of our customers and providing quality products and services.

The Thompson Way provides a means for all Associates to participate in making Thompson Health a positive environment that provides a high-quality healthcare experience through:

- Empowered Associates
- Standards of Cooperation and CARES values
- AQC support for improvement efforts
- SAC support for making work fun
- Recognition for Associate contributions

## Definitions:

CARES: Core Organizational Values of: Commitment, Action, Respect, Excellence, Service.

KRAs: Key Result Areas: Customer Satisfaction, Quality, Innovation, People Growth, Organizational Climate, Productivity

AQC: Associate Quality Council. Provides guidance and feedback in the use of all quality tools and methods.

EVC: Executive Vision Council. Includes members of AQC, the Chair of SAC, and the Executive Team for collaboration in quality improvement efforts.

SAC: Socialization Action Council. Coordinates, organizes and sponsors social events for Thompson Health.

Cheer for a Peer: This is a method for recognizing your peers, either within your own department or another department, for going above and beyond their normal duties.

RANSAC: Recognizing an entire department for going above and beyond. (Like a Cheer for Peer for an entire department).

JDI: Just Do It: Individuals taking the initiative to make an improvement independently within the scope of their responsibility.

DIG: DO IT Group: A 4-step problem-solving process that empowers Associates to make changes in how we conduct business or initiate and

implement innovative ideas. DO IT stands for: Define Outline, Implement and Track.

Star Catcher: This is a method that allows our Customers to recognize our Associates.

Process Improvement DIG: An 8-step method for analyzing a process (set of standard practices), identifying opportunities to improve the process, planning for the improvements, and implementing and tracking the changes.

57. The Thompson Way is all about meeting the needs of our customers and providing quality products and services.

A.True

B.False

58. Only certain Associates are empowered to initiate a DIG or other process improvement at Thompson Health.

A.True

B.False

# Radiation Safety

**The Radiation Safety Policy & Procedure Manual is located on the Intranet and in Radiology**

- At Thompson Health, the Radiation Safety Officer (RSO) is Dr. Ronald Hainen at x6620 (or any Radiologist in his absence)-Asst RSO is Kelli Furnare at X6895 (MRI)
- Working hours for the Radiologist & Nuclear Medicine Department are 7:00am – 5pm, Monday – Friday
- Nuclear Medicine technologists are on call outside the above hours.

## **Types of Radiation Used at Thompson Health:**

There are two types of radiation used at Thompson Health. They are Gamma Radiation and X-rays. The X-rays are produced from a radiation machine. When an x-ray machine is “on”, we are exposed. When it is turned “off”, all the radiation dissipates instantly and easily. Examples of radiation machines are CT, C-arm, Mammography and Fluoroscopy.

Gamma radiation comes from radioactive material used in nuclear medicine. Gamma radiation continues to expose until it decays or is removed. For diagnostic testing, patients are injected with a small amount of radioactive material. Unlike x-ray machines, the Gamma camera emits no radiation.

## **General Radiation Safety Rules**

There are certain fundamental principles of radiation protection that should be understood by anyone who might be exposed to radiation. Time and distance are the most practical methods of radiation protection.

**Time:** The principal of time is a practical method of radiation protection. The longer an individual is exposed to a field of radiation, the greater the total exposure. Common sense dictates that time should be used as a control of radiation exposure.

**Distance:** Distance constitutes one of the best methods of radiation protection and is one of the routine methods used. As an individual moves away from the source of radiation, it is natural to expect to receive less radiation.

**Shielding:** Shielding is another method of radiation protection. Shielding is used in radiology with leaded booths in the x-ray rooms where the technologist must stand during an exposure. Lead bricks and syringe shields are used in nuclear medicine to reduce the amount of exposure.

## **Care of Incontinent/Catheterized Patients Receiving Radio-Pharmaceuticals**

The primary route of excretion for all radio-pharmaceuticals is the patient/resident’s urine. The following precautions shall be taken when administering radio-pharmaceuticals:

1. Urine clean-up may proceed according to normal Health System policy. Protective gloves must be worn and Standard Precautions must be followed.
2. Bag any contaminated articles and keep in the patient/resident’s room for later monitoring (surveying) by the RSO or RSO Designee.
3. If the volume of the spill is believed to be greater than 10cc’s, clean up the spill and cover the contaminated area with absorbent chlx.
4. If the urine spill occurs within 24 hours of the time of injection, after cleaning up the spill, notify the RSO or Assistant RSO. The area will be monitored, and, if necessary, treated as a minor spill.

