ATMORE COMMUNITY HOSPITAL

Employee
Nursing Instructor/ Student
Orientation Manual

Introduction

Welcome to Atmore Community Hospital. We are glad you have chosen us for your clinical experience. As valuable members of the healthcare team, we want you to be familiar with our philosophy, corporate compliance, infection control and patient safety processes contained in this manual.

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Our Journey Today

Vision Statement

To be the provider of choice by improving the health of those we serve with a commitment to excellence in all that we do.

Mission Statement

To provide safe quality care and services that exceed patients' expectations to the local and extended community with **CARE**.

Values

Compassion - for our community
Actions- speak louder than words
Respect- for self and others
Excellence- in everything we do

Excellent Service
Effectively meets/exceeds the customer's needs through compassionate service-oriented actions; everyone is our customer.

- Smiles and greets every customer
- Demonstrates a can-do attitude
- Strives to do the job right the first time
- Anticipates the customer's needs
- Handles problems, doesn't pass them off
- Displays enthusiasm
- Listens to all customers
- Takes responsibility, makes the situation right
- Protects confidentiality
- HCAHPS – Hospital Consumer Assessment of Healthcare Providers and Systems

Patient Safety
At Atmore Community Hospital, we are committed to a reliable culture of safety and to the elimination of preventable harm. With this commitment comes a set of expected behaviors to prevent errors. It takes everyone working together.

Atmore Community Hospital Error Prevention Toolkit

I commit to the following…… **Safety Behavior Expectations**	By Practicing the Following….. **Error Prevention Tools**
Communicate Clearly	• 3-Way Repeat Back & Read Back • Phonetic & Numeric Clarifications • Ask Clarifying Questions
Hand-off Effectively	• Use **SBAR** to handoff: **S**ituation **B**ackground **A**ssessment **R**ecommendation
I Got Your Back!	• Cross Check • Coach Each Other
Pay Attention to Detail	• Self-checking using STAR Stop Think Act Review
Speak up for Safety	• Question & Confirm • Escalate Safety Concerns when necessary by saying **"Before we go further...I need some clarity"**

Explanation of Safety Behaviors

1. Pay Attention to Detail

a. Focus our attention before we act

b. This will help to

i. Avoid unintended slips or lapses

ii. Reduce the chance of error when we're under time pressure or stress

c. Error Prevention Tool: STAR

i Stop: pause for 1 to 2 seconds to focus attention on the task at hand

ii. Think: visualize the act and think about what is to be done

iii. Act: concentrate and perform the task

iv. Review: check for the desired result

2. Communicate Clearly

a. Ensure we hear things correctly and understand things accurately

b. This will help to prevent wrong assumptions and misunderstandings that could cause us to make wrong decisions

c. Error Prevention Tools

i. 3-Way Repeat Backs & Read Backs

1. Sender initiates communication using receiver's name. Sender provides an order, request, or information to receiver in a clear, concise format
2. Receiver acknowledges receipt by a repeat-back of the order, request, or information.
3. Sender acknowledges the accuracy of the repeat-back by saying, "That's correct". If not correct, sender repeats the communication.

ii. Ask Clarifying Questions

Phrase your questions in a manner that will give an answer that improves your understanding of the information.

3. Hand-off Effectively

a. Handoff patients or tasks by giving appropriate information and ensuring understanding and ownership

b. This will help to ensure that complete and accurate information about the patient, project, or task is communicated when responsibility transfers from one individual to another

c. Error Prevention Tool: **SBAR**

i. **S**ituation: the bottom line (Who/What you're calling about, the immediate problem, your concerns)

ii. **B**ackground: what you know (review of pertinent information: environment, procedures, patient condition, employee status)

iii. **A**ssessment: what is happening now (Your view of the situation: "I think the problem is"; Urgency of action, "The situation is deteriorating rapidly – we need to do something"

iv. **R**ecommendation: what is next? (Your suggestion to or request of the other person)

4. Speak Up for Safety

a. Act on a responsibility to protect in a manner of mutual respect – assert and escalate the problem

b. This will help to:

i. Reduce the chance that we'll make a mistake in a high-risk situation

ii. Ensure that work activities are stopped when uncertain and unsafe conditions are identified

c. Error Prevention Tool: Question and Confirm

d. Stop the Line for Safety: Anyone at Atmore Community Hospital has the authority to stop the line any time an immediate threat (real or perceived) to patient or staff safety is identified.

i. The goal is to make a quick and specific request to stop any action (procedure or process) and reassess the situation so that everyone is on the same page before continuing.

ii. Stopping the line should always be done in a calm and respectful voice, "Before we go further I need some clarity."

