

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

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)"

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

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

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

- 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.

Remove 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. Mark the door with a Yellow Tag (Tag found in Extinguisher cabinets).

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

Alarm – 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.

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

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

- Close and place an Orange Tag on the handle of the door of each room as it is evacuated. ---Orange Tags are 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.
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8. Fire is the number one cause of disaster in health care institutions.
 - A.True
 - B.False
 9. 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
 10. During a fire drill Associates are allowed to use elevators.
 - A.True
 - B.False

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.

11. If an associate is injured at work an INCIDENT REPORT should be filled out immediately.
- A.True
 - B.False
12. 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.

13. 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), 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!

14. PHI stands for Personal Health Information

- A. True
- B. False

15. All privacy complaints from patients/residents and associates must be reported to the Privacy 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:

DO

- State facts completely
- State facts objectively
- Be specific
- Describe conditions before & after the incident
- Use exact quotes
- Be timely

DON'T

- Assume, assign blame, or discuss
- Document in the medical record that an incident report was filed
- Use Associate names in the description of the incident
- Use the term "wrong"

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 (FDA)**
- 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.

16. Completed incident forms should be forwarded to:

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

17. 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:

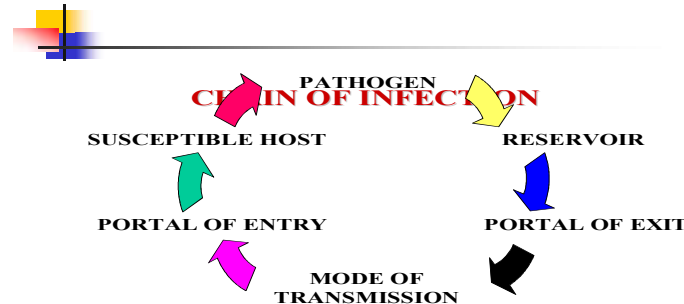
- Cover the nose/mouth when coughing or sneezing
- Use tissues to contain respiratory secretions and dispose in the nearest waste receptacle after use
- Perform hand hygiene (e.g. washing with soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions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

18. 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
19. 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
20. 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.

21. All patients whose primary language is not English should be offered an interpreter.
 - A.True
 - B.False
22. Language Line Services is available 24/7 for interpreting.
 - A.True
 - B.False
23. For those who are hearing impaired; face and speak directly to them.
 - 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.

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

24. Irritation, sensitization and carcinogenicity are which type of hazard?
- A. Physical Hazard
 - B. Health Hazard
 - C. A and B
25. 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
26. 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

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.
27. 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
28. A patient/resident does not have right to receive complete information about their diagnosis, treatment and prognosis:
- A. True
- B. False

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.

29. 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

30. 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

Internal / External Disaster Plan

Dial 6666 to report any type of Internal / External Disaster

Code White:	Bomb threat
Code Brown:	Sewer back up
Code Adam:	Infant abduction or missing patient/visitor or resident elopement
Code Red:	Fire
Code Green:	Emergency C-section
Code Blue:	Cardio/Pulmonary Arrest
Code Gray:	Chemical/Biological/Radiological Emergency/Nuclear Explosive
Code Black:	Intruder Incident
Code Triage:	Medical Emergency that causes injury to two or more individuals, such as tornado, explosion, collision, mass casualty incident, partial/full evacuation etc.
Code 15:	Stroke
RRT:	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.

31. During a Code White all available associates should begin searching public areas for unfamiliar packages or objects.
 - A.True
 - B.False
32. 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**

Sense people’s needs before they ask which demonstrates initiative.

Help each other out which demonstrates teamwork.

Acknowledge people’s feelings through empathy.

Respect the dignity and privacy of everyone which demonstrates courtesy.

Explain 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!

33. In health care, quality is _____ by our customers?
- A. Desired
 - B. Expected
 - C. Assumed
 - D. A and B
 - E. B and C
34. 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

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

35. 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.

36. 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