59. What are the two most practical methods of radiation protection?

- A. Time and Shielding
- B. Time and Distance
- C. Distance and Shielding
- D. Iron Apron and Time

60. The primary route of excretion for all radio-pharmaceuticals is:

- A. Patient/resident's urine
- B. Patient/residents sweat
- C. Patient/resident's saliva
- D. None of the above

# Risk Management Strategies

## Identifying Potential Risk

Internal Sources of information that help us identify risk as well as opportunities for improvement in risk management include:

- Incident Reports
- Accident Reports
- Clinical Occurrence Screens
- Quality and Patient Safety Data
- Customer Feedback

External Sources of information that can help us identify risk as well as opportunities for improvement in risk include:

- Federal/State Regulations
- NYS Department of Health
- Joint Commission
- OSHA
- State and Local Law Public Safety Agencies
- Insurance Companies
- Legal, Risk & Safety Experts

## Outlining a Plan of Action

Through this process, we determine the impact of risk on:

- Patient/Resident/Associate Safety
- Our Finances
- Community Relations

We analyze the information in order to:

- Eliminate or Manage Identified Risks
- Prevent Harm to our Patients, Residents and Associates
- Minimize Potential Loss and Injury
- Assess Actual/Potential Losses

## Risk Management

We actively manage risk by educating, auditing, monitoring, investigating, and taking corrective action based on what we learn from internal and external sources.

## Tracking and Evaluation

By reviewing and analyzing our internal and external sources of information, gathered during the risk management process, we can determine the success of our efforts, our regulatory compliance, the impact of any losses, and patient/resident satisfaction.

## Meeting Goals and Benchmarks

We achieve our goals and benchmarks in risk management by:

- Limiting or eliminating risks
- Improving the quality of care through education, process improvements and corrective action
- Transferring risk to other entities through insurance coverage or contractual agreements



61. Incident Reports and Accident Reports are what type of informational source?

- A.Internal Source
- B.External Source
- C.None of the above

62. Improving the quality of care through education, process improvements and corrective action allow us to reach our goals and benchmarks in risk management.

- A.True
- B.False

# Internal / External Disaster Plan

Dial 6666 to report any type of Internal / External Disaster

<b>Code White:</b>	Bomb threat
<b>Code Brown:</b>	Sewer back up
<b>Code Adam:</b>	Infant abduction or missing patient/visitor or resident elopement
<b>Code Red:</b>	Fire
<b>Code Green:</b>	Emergency C-section
<b>Code Blue:</b>	Cardio/Pulmonary Arrest
<b>Code Gray:</b>	Chemical/Biological/Radiological Emergency/Nuclear Explosive
<b>Code Black:</b>	Intruder Incident
<b>Code Triage:</b>	Medical Emergency that causes injury to two or more individuals, such as tornado, explosion, collision, mass casualty incident, partial/full evacuation etc.
<b>Code 15:</b>	Stroke
<b>RRT:</b>	Rapid Response Team a team of clinicians who bring critical care expertise to the patient bedside

## Code White: Bomb Threat Procedure

### Receiving A Bomb Threat Call:

1. The Associate receiving the call is to signal another Associate with the Code White Card. The other Associate is to notify the switchboard operator at 6666. Prolong conversation as much as possible; write down the specific threat and all other information on the Code White Card.
2. Be alert for distinguishing background noises, such as - music, voices, aircraft, church bells, etc. Note distinguishing voice characteristics - young people, giggling, accent, and gender, nervousness or seriousness.
3. Was the call directed to any one individual or location?
4. Is there an indication the caller is familiar with the facility with descriptions he/she uses?
5. The Associate receiving the call will report to the President/CEO's office of the respective facility (i.e. Hospital or Continuing Care Center).

### Search Procedure:

1. The Operator will announce "CODE WHITE".
2. This page will signal designated personnel to begin searching public areas for unfamiliar packages or objects: e.g., Gift Shop, waiting rooms, rest rooms, cafeteria; also stairwells, storerooms, etc.
3. The Executive Staff will be notified if anything suspicious is found.

### Patient/Resident Evacuation:

The need for evacuation is to be determined by the Executive Officer and the Chief Medical Officer. Remove patients/residents from area surrounding suspicious object; also from floors above and below rooms adjoining suspect area. If patients/residents are taken outside building, place them in an area at least 500 feet away from side of building and under cover.

## **Code Brown: Sewer Back-up**

Code Brown is designed to notify staff of a **major** sewer back-up. The Director of Facility Services or his designee calls it through the Switchboard Operator. Code Brown is then announced overhead.

Designated Facility Services and Environmental Services report to the site to clear drains and disinfect area. When a Code Brown is announced, all staff must stop using water and flushing toilets, urinals, etc. until “all clear” is announced.

## **Code Adam: Missing infant or patient/resident**

Code Adam is designed to notify staff of an abducted infant/child and/or missing patient/resident. Code Adam is announced overhead by the Operator using the tone pager, as follows: **“Code Adam – location/male/female/age/color of clothing”**

There are two levels of response when a Code Adam is paged.

1. If it is a “Code Adam – The Birthing Center or 3 East,” all staff assigned to cover stairwells and exits must immediately respond to their stations and observe for suspicious individuals. Note a description of a suspected abductor, the car and license plate number. **PLEASE REMEMBER, DO NOT APPROACH OR CHALLENGE THE PERSON.** Request relief and immediately call Security phone, 6666, and relay location, description and license plate number. A staff member must remain at their station until “Code Adam all clear” is announced.
2. In all other Code Adam pages, staff will immediately search their units for the missing patient/resident. A description will be emailed to everyone. Please notify Security when search is completed or patient/resident is located.

## **Code Gray: Hazardous materials**

A response to a biological/chemical radiological/nuclear/explosive event or disaster related to biologics, chemicals or radiological nuclear or explosives exposures. The Health System CEO/President, Administrator On-Call and/ or Nursing Supervisor will be notified of the potential or actual threat/attack and will activate Code Gray. A Code Gray may require a Code Triage depending on the nature of the exposure and number of casualties.

Contact immediate supervisor or Administrator On-Call or Nursing Supervisor if you are the first to recognize a potential disaster or incident. Immediate supervisor at location of incident is in charge, until outside agencies arrive.

### **Handling of Suspicious Domestic Packages and Foreign Mail/Package**

Any foreign package or mail delivered to Thompson Health which is suspicious, will be held in Materials Management until it is cleared by Health System Administration. Please call 6527 to have material or mail cleared for delivery. All mailed packages received at Thompson Health will be delivered to and cleared through Materials Management. Any deliveries after business hours must be delivered to the Information Desk or Emergency Room Desk and be cleared by a Nursing Supervisor. Mail/Packages delivered to Thompson Health will be handled carefully and will be inspected prior to opening for suspicious or unusual characteristics.

## **Code Black: Intruder Incident**

This code would be activated if an intruder or person within the facility is intending to cause serious physical injury to an individual or multiple individuals by means of shots fired, acts of

violence, physical, verbal or implied. The person observing the conduct should immediately contact the Main Campus Code phone at extension 6666 and give the switchboard operator as much information as possible. The operator will then announce a Code Black, and place the Main Campus in lockdown. The operator will notify 911 as well as the Security Guard on duty. Associates will take cover behind closed and locked doors, remaining there until directed by Law Enforcement to leave. For Off-Site Associates, 911 should be called, and they should escape from the facility, if possible, using the nearest safe exit. Otherwise, they should remain behind closed, locked doors until notified it is safe to leave.

63. During a Code White all available associates should begin searching public areas for unfamiliar packages or objects.

- A.True
- B.False

64. If a Code Adam is called for the Birthing Center or 3East, all staff assigned to cover stairwells and exits must immediately respond to their stations and observe for suspicious individuals.

- A.True
- B.False

# Service Excellence

When you think of customer service, who do our patients, residents and their families compare us to?

- Most people believe they compare us to other healthcare facilities. In reality they compare us to the last person or place who gave them great customer service. In our community, typically that place is Wegmans. We must be aware and ensure each and every customer service encounter is to the level of customer service we expect at Wegmans.
  - At Wegmans what happens when someone is the fifth person in line at checkout? They open another line. Now what happens when someone is the fifth person in line in a health care facility.....they wait and people avoid eye contact. When this happens we do not meet the customer service expectations of our customers.

Quality is expected and assumed in healthcare. Our patients and residents expect us to offer high quality medicine. They expect us to be compliant with all evidence based metrics and best practices. Our customers look to our ease of operation, convenience and personalization to make their experience satisfying and memorable.

- A simple way to ensure this is through greeting each and every person we meet in the hallways of Thompson Health. Remember the “20 and 5 rule”. At 20 feet make eye contact and at five feet greet the individual. This simple gesture speaks volumes about our organization and demonstrates the CARES values.

Service excellence puts our patients and residents at the center. When we improve our service, we improve customer satisfaction and quality outcomes. The people you can have the greatest impact on our marketing efforts are our patients and residents. When they speak of the excellent experiences they have within our Health System it makes a difference in the healthcare choices of those people they influence. It is also imperative to round on our patients so we can assess if we are meeting their needs while they are here. We do not want to hear about their concerns after they have left our Health System.

When interacting with our customers remember this simple acronym: **SHARE**

**S**ense people’s needs before they ask which demonstrates initiative.

**H**elp each other out which demonstrates teamwork.

**A**cknowledge people’s feelings through empathy.

**R**espect the dignity and privacy of everyone which demonstrates courtesy.

**E**xplain what is happening and communicate frequently.

Important for all of us to remember our healthcare environment is our norm. It is where we work every day. It is the language we speak. It is not the norm for our patients and residents. It is our

job to demonstrate the CARES values and make the experience easy, convenient and personal for our patients and residents.

We are all very privileged to be able to have the opportunity to make a positive impact on another person's life every time we come to work!

65. In health care, quality is \_\_\_\_\_ by our customers?
- A. Desired
  - B. Expected
  - C. Assumed
  - D. A and B
  - E. B and C
66. When thinking of customer service, who do our patients and residents compare us to?
- A. Clifton Springs Hospital
  - B. Newark Hospital
  - C. The last person who gave them customer service
  - D. Geneva General Hospital
  - E. A, B and D

# Spiritual Care

Spiritual care is an integral part of healthcare at Thompson Health. At Thompson Health, spirituality is defined as that which brings people their deepest and most enduring sense of meaning, purpose, belonging, and connection in their lives. Spiritual care is what we do through our service to enhance this sense of meaning, purpose, belonging and connection.

Studies show that people who receive spiritual care in healthcare settings may cope better during their hospitalization, may recover more quickly, may be discharged sooner, and may experience an increase in their quality of life. People who exercise their spiritual beliefs through prayer, faith, and a positive attitude may likely enhance their healing process.

Presence, listening, and empathy are tools we can use in providing spiritual care. Spiritual care is available to all patients, residents, visitors, and Associates at Thompson Health.

Spiritual Care can be accessed by contacting the Chaplain at extension 6486 or by contacting a Chaplain's Volunteer.

67. Supporting and enhancing a person's meaning, purpose, belonging, connection in life is defined as spiritual care at Thompson Health.

- A. True
- B. False

68. People who receive spiritual care in the hospital:

- A. Often cope better while hospitalized.
- B. Often recover more quickly.
- C. Often experience an increased quality of life.
- D. All of the above.

# Suicide Risk

## **Assessing Suicide Risk is a Joint Commission National Patient Safety Guideline.**

Identifying individuals at risk is of the most importance in suicide reduction and protection for these individuals. If a patient or resident voices not wanting to live, immediately inform the nurse.

**The Standard** requires the organization identify patients at risk for suicide and do the following:

- Complete a risk assessment which includes identification of specific factors that may increase or decrease risk for suicide.
- Address the patient's immediate safety needs and most appropriate setting for treatment.
- Provide information such as a crisis hotline to individuals and their family members for crisis situations.

### **People at risk:**

- Previous suicide attempt
- Suicidal thoughts/plan/or intent
- Family history of suicide
- Men (4 times that of women)
- Age (men > 75 have highest rate)
- Age (highest incidence of attempts – ages 18-24)
- History of psychiatric illness and/or on antidepressants
- Chronic or acute pain and/or poor prognosis
- Social stressors, e.g. financial, divorce, relationships
- Hopelessness
- Substance abuse

### **Warning Signs:**

- Irritability
- Increased anxiety
- Agitation
- Complaints of pain
- Refusing visitors
- Refusing medication

69. Which of the following are risk factors?

- A. Men including those over 75 years of age.
- B. Social stressors (financial or relationship issues)
- C. Age 18 - 24
- D. All of the above.

70. If a patient/resident voices not wanting to live or suicidal thoughts, you should immediately inform the nurse on the unit.

- A. True
- B. False