5. Got Your Back

a. Always help others and expect that they will always help us. Monitor the actions of other team members for the purpose of sharing the workload and reducing or avoiding errors.

b. This should be done

i. to help maintain situation awareness
ii. as a way of "watching each other's back"
iii. to keep a colleague from being unsafe

c. Error Prevention Tool: Cross Check and Coach Each Other

Cross Check – Two people working together is always safer than one person working independently
Coach Each Other – provide positive feedback when you see someone doing something safe or practicing any of the Safety Behaviors. Then if you have to nudge someone in a different direction because they are not practicing the safety behaviors they will not be as offended if you have given them positive feedback in the past. A good coach is someone who always helps others reach their goal. Our goal is achieving a culture of safety. Be a good coach.

DUO (Do Unto Others)

- Customer service is based on the **customer's** perception of the service they received, not our perception of the service we provided.
- **DUO** is the customer service model that will be used throughout Atmore Community Hospital.
- **D**o **U**nto **O**thers is the focus, which our society recognizes as the ***Golden Rule***.

"Do unto others as you would have them do unto you." Luke 6:31

Compliance Program

Compliance

Atmore Community Hospital's Business and Professional Standards of Conduct provide guidance for us in the workplace. These Standards apply to every person associated with Atmore Community Hospital. We are obligated to understand and obey these Business and Professional Standards of Conduct. If you are faced with an uncomfortable situation that may not be described, let fairness and respect for others guide your actions.

Benefits of the Compliance Program

The compliance program helps us meet regulatory requirements by detecting and preventing fraud, waste and abuse. The compliance program helps Atmore Community Hospital:

- Avoid submission of false claims to federal programs;
- Show we care about ethical and legal conduct;
- Detect, prevent and correct potential problems;
- Encourage staff to report concerns to their supervisor or to the Compliance Hotline if necessary;
- Avoid financial loss to the government and taxpayers.

Monitoring and Auditing
Internal and external audits are performed for operational and compliance purposes. Regular periodic audits focus on high-risk areas. Potential Consequences of Noncompliance:

- Criminal fines;
- Civil damages;
- Jail time;
- Individual and hospital exclusion from Medicare or other government programs.

Compliance Point of Contact

- Ashley Chunn, DNP, RN, Atmore Community Hospital 368-6281

Effective Lines of Communication
Lines of communication must be open and effective to support the compliance program. Open communication increases the ability to identify problems early and promptly correct them. The Atmore Community Hospital compliance hotline number is 368-6945. This line provides employees an additional avenue to voice a concern reported in good faith about a potential compliance issue.

If you become aware of a potential issue, please notify your instructor/primary nurse/supervisor.

Applicable Laws and Regulations

Medicare Regulations

- Meet standard for quality of care
- Not bill Medicare for items and services without clear and accurate documentation of medical necessity
- Not bill for items and services that were not provided
- Not participate in kickback activities that increase utilization of health care goods and services
- Follow other rules for claims and billing

The Federal False Claims Act
This act makes it illegal to submit a falsified bill to a government agency (such as Medicare). It is the policy of Atmore Community Hospital that its affiliates, employees, contractors and agents will adhere to the statutory requirements of federal and state False Claims Acts.

Stark Act
This act makes it illegal for physicians to refer patients to facilities or providers if they or their immediate family have a financial relationship with the facility or provider.

Anti-Kickback Statutes
This makes it illegal to offer or receive kickbacks, bribes or rebates for items or services that will be paid for by a government healthcare program.

Sections of the Social Security Act
The Social Security Act makes it illegal for hospitals to knowingly pay physicians to encourage them to limit services to Medicare or Medicaid patients; and to offer gifts to Medicare or Medicaid patients to get their business.

Mail and Wire Fraud Statutes

These statutes make it illegal to use the U.S. Mail or electronic communication as part of a plan to defraud (such as mailing a fraudulent bill to Medicare.) Penalties include fines of up to $250,000 and up to 30 years in jail.

State of Alabama Statutory References

Alabama Code Section 22-1-11 prohibits both the making of intentionally false statements in claims for medical benefits from the Medicaid Agency and the giving of anything of value to a recipient as an inducement to purchase any goods or services reimbursable by the Medicaid Agency, or to refer persons to sellers of such goods or services. Violations are punishable by criminal and civil fines and penalties.

Business Standards

Conflicts of Interest

A “conflict of interest” happens when personal interests come before the interests of Atmore Community Hospital. We are not allowed to use our positions for personal gain at the facilities expense. If you are not sure about a situation that may seem like a conflict of interest, ask your instructors or contact Atmore Community Hospital’s Office of Internal Audit. Some examples of conflicts of interest are:

- Accepting anything of value that may be looked upon as an attempt by the offering person/vendor to receive special treatment. Any small gifts or favors must be unsolicited from other parties and happen only rarely. Accepting expensive gifts, lodging or entertainment because of your position with Atmore Community Hospital may be perceived as a bribe.
- Creating business relationships with suppliers or independent contractors for personal reasons. Business decisions should be made on the ability of that vendor/contractor to meet the needs of Atmore Community Hospital. Vendors listed by the federal government as ineligible to participate in federally funded programs will not be allowed to do business with Atmore Community Hospital.

Protection of Atmore Community Hospital Assets

We should treat system property and equipment with respect. The use of supplies, tools or facilities for personal use is not allowed. Students/staff members may not remove or borrow company property without permission.

Use of Electronic Media

Atmore Community Hospital provides Internet access to its employees and students as a means to provide open and timely communication. These work tools should be used in a professional manner for job-related functions and education. Atmore Community Hospital will only use legally licensed software. The use of pirate or unlicensed software is not acceptable. All information contained or sent via electronic media is considered the property of Atmore Community Hospital.

The following are some basic principles regarding social networking:

- Do not transmit or place online individually identifiable patientinformation.
- Observe ethically prescribed professional patient nurse boundaries.
- Understand that patients, colleagues, institutions and potentials employers may view postings.
- If noted you should bring content that could harm a patient’s privacy, rights or welfare to the attention of the proper authorities.
- Make it your business to know the policies of the institutional governing online conduct.
- Remember that standards of professionalism are the same online as in any other circumstance.
- Do not share or post information or photos gained through the nurse-patient relationship.
- Maintain professional boundaries in use of electronic media. Online contact with patients blurs this boundary.
- Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.

- Do not take photos or videos of patients on personal devices, including cell phones.
- Promptly report a breach of confidentiality or privacy.

Professional Standards

- Atmore Community Hospital is committed to preserving the rights of others.
- We encourage and expect patients to participate in healthcare decisions.
- It is our obligation to protect all patient medical information and to provide access to that information upon patient request.
- We are committed to the protection of personal, employment and financial information regarding our employees and facilities.
- We all have the right to a harassment-free setting. Our organization supports a cooperative, professional environment.
- As we are faced with our daily tasks, clear communication among us is critical. We must be able to resolve differences and work together as a team to reach our goals. We appreciate the diversity of our workforce and respect the individuality of each person.
- We strive to do things fairly, ethically and legally. In treating people fairly, Atmore Community Hospital will protect each person from punishment or harassment for identifying misconduct. No action will be taken or threatened against a student for filing a complaint or disclosing information. Remember, this protection does not apply to anyone reporting conduct in which they are involved. Not complying with the Business and Professional Standards of Conduct can lead to disciplinary action, including the possible termination of clinical access.
- We are obligated to promote a positive, ethical work environment for ourselves and others who come in contact with Atmore Community Hospital. Each of us should take the responsibility of asking questions, seeking guidance, and expressing concerns of compliance with these Business and Professional Standards of Conduct. The simple formula to ensure compliance on any issue is to stop, think and clarify.

Clinical Practices

Medical Ethics

The basic concepts of medical ethics are:

- Healthcare providers have a duty to promote good, act in the best interest of their patients and act in the best interest of society as a whole
- To protect the patient's ability to make informed decisions about his/her own care
- To be fair to the community as a whole
- To protect and promote the fair distribution of healthcare resources
- Patient-Provider Relationship:
  - Be professional and responsible in the care of patients
  - Treat patients with compassion and respect
  - Maintain appropriate boundaries with patients
  - Maintain patient confidentiality

EMTALA

Under EMTALA (Emergency Medical Treatment and Active Labor Act), all hospitals that participate in Medicare must provide emergency services to all patients, whether or not they can pay.

HIPAA

The Health Insurance Portability and Accountability Act requires healthcare providers to follow standards for performing electronic transfers, security of health information, privacy of health information and identifiers for employers. (See details of confidentiality listed under Patient Rights).

Anti-harassment

The term “harassment” includes:

- Threats or promises
- Unwelcome advances
- Other potential harassing actions

1. Threats or promises - threats of employment action or promises of employment action linked directly or indirectly (i.e. implied) to submission to:
   - Sexual favors
   - Other verbal or physical sexual behavior(s)
2. Unwelcome advances - any unwelcome sexual advances, requests for sexual favors or verbal/physical conduct of a sexual nature that alters an employee’s (or agent’s) working conditions and creates an abusive environment.
3. Potential harassing actions - other forms of intimidation, including racial, ethnic and age-based or disability harassment which alters an employee’s (or agent’s) working conditions and creates an abusive work environment.

Any form of harassment will not be tolerated. It is your responsibility to promptly report any behavior outlined above to your instructor and/or primary nurse.

Patient Rights

Confidentiality, HIPAA and HITECH

- Patients have the right to privacy and confidentiality
- A patient’s medical record may be shared with
  – Clinicians directly involved in the patient’s case
  – Regulatory agencies looking into a facility’s quality of care
  – People with a legal or regulatory right to see the records
- Protected healthcare information may not be shared with ANYONE else without valid authorization by the individual who is the subject of the disclosure

Each of us must maintain complete confidentiality regarding all information learned in the hospital setting.

Any information learned through your clinical experience with the system should be shared only with those who have an official need to know. Just because someone is employed by Atmore Community Hospital does not authorize them to have access to protected clinical information unless it is required as part of their job. Improperly using and disclosing confidential patient information can subject you to expulsion from Atmore Community Hospital facilities and/or substantial civil and criminal penalties.

Atmore Community Hospital’s Maintenance and Confidentiality Policy, along with the Confidentiality Pledge prohibits individuals from obtaining or disclosing confidential employee, financial and protected patient health information.

Protect the confidential nature of patient information by first considering how appropriate a location might be for a necessary conversation regarding a patient (whether named or described). Consider for example, the risk to confidentiality if such a conversation were held in hallways, elevators, cafeterias or even in nursing stations where visitors might easily overhear.

When an exchange of confidential information is necessary, maintain only a comfortable voice volume required to allow the person with whom you are speaking to hear you. Loud talkers cause a breach in confidentiality far more often than they might imagine.

Make sure you know the person with whom you are sharing information and verify their right to have access to the patient data. Above all, please remember that disclosing confidential patient information (whether verbal, hard copy or electronic) without proper authorization can lead to civil and criminal penalties including fines, imprisonment and loss of current/future employment.

The Health Information Technology for Economic and Clinical Health (HITECH) section of the "stimulus package" passed in 2009 authorizes greater criminal enforcement authority against anyone who wrongfully obtains or discloses protected health information. Also, many disclosures to the wrong person must now be reported to the individual who was the subject of the inappropriate disclosure. In significant wrongful disclosures that involve more than 500 individuals, a healthcare provider is required to report the breach to local news media and the Department of Health and Human Services (HHS). It is extremely important to not participate in activities that are considered "snooping" around in health records because, even though accessing information might not be intended to be malicious, the action can, and already has, led to criminal prosecution. It is the goal of Atmore Community Hospital to avoid unauthorized disclosures to anyone who is not authorized to receive the data or does not have an official need to know.

If you become aware of potential breaches of confidentiality, you should report the occurrence to your clinical coordinator.

Disclosure and Informed Consent

- Patients have the right to know their diagnosis, prognosis and treatment options
- Patient participation in treatment decisions
  - For each treatment option, the patient needs to know the risks, benefits and potential medical consequences

Advance Directives

An Advance Directive is a legal document that helps protect the patient's right to make decisions about care when they are no longer able to communicate those decisions. There are two types of advance directives:

- **Living will** – a legal document that records which types of medical care a patient does or does not want at the end of life
- **Durable power of attorney for healthcare** – also called medical power of attorney. It is a legal document that gives a representative the power to make healthcare decisions for the patient.

Joint Commission requires that accredited hospitals must:

- Have and use consistent policies for advance directives
- Give all adults written information about their right to accept or refuse treatments
- Provide equal access to care for all patients, whether or not they have an advance directive
- Allow patients to review and revise their advance directives
- Make sure appropriate staff members know about each patient's advance directive
- Help patients write advance directives or refer patients to sources of help, if requested
- Allow healthcare professionals to honor advance directives within the limits of the law and the capacities of the hospital
- Document and honor patient wishes for organ donation, within the limits of the law and the capacities of the hospital

Access to Emergency Service Prudent Layperson

Patients have the right to emergency medical treatment. Patients and insurance companies disagree about the need for emergency care. To solve this problem, insurance companies must use a standard definition for the need for ER services. This definition uses the idea of a "prudent layperson." Under this definition, a person has the need for ER services if she or he has the symptoms that a reasonable non-medical person would consider an emergency.

Respect, Safety and Nondiscrimination

- Patients have the right to safety and security (environmental safety, infection control, security).
- All patients have the right to fair and equal delivery of healthcare services regardless of race, ethnicity, national origin, religion, political affiliation, level of education, place of residence or business, age, gender, marital status, personal appearance, mental or physical disability, sexