

Name: _____
Date: _____
Job: _____
Resource Person: _____

CORPORATE ORIENTATION TO EDWARD FOR NON-EMPLOYED*, CLINICAL STAFF

**(For Example, Food Service, Housekeeping, Lab,
Other Techs, PCT, Radiology, Respiratory, RN, Rehab,
Students, Transporters, US, Valet, Vendors)**

***For those at Edward 30 days or less (need not be
consecutive)**

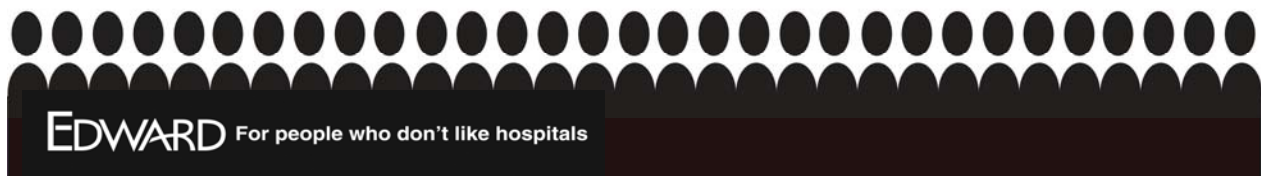


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To access a policy or other posted materials, please ask your assigned resource person.

OVERVIEW

➤ Vision

- We will be the premier healthcare provider where...
 - *Patients* choose to come for services
 - *Physicians* choose to practice
 - *Employees* choose to work

➤ Values

WE WILL...commitments to our customers

- **Welcome you**
 - We will welcome you immediately, introduce ourselves, and call you by name.
 - We will tell you our role and what we'll do for you.
 - We will offer you a personal escort to your destination.
- **Care for you**
 - We will be caring and treat you as an individual.
 - We will coordinate your services among our co-workers.
 - We will assure your privacy and confidentiality.
- **Promote safety**
 - We will ask you to speak up with questions and concerns.
 - We will listen and work with you to find the answers.
 - We will explain your plan of care.
 - We will involve you in decisions about your care.
 - We will provide a clean, safe environment.
- **Provide great service**
 - We will provide on-time service or inform you promptly about any delays.
 - We will do everything reasonably possible to make you comfortable and relieve your pain.
 - We will answer your calls and requests promptly.

TOGETHER, WE WILL...commitments to each other

- **Work as a team**
 - We will support each other's individuality and value differing experiences, skills, and ideas.
 - We will treat each other kindly.
 - We will warmly welcome new employees to Edward.
 - We will help each other succeed.
- **Communicate openly**
 - We will compliment and recognize each other.
 - We will approach our work in an honest and professional manner.
 - We will keep our sense of humor.
- **Promote a safe environment**
 - We will speak up about errors and potential safety concerns.

- We will work together to resolve safety concerns and prevent future errors.
 - We will focus on solutions rather than blame.
 - We will use safe practices in our work.
- **Strive to be the best**
 - We will ensure quality and timeliness of work.
 - We will base our decisions on what is best for the customer.
 - We will take pride in our work and celebrate each other's success.
 - We will use Edward resources efficiently and protect them against loss, theft, or misuse.
 - We will foster an environment of optimal health and well-being.
- **Core Strategies**
 - **Great Place to Work** – a place where employees make a deliberate choice to work, and where they continue to choose to stay, despite other employment options.
 - **Major Expansion** – aggressively seek to address the healthcare needs of the growing population we serve.
 - **Financial Achievement** – reduce costs, while increasing revenues so that we can expand and be able to meet future needs.
 - **Physician Partnerships** – proactively develop partnerships with physicians to continue to offer the highest level of care and service to our community.
 - **Customer Commitment** – provide our patients and customers with the highest quality care and service.

CUSTOMER SERVICE

- Edward Hospital has a strong commitment to providing excellent customer service.
- Communication with patients, family members, and members of the healthcare team is key
- Refer any concerns for customer service to the charge nurse, department lead, unit manager or patient service coordinator
- A patient advocate is available at Extension 77225

HUMAN RESOURCES

➤ Diversity

- Cultural diversity is about differences that exist in our society that come into every workplace. This includes such things as gender, sexual orientation, race, national origin, religion, and regional differences.
- Edward's goal is to create an inclusive workplace where employees and customers are welcomed, treated with respect, and where employees are able to perform their best work.
- We are committed to accommodating our patients' and family members' various cultural needs. We do this by asking our patients and family members what they need from us to observe their cultural requirements.

➤ Dress Code

- Name Badges
 - expectation to wear badges where they are visible to others
 - if picture ID, photo should be visible
- Personal Appearance
 - maintain professional image
 - cleanliness and good hygiene are expected

➤ Tobacco Use

- The use of tobacco products in any form by any person is prohibited at all Edward facilities and on all Edward property. There are no designated smoking areas anywhere on any Edward owned or leased property.
- Violations of this policy may jeopardize your status with Edward

➤ Solicitation / Distribution Restrictions

- Edward protects employees from excessive pressure to contribute to causes, buy things, or feel pressure to support or participate in someone else's cause.
- Edward wants to ensure information posted throughout the organization is in alignment with our corporate mission.
- Solicitation or distribution that is discriminatory, hateful, harassing, illegal, defamatory, profane, or obscene is prohibited at all times.
- Any sale or promotion for the personal gain is prohibited at all times.

➤ Standards of Conduct

- Edward's Standards of Conduct ("Standards") provide guidance to all Edward employees and assist them in carrying out the organization's daily activities within appropriate ethical and legal standards. The operations of Edward Hospital and Health Services ("Edward") are governed by the laws, rules, and regulations of many federal, state, and local agencies, as well as our own policies and procedures.
- The Standards are a critical component of our overall Compliance Program.
- The Standards of Conduct were reasonably designed to encourage:
 - Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships.
 - Compliance with applicable governmental laws, rules and regulations.
 - Prompt internal reporting of violations of the Standards.

- Accountability for adherence to the Standards.
- Edward's Standards apply to our relationships with patients, board members, committee members, affiliated physicians, third-party payors, subcontractors, independent contractors, vendors, consultants, and one another.
- You can report violations to your supervisor, Human Resources, Senior Management or the Chief Compliance and Privacy Officer, or the Compliance Hotline.

SAFETY

➤ **Fire**

- **RACE:**
 - See smoke? Smell something burning? Think RACE
 - **R**escue those from immediate danger of smoke and fire
 - **A**larm by pulling the nearest fire alarm pull station & telephoning 75555
 - **C**onfine or **C**ontain by closing doors to patient rooms, offices, or storage rooms
 - **E**xtinguish (small fire) or **E**vacuate (large fire)
- **EVACUATION versus DEFEND IN PLACE:**
 - **DEFEND IN PLACE**
 - In patient care areas, we use the "Defend in Place" method first when responding to a situation that involves smoke or fire. .
 - To Defend in Place:
 - Move only patients and visitors in immediate danger of smoke and fire to another smoke compartment.
 - There are at least 2 smoke compartments for each patient care unit, and can be recognized by a set of fire doors that automatically close when the fire alarm sounds.
 - **EVACUATION**
 - **Healthcare Occupancies**
 - Evacuation should only be used as a last resort in a fire in a multi-story patient care area. In the event the fire is too large and is affecting more than one smoke compartment, evacuation may be necessary.
 - To evacuate, follow the exit routes found on evacuation maps in your work area. Evacuation maps can be found throughout the buildings adjacent to entries, exits, stairwells and elevators.
 - **Business Occupancies**
 - In business occupancies, such as clinics, the Education Center, and the South Annex, building occupants are required to evacuate upon alarm. These buildings are not designed with smoke compartments and therefore require the complete evacuation during a fire.
 - During an evacuation:

- Prepare to immediately leave the building
 - Close but DO NOT lock doors behind you
 - Make sure all patients, visitors and staff are accounted for
 - Use stairs not elevators
 - Wait until the Fire Department or Public Safety allows you to re-enter the building
- **EXTINGUISH**
 - **Classification of Fires and Fire Extinguishers**
 - Fires are classified by their fuels and the same letter classifications are used for portable fire extinguishers. There are 4 types.
 - Class A – something that turns to ASH when it burns (paper, wood, cloth, rubber, plastic)
 - Class B – something that is likely to go “BOOM” when on fire (oil, gasoline, etc)
 - Class C – something that has “CURRENT” or “CIRCUIT”, such as an electrical appliance, device, or panel.
 - Class D – combustible metals - magnesium, potassium sodium (not a risk at Edward)
 - **The location of fire extinguishers**
 - Portable fire extinguishers can usually found by or in each stairwell, at or near the entrance/exit to an area, and at or near each Nurses Station.
 - All workers must familiarize themselves with the location and type of extinguishers in their work area.
 - The locations of fire extinguishers are also shown on evacuation maps and indicated by a purple X.
 - **Use of a fire extinguisher**
 - A portable fire extinguisher should only be used on a small contained fire such as a trash can.
 - Before attempting to extinguish the fire, ensure you have an extinguisher that is appropriately rated for the type of fire that is present.
 - Most small fires can be managed with an extinguisher from a distance of 3-4 feet away.
 - Always be aware of an escape route so you don't get cornered in a room by a fire.
 - To use an extinguisher remember the acronym **PASS**:
 - **Pull** the pin from the extinguisher handle
 - **Aim** the hose or horn at the base of the fire
 - **Squeeze** the handle to release the extinguishing media. Most portable extinguishers have a 20-30 second fire fighting limit before it is empty.

- **Sweep** the extinguishers hose or horn back and forth at the base of the fire and chase the flames from the fuel.
- **Checking a Door**
 - If smoke is coming from under a door or the strong odor of burning is coming from a closed room, the door must be checked prior to opening.
 - Use the back of the hand and place it near the door to feel if it is hot.
 - Begin by checking the lowest portion of the door where it will be the coolest and move upward.
 - If the door is hot to the touch, it should not be opened. Attempting to open a hot door will endanger yourself and others in the hospital.
 - If smoke is coming from under the door, place wet towels or blankets at the base of the door to block the smoke.

➤ **PUBLIC SAFETY**

○ **PARKING**

▪ **Parking Locations**

- **CONSTRUCTION** and **TRADE WORKERS** park in the garden plot or as directed
- **Other staff**
 - AM shift: Surface lots B,C and D
 - PM shift: North Deck (top 2 floors)
 - 12 hour shift (~7 pm) North Deck
 - NOC shift: South Deck (4th floor)
 - LOH: LOH lot or west C lot
 - Weekends/Holidays: Either deck (top ungated floors)

▪ **Handicapped Parking**

- Workers with handicapped plates/hang tags may use the handicap parking on the upper floors of the decks.

▪ **Bicycle Parking**

- Bicycle racks are on the ground floor in north and south decks. Bicycles may only be locked up in these locations.

▪ **Motorcycle Parking**

- Provided on the ground floor of both decks between April 1st and October 1st

▪ **Shuttle Bus**

- Shuttle buses run between all of the lots and the South Lobby on Monday through Friday from 6:00am to 9:00am and from 3:00pm to 6:00pm.

▪ **Parking Enforcement**

- Parking offenses can result in fines (\$50), towing at the owner's expense, notification of Edward and contract management, and appropriate disciplinary action including termination of assignment at Edward.

➤ **To Reach Public Safety by Phone**

- EMERGENCY 7-5555
- Service Calls
 - 24 hour Dispatch Center 7-3399

➤ **Security Tips**

While Edwards' crime statistics are extremely low, theft of unsecured property can be minimized by following these tips:

- Leave it at home—don't bring valuables and large amounts of cash to work
- Label it—mark your property. If found it will get returned to you. Marked property is of less value to the thief.
- Lock it up—Property secured in a desk, locker or even a back pack are generally left alone.

➤ **Codes and Disaster**

○ **Edward Code System**

Review the code system and your role and department expectations with your department contact person.

INFECTION CONTROL

➤ **Standard Precautions**

Practice Standard Precautions at all times with all patients. Standard Precautions include:

○ **Hand Hygiene**

- Wash with soap and water for 15-20 seconds
- Use hand sanitizer when hands are not visibly soiled
- Practice hand hygiene often
 - Before and after every patient contact
 - After removing gloves or other PPE
 - After touching something that might be contaminated
 - Before touching something clean (linen, supplies, etc.)
 - Use only health-care approved hand lotion in clinical areas - no lotions from home
- Nails should be kept short, and nail polish (if worn) should be fresh and not chipped. Artificial nails (including wraps, overlays, etc.) are not allowed in ICU, CCU, NICU, PICU, Medical/Oncology, Surgery, CV Surgery, Cardiac Cath Lab, Pharmacy, and other procedural areas.

○ **Use Personal Protective Equipment (PPE) appropriate for the task**

- Wear gloves if you expect to contact blood, body fluids, mucous membranes or non-intact skin
- Wear a mask and/or eye protection if you anticipate splashing of fluids
- Add additional PPE as needed

- **Disinfect equipment and work surfaces**
 - Clinical staff use Sanicloth wipes for disinfection
 - Clean equipment after use on any patient
 - Any surface or equipment soiled with blood or body fluid must be cleaned and disinfected immediately
 - Cleaning spills of blood/body fluid:
 - Put on appropriate PPE – gloves for all spills; mask and eye protection for large spills
 - Blot up spill with paper towels, and dispose
 - Wipe surface with Sanicloth wipe(s) to clean
 - After surface dries, wipe again with Sanicloth wipe(s) to disinfect

- **Store food and drinks properly**
 - Food and drink should be stored in designated staff food refrigerators or break rooms only
 - Do not eat or drink in clinical areas

- **Stay home when you are sick**

- **Isolation Precautions**
 - Transmission based Isolation Precautions are used for patients with dangerous or highly contagious diseases.
 - Isolation precautions, summarized below, are practiced in addition to standard precautions.

 - **Contact Isolation**
 - Isolation gown and gloves required for everyone entering room (staff & visitors)
 - Patient may leave the room only for essential purposes. If the patient must leave the room, he/she must have a clean patient gown and any wounds should be covered.

 - **Droplet Isolation**
 - Isolation mask required for everyone entering room (staff & visitors)
 - Patient may leave the room only for essential purposes. If the patient must leave the room, he/she must wear an isolation mask (if tolerated)

 - **Airborne Isolation**
 - Patient must be placed in a negative pressure Airborne Isolation room
 - N-95 respirator required for everyone entering room (staff & visitors)
 - Staff must be fit tested for an N-95 respirator in order to wear it. If you have not been fit tested for one of the Edward N-95 models, you may not enter the Airborne Isolation room.
 - Patient may leave the room only for essential purposes. If the patient must leave the room, he/she must wear a mask (isolation or N-95)

- **Isolation Practice**
 - NO ADMISSION to isolation room without proper personal protective equipment (PPE) as listed above and indicated on isolation STOP sign.
 - Don PPE before entry into isolation room.
 - Remove and dispose of PPE and wash hands or use hand sanitizer upon exit from room.
 - Dedicate equipment and supplies, or use disposables for isolation patients whenever possible. Disposable stethoscopes are available in the isolation carts.
 - Any equipment or supplies removed from isolation room must be disinfected with Sani-Cloth.
 - Educate and reinforce isolation procedures with visitors.

- **For more information**

For more information, or to answer your infection control questions, speak with your manager or preceptor, or use the references below.

 - Edward Intranet – Wellness and Safety Tab – Safety at Work – Infection Control
 - Edward Infection Control Practitioners
 - Extension 73060

- **Nursing Responsibility for Initiating and Discontinuing Isolation**
 - **Initiating Isolation Precautions**
 - Isolation precautions are implemented by nursing staff immediately upon identifying a patient with any of the following:
 - New laboratory result for any disease/organism requiring isolation
 - New diagnosis of any disease requiring isolation
 - Symptoms consistent with any disease requiring isolation
 - History of infection or colonization with any drug resistant organism
 - Isolation precautions do not require a physician's order

 - **Isolation Set-Up**
 - Isolation cart and supplies can be obtained from Central Sterile Processing Dept.
 - Document isolation in Meditech's Administrative Data screen.
 - Hang appropriate isolation STOP sign outside room.
 - Place Sani-Cloth, gloves, and masks (if needed) on top of cart.
 - Place disposable stethoscope in patient's room
 - Place Isolation sticker on front of patient's chart
 - For C-dif patients, place small STOP sign on hand sanitizer dispenser in patient's room

 - **Discontinuing Isolation Precautions**
 - Consult Infection Control at x73060 before discontinuing isolation.
 - MRSA

- 3 negative cultures, at least 24 hours apart. Sites may be original site of infection, other active wounds, or nares. At least one of these three cultures should be from nares. All cultures must be obtained after all antibiotics effective against that organism have been discontinued for at least 24 hours.
- VRE
 - 3 negative cultures, at least 7 days apart. Sites may be original site of infection, other active wounds, or stool/rectal swab. At least one of these three cultures should be from stool/rectal swab. All cultures must be obtained after all antibiotics effective against that organism have been discontinued for at least 24 hours
- C. difficile
 - Patient must have completed therapy and remain asymptomatic for 48 hours
- Other
 - Refer to isolation manual on Intranet or consult Infection Control.

HAZARDOUS MATERIALS

> **The Hazard Communication Standard**

The hazard communication standard was developed to protect workers from hazardous chemicals. The standard requires that both employers and employees work together to protect the workplace.

> **Major Components of the Standard**

- Hazardous Chemical Determination (Chemical Inventory)
- Material Safety Data Sheets (MSDS)
- Labels and Other Forms of Warning
- Employee Information and Training
- Written Program

> **Labeling**

- Make sure all chemical containers have a label stating what the product is
- Ask questions if you don't understand the label
- When using products, make sure that the labels are still legible

> **What Does MSDS Provide?**

- Detailed information on a chemical and its hazards
 - Ingredients
 - Properties
 - Flammability
 - Reactivity
 - Health risks
 - Spill or leak procedures
 - Special precautions

- Special protocols (PPE)
- To obtain an MSDS, access the Edward Employee Portal and either type MSDS under “Search” or go to “Wellness and Safety” and click on “Safety”/“Hazardous Materials Management”/“MSDS”.

RISK

➤ Patient Rights

- Inpatients are provided with a written copy of their patient rights in their patient handbook.
- Outpatient departments have copies of the patient rights posted in their areas. Copies are available to outpatients at their request.
- Refer to the patient handbook or the posted patient rights to review all of the patient rights and responsibilities.
- Staff members provide patients with access to their rights and encourage patients and families to speak up about any questions or concerns that they have. This includes the patient’s right to file a complaint.

➤ Chain of Command

- The first link in your chain is your resource person.
- Edward Hospital’s chain of command is to be used in the event a clinician or staff member perceives a threat to patient safety and ordinary channels of communication and decision making are unable to resolve the issue.
- Refer to the Chain of Command policy number CLIN_014 on the Edward Hospital intranet.
- There is no retaliation for invoking the chain of command.

➤ Unusual Occurrences

- An Unusual Occurrence (UO) report is completed for any unusual, unexpected or untoward event involving person or property.
- Information about an error can provide an opportunity to improve processes and enhance patient safety. Patients are informed of unanticipated outcomes.
- Bring unusual events to the attention of the charge nurse, department lead, or unit manager.

SPEAKS UP

➤ “Everybody Speaks Up”

- Everyone is expected to **SPEAK UP** about errors and safety concerns.
- Promptly report concerns to the manager/supervisor so they may be addressed.
- Concerns may also be reported to the Joint Commission (fax number: Office of Quality Monitoring (630) 792-5636; email: complaint@jcaho.org) without retaliation.

CORPORATE COMPLIANCE

Edward is dedicated to conducting business honestly and ethically wherever Edward operates. Edward expects that you will follow the principles and rules when performing services on behalf of Edward. In addition to those described in other sections of this orientation guide, below are other key principle and rules from Edward's Corporate Compliance Program that you need to comply with:

➤ **Compliance with Law**

- You must strictly observe all laws and regulatory requirements that apply to Edward.
- Be familiar with the basic legal requirements that are relevant to your duties.
- Ask their Edward resource person if you require assistance in understanding your legal obligations.

➤ **Keep Accurate Records**

- Comply with Edward and government requirements regarding record keeping.
- All records and reports must be prepared accurately and retained in accordance with Edward policy.
- All communications, whether within Edward or to outside agencies or individuals, must be truthful.
- You may not engage in any conduct that results in false, artificial, or misleading entries being made in any record.

➤ **Duty of Loyalty and Good Faith Dealing**

- You must exercise the utmost good faith in all transactions and arrangements touching upon your duties to Edward and its property.
- In your dealings with and on behalf of Edward, you are held to a strict rule of honest and fair dealing between yourself and Edward.
- You should not attempt to influence any Edward employee to use their position in such a way that a conflict might arise between the interest of Edward and that of the individual.
- You may not provide Edward employees with any gifts, favors, perquisites or fringe benefits that might influence their decision making or actions affecting Edward.

➤ **Confidentiality and Non-Disclosure**

- While at Edward, you may have access to confidential information having a special and unique nature and value to Edward. This may include, but is not limited to, information about patients, families; or employees; clinical policies, methods training and instruction manuals; financial information; trade secrets; systems, and other matters relating to the operations of Edward's business.
- At any time during or following your association with Edward, you are not permitted to disclose, publish, divulge or use any such confidential information,

except to carry out your duties while at Edward or as otherwise permitted under your contract with Edward.

- Any unauthorized disclosures may be subject to legal action.

➤ **Coding and Billing for Services**

- You are required to exercise care in any written or oral statement made to any government agency or other payor.
- Edward will not tolerate false statements by its contractors to a government agency or other payor.
- Deliberate or negligent misstatements to government agencies or other payors by contractors may result in contract termination, legal action, and criminal penalties.

➤ **Reporting Unethical Conduct**

- Laws such as the federal False Claims Act and the Illinois Whistleblower Reward and Protection Act help prevent waste, fraud and abuse against the federal and state governments. These laws encourage individuals to report the filing of false claims for services and allow individuals to sue an individual or business that has knowingly submitted false claims to the government.
- All employees, patients, visitors, contractors, representatives, and affiliates have access to a Privacy and Compliance Help Line telephone number for anonymously reporting. The Help Line number is 1-877-7 MY EHHS.
- The Help Line is operated by an independent third party. Reports to the Help Line are received by that independent party, and reported to Edward's Corporate Compliance Officers for immediate investigation and follow-up.
- To preserve anonymity, reporting parties may follow-up directly with the Help Line to learn what has been done in response to their report.
- No threats, harassment or retaliation will be made against any individual making a report in good faith.

- What is included here cannot cover every situation you may encounter. When the best course of action is unclear, seek the guidance of your Edward resource person, Edward's Corporate Compliance Officers, or call the Edward Privacy & Compliance Help Line.

PATIENT CONFIDENTIALITY (HIPAA PRIVACY)

Like all health care organizations, Edward must keep patient information confidential. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that gives patients federal rights to gain access to their medical records and restrict who sees their health information.

➤ **Information covered under HIPAA**

- All patient information must be kept confidential, whether it is spoken, on paper or on the computer.

- HIPAA not only covers a patient's health information, but also information related to payment for services.
- **Minimum Necessary Standard**
 - HIPAA calls on health care workers to use the minimum amount of patient information they need to do their jobs efficiently and effectively.
 - Only access information that you need to know. Ask yourself:
 - Do I need this information to do my job and provide good patient care?
 - What is the least amount of information I need to do my job?
- **Access**
 - Front line care givers have access to information so that they can provide care.
 - You should not access the records of patients you are not caring for or consulting on.
 - **Do:**
 - Provide privacy when caring for patients (i.e., close the door, pull the curtain)
 - Speak quietly with patients and families so that others cannot hear
 - Use screen protectors or turn computer screens away from public view
 - Use fax cover sheet with privacy disclaimer
 - Dispose of patient information only in designated containers or shredders
 - **Don't:**
 - Allow patient information to lie around unattended
 - Talk about patients in public areas
 - Leave information about a patient's health on an answering machine
 - Talk about patients you see at work
 - Access the PHI of yourself, family members, or friends unless you need it to do your job
- **Patient Rights**
 - Patients have the right to control their own health information. This right is as important as their right to keep their information confidential.
 - Edward's Notice of Privacy Practices is a document that is given to all patients at registration and describes patients' rights regarding that information. It also outlines how Edward will use patient information.
 - Edward's Notice of Privacy Practices is available on our Web site (www.edward.org) and is also posted prominently throughout our facilities. A patient's rights include:
 - To receive a copy of Edward's Notice of Privacy Practices for review.
 - To request restrictions on disclosures of PHI for treatment, payment, and health care operations. You do not have to agree to any restrictions; please ask for guidance from your resource person if a patient requests a restriction.
 - To receive an accounting of disclosures made that are not for treatment, payment, or health care operations. Any requests for an accounting of

disclosure should be directed to the medical records department. In addition, certain disclosures of a patient's information by Edward may need to be documented in the patient record. Your resource person can guide you on when you should document a disclosure.

- To inspect and request and receive a copy their own health information. Any such requests should be directed to the medical records department. Edward does not typically allow an inpatient to see their record unless the patient's attending physician approves. Contact your resource person if an inpatient requests to inspect their own record.
- To request to append incorrect or incomplete information in medical record. Any requests of this nature should be directed to the medical records department.
- To request confidential communications – your resource person will let you know what requests can be accommodated and how to document those requests that Edward agrees to.
- To complain about privacy violations. Patients should be directed to the manager, or to call the Privacy and Compliance Help Line at 1-877-7 My EHHS.

➤ **Use and Disclosure of Patient Information**

- Health care providers are permitted to use and disclose patient information for the following purposes:
 - Treatment, payment, and health care operations
 - Other reasons with the patient's permission
 - As required by law

➤ **Penalties for Violating HIPAA**

- Civil penalties: Maximum fine of \$25,000 per violation
- Criminal penalties: Maximum of 10 years in jail and a \$250,000 fine for serious offenses
- At Edward, violations may result in termination of your contract or legal action

INFORMATION SYSTEM SECURITY (HIPAA SECURITY)

If you are granted access to an Edward information system, the following rules apply:

- HIPAA Security is the counterpart of HIPAA Privacy that emphasizes the importance of keeping electronic information secure in order to maintain privacy.
- There are people and organizations who will attempt to access PHI without authorization. You should know the methods for identifying and guarding against these attacks.
- To protect PHI:
 - Don't open e-mail attachments (unless you know who sent it and what they sent).

- Don't download software from the Internet. ISS will install any software that is needed on Edward computers.
 - Don't disclose log-in information in response to an e-mail request.
 - Do report any suspicious computer behavior to the ISS Help Desk, ext. 73346. This includes virus alerts, unusual graphics, and frequent computer crashes.
- Passwords are a necessary method of protecting information.
 - Do use strong passwords. For example:
 - Weak password: edward
 - Strong password: Edward1
 - Do make passwords memorable.
 - Do always log out.
 - Don't reuse old passwords.
 - Don't share log-in sessions.
 - Don't write down passwords.
 - Do report suspicious activity to the ISS Help Desk, ext. 73346.
- Secure physical devices and media from loss or theft. This includes "memory sticks" or "jump drives," media, security cards, and laptops.
- Restrict the use of workstations. Only those with proper identification should use workstations. Report suspicious behavior.
- You are prohibited from accessing the confidential record of any patient, including your own and that of your family members, except as is allowed through following formal medical record procedures.
- Being contracted staff at Edward does not give you any greater access privileges than are afforded to any other patient at Edward.
- Inappropriate access of confidential information including but not limited to patient medical records, employee files, and financial records will result in termination of your contract and/or legal action.
- To report a potential violation or a concern, contact your resource person, the department manager, or call the Corporate Compliance Help Line: 1-877-7 My EHHS.

- Monitors and evaluates patient's response to care and modifies the plan of care as needed.
- Coordinates care assignments daily based on patient needs and unit work load; delegates patient care tasks as appropriate.
- Provides education to patients and/or families on an ongoing basis according to patient needs and organizational guidelines.
- Plans and coordinates patient discharges or transfers throughout the patient's course of treatment. As needed, includes advance practice nurses and other members of the health care team in planning patient discharges.

Relationship Based Model of Care (2007 Performance Review)

- Introduces self to patient and family; explains role; elicits questions
- Calls patient by his/her preferred name
- Uses touch appropriately to enhance patient comfort
- Sits with patient each shift (or during each encounter for outpatients) to review plan of care; goals for the day; procedures; etc.
- Lives our "We Wills" when planning and providing care
- Communicates effectively with members of interdisciplinary team to coordinate care
- Prepares for any interaction with physicians and patient hand-offs using SBAR communication
- Each shift makes walking rounds, involving patients who are able to participate
- Routinely makes rounds with physicians and APNs on inpatient units (2008 performance review)

Patient Safety Expectations

- Consistently verifies the patient's identity by bringing the MAR, physician order, or other source documents into the patient's room when administering medications, collection specimens or treating the patient. Matches the name and birth date on the source document against the patient's armband (for units that use BMV). Uses the proper scanning procedure when administering medications. Asks patients to state name and birth date when verifying the identity of outpatients without armbands. Labels patient specimens appropriately.
- Consistently writes down orders or test results taken via telephone or verbally, and "readback" the order or test results.
- Refrains from using unapproved abbreviations and trailing zeros (refer to list or policy). Clarifies physician's orders that contain unapproved abbreviations.
- Identifies a test result as critical and takes steps to immediately notify the appropriate caregiver. Implements the chain of command if the appropriate caregiver is unavailable. Documents the date and time the critical results was communicated.
- Consistently performs hand hygiene according to Edward Hospital policy.
- Reconciles medications on admission by using the admission medication order form. Reconciles the patient's home and hospital medications at the time of discharge and completes the Discharge Medication Record for all patients.
- Assesses the patient for fall risk and identifies at risk patients appropriately. Consistently implements fall risk reduction strategies to limit the patient's risk from falling. Use lift equipment and safe patient handling techniques, according to guidelines.
- Follows the Universal Protocol by actively participating in the initiation and/or documentation of all required components.

PROFESSIONAL PERFORMANCE

Quality/Research

- Participates in quality improvement activities.
- Uses results of quality improvement activities to initiate changes in nursing practice.
- Uses best available evidence to guide practice decisions.
- Documents care provided according to the nursing process, practice standards and organizational guidelines.
- Participates in research activities as appropriate.

Professionalism/Leadership

- Responsible for own professional development. Maintains knowledge of current trends and developments and shares knowledge and skills with peers and colleagues by attending seminars, conferences and inservices and reading appropriate literature. Maintains documentation of presentations and attendance at educational programs.
- Identifies professional areas of strengths and identifies opportunities for growth. Accountable to demonstrate and maintain proficiency in clinical analytical skills.
- Supports and provides feedback to members of the health care team regarding their practice. Assists others to succeed by assisting in orientation and education of other nursing and ancillary personnel.
- Actively participates in organization, departmental, and shared leadership activities; supports department and unit goals in daily behaviors.
- Uses appropriate chain of command to resolve clinical issues.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Current State of Illinois Registered Nurse licensure required.
2. Current CPR Certification issued by either American Heart Association or Red Cross required.
3. A relatively high level of analytical ability is required. Incumbents must collect, analyze, and interpret data in order to solve problems requiring a professional level of knowledge in a specific discipline and/or design relatively complex clinical or administrative systems and programs.
4. A relatively high level of communication skills is required in order to lead, teach, and persuade others and/or interact effectively with others in very difficult situations.
5. Work is not completely standardized. Assignments are often received in the form of results expected, due dates, and general procedures to follow.
6. Work requires the ability to walk or stand for an hour or more at a time, lift or carry objects weighing up to 50 pounds, push or pull laundry or supply carts, gurneys or wheelchairs, lift and position patients, proofread and check documents for errors, use a keyboard to enter, retrieve, or transform words or data and closely examine specimens, images or reports.
7. Work conditions include working in a confined area for two or more hours at a time, working with equipment or performing procedures where carelessness would probably result in minor cuts, bruises, or muscle strains, arresting or restraining patients or others, and performing laboratory or patient care duties requiring extreme precautions to avoid illness or injury.

8. RNs who work in specialty units and who possess unique and specialized skills that either cannot be easily substituted or which are required through the completion of a procedure may, as a condition of employment, be required to take call and or to extend agreed upon work shifts as needed. RNs who work in non-specialty units may be asked to take call as needed.

In the event of (1) any declared national, state or municipal disaster or other catastrophic event or (2) any implementation of the hospital's disaster plan that will substantially affect or increase the need for health care services any nurse may be required to work mandated overtime.

REPORTING RELATIONSHIPS:

1. Reports to Nurse Manager.
2. Work entails leading, assigning work to and following up on the work of support personnel.

APPROVALS:

Name	Department Director/Manage	Date
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Name	Vice President	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

*Original Date: 1997
Revision Date: 4/07
Pay Grade: 300*

EDWARD HOSPITAL

JOB DESCRIPTION

JOB TITLE: Patient Care Technician **FLSA STATUS:** Nonexempt

DEPARTMENT: Various **JOB CLASS:** E302

GENERAL SUMMARY:

Under supervision of a Registered Nurse and according to established procedures, performs patient care tasks and patient care procedures necessary to provide for care, comfort and safety of patients.

CORPORATE PHILOSOPHY:

It is the obligation of each employee of Edward Health Services Corporation to abide by and promote the mission and values of the Corporation to ensure that excellent services are delivered with compassion.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except those that begin with the word "May.")

1. Demonstrates the knowledge and skills necessary to provide care appropriate to the age of patients served. This includes knowledge of the physical and psychological needs of patients served, and the ability to respond appropriately to those needs.
2. Hygiene/Personal Needs
 - 2.1 Provides personal hygiene (including oral) and attends to comfort needs according to patient's specific needs and requests.
 - 2.2 Delivers, sets-up and removes meal trays. Assists patients with nutritional intake according to individual needs; accurately documents dietary intake and notifies appropriate team member for follow up as indicated.
 - 2.3 Assists with ROM, ambulation, and patient positioning as assigned, ensuring safety of patient according to physician orders and hospital policy.
 - 2.4 Responds to patients' call lights to determine patients' needs and relays information to appropriate nursing personnel.
 - 2.5 Promotes and maintains skin integrity reporting patient problems as they occur to the appropriate team member.
 - 2.6 Maintains and respects patients' rights to privacy.
3. Procedures and Treatments
 - 3.1 Accurately completes and documents patient care activities including: ADL, vital signs, weights (actual weight on admission or as ordered), I & O, and calorie counts according to policy and procedure.
 - 3.2 Carries out plan of care in accordance with and giving consideration to patient's age specific needs.
 - 3.3 Effectively explains and performs procedures (e.g., foley removal, wound care and dressing changes according to physician's orders and policies). Notifies appropriate personnel of response and questions.
 - 3.4 Complies with hospital infection control standards and techniques.
4. Admission/Discharge/Transfer
 - 4.1 Provides patient/family orientation to room and hospital according to hospital policy.
 - 4.2 Transports/escorts patient to area of destination ensuring safety; regularly updates patients.
 - 4.3 Completes appropriate portions of admission documentation.

- 4.4 Assures competency with hospital infection control standards and techniques and evidences compliance in daily practice.
5. Unit Support Activities
 - 5.1 Performs unit support duties including answering and relaying telephone calls, filing and maintaining records, retrieving and delivering supplies, specimens, instruments, test results and so forth.
 - 5.2 Requisitions and stores approved supplies and linen according to established procedures, and maintains storage areas in an organized condition.
 - 5.3 Documents equipment lists.
 - 5.4 Assures compliance with regulatory bodies and infection control/safety standards for appropriate maintenance of equipment on unit including refrigerator temperature, blood glucose monitor quality control, loose electrical outlets, etc.
 - 5.5 Performs Unit Clerk job duties as assigned.
 - 5.6 Maintains patient and service areas in a clean and orderly condition by disposing soiled linen, stocking necessary supplies and linens, cleaning counter surfaces and so forth.
6. Team Support
 - 6.1 Communicates with RN regularly throughout the shift on patient status.
 - 6.2 Reports changes in patient status or safety to appropriate nursing personnel as they occur
 - 6.3 Provides support in light housekeeping, stocking of supplies and patients dietary needs as required.
 - 6.4 Assists in charging of supplies, procedures and equipment ensuring capture of all charges for billing purposes.
 - 6.5 Treats each employee as an equal and valued member of the team; works cooperatively with other employees to complete the work.
 - 6.6 Adjusts schedule to meet changing workload demands and priorities.
 - 6.7 Helps to make EH a great place to work by demonstrating pro-active and positive behaviors.
7. Patient/Family/Customer
 - 7.1 Treats others with courtesy, respect and caring touch in all interactions.
 - 7.2 Goes the extra mile to identify, fulfill and exceed customer needs. Puts patients' needs first.
 - 7.3 Promotes patient rights and ensures confidentiality and privacy at all time.
8. Education
 - 8.1 Attends education in-service classes, unit meetings and the like as required.
 - 8.2 Successfully completes annual mandatory skills day in a timely fashion.
9. Continuous Improvement
 - 9.1 Continuously looks for, suggests and works on better ways to conduct work.
 - 9.2 Demonstrates a willingness to be open to new ideas and participates in changes; encourages others to do the same.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Requires a high school diploma or equivalent. Certificate from an accredited nursing assistant training course (CNA); or, 6 to 12 months of previous patient care experience or equivalent; or completion of 1 nursing clinical rotation. Excellent interpersonal skills including teamwork, ability to prioritize, ability to receive and follow through on directions. Required to attend in depth orientation regarding patient care skill tasks.
2. Current CPR certification issued by either American Heart Association or Red Cross required.

3. Some analytical ability is required but in situations where the problems are not difficult or complex. Analysis requirements generally limited to collecting available factual information and responding to it based on clear precedent or procedures.
4. Good communication skills are required in order to exchange information on factual matters, understand and transmit instructions, and perform other duties that require good communication skills.
5. Work is performed in accordance with instructions and procedures but incumbents must organize the work, set priorities, and be flexible to changing environment.
6. Work requires the ability to walk or stand for an hour or more at a time, lift or carry objects weighing more than 20 pounds, and push or pull laundry or supply carts, gurneys or wheelchairs, lift and position patients.
7. Work conditions include performing unpleasant laboratory or patient care duties, working with equipment or performing procedures where carelessness would probably result in minor cuts, bruises or muscle strains, arresting or restraining patients or others, and performing laboratory or patient care duties requiring extreme precautions to avoid illness or injury.

REPORTING RELATIONSHIPS:

1. Reports to RN and Nurse Manager
2. Has no responsibility for leading or supervising the work of others.

Approvals:

Name	Department Director/Manager	Date
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Name	Vice President	Date
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Name	Human Resources	Date
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*Original Date:
Revision Date: 3/08
Pay Grade: 106PCT*

ADDENDUM

Patient Care Tech – Care Companion

ADDITIONAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except those that begin with the word "May.")

Under the supervision of a Registered Nurse and according to established procedures, a Care Companion will provide constant observation of patients who are at risk for causing harm to themselves or to others. This position will require floating to various departments throughout the hospital and shift as a Care Companion and/or a Patient Care Technician as needed.

The Care Companion will maintain a safe environment and:

1. Follows Edward Hospital policy regarding restraint, suicide precaution and fall/safety measures.
2. Accompanies the patient at all times, including transport out of the unit.
3. Observes the behavior of the assigned patient.
4. Communicates all information related to patient behavior

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Successful completion of the Care Companion Orientation Program required within 90 days of hire.

REPORTING RELATIONSHIPS:

1. Reports to the Manager, Nursing Resources.

APPROVALS:

Name	Department Director/Manager	Date
Name	Vice President	Date
Name	Human Resources	Date

The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

Original Date: 1/07
Revision Date:
Pay Grade: 106PCT
mlv

Policies and procedures are guidelines and are not a substitute for the exercise of individual judgment. If you are reading a printed copy of this policy, make sure it is the most current by checking the on-line version

TITLE:

CLIN_231 PATIENT BATHROOM DOOR LOCKS

APPLICABILITY:

Edward Hospital and Health Services

POLICY STATEMENT:

Keys are readily available to unlock patient bathrooms.

DEFINITION(S):

PROCEDURE:

1. Keys used to unlock bathrooms in patients' rooms are readily available and easily recognizable.
2. The process for expediting entry into a locked patient bathroom, including the location of the unit keys, is included in the unit specific new staff orientation and the orientation of temporary staff.
3. Periodic review of the process for expediting entry into a locked patient bathroom is conducted.
4. In the event an employee is unable to unlock a door, they will notify the unit charge nurse immediately.

CROSS REFERENCE(S):

Policy No:	CLIN_231
Previous Policy No.:	N/A
Policy Creation Date:	01/13/2011
Most Recent	01/13/2011
Revision/Review Date:	
Approved by:	Policy Committee: 01/13/2011

Policy Background:

The development of this policy is in direct relationship to an Illinois State Law mandating hospitals to address a process for entry into a locked patient bathroom.

Keys to unlock the patient bathrooms will be identified with a pink wrist keeper and available on every unit. Medical/surgical and telemetry unit keys will be kept at the front desk, while all other units will make the keys readily available based on unit layout and work process. Key location is determined during unit orientation.

CPM MACHINES

Indications – to increase movement after:

- Total Knee Replacement
- ACL Reconstruction
- Knee Manipulation

Contraindications:

- Severe Pain
- DVT

Set Up Procedure:

1. Check orders for CPM parameters
2. Attach Soft Goods
3. Instruct/inform patient of expectations and safety issues:
 - Show control unit and how to turn machine on and off
 - Inform that the machine should not cause excessive pain and should be at a tolerable stretch
 - Inform that machine should be on for 1-2 hours, 3 times per day
 - Inform that there will be about 5-15 degree advancement per day
 - Inform to alert staff if there is any difficulties or pain
4. Make sure foot of bed is flat
5. Place unit on bed under affected limb – ensure it is secure and will not slide on sheets
6. Align knee joint with the axis of CPM
7. Ensure heel contacts footplate
8. Set Extension and Flexion parameters according to MD orders
9. Adjust speed to the patient's tolerance
10. Start unit

Recheck alignment and comfort level during and after a few cycles

Other Options/Features:

Unit can be locked out so patient cannot alter settings

A pause can be set between the end ranges of motion (flexion/extension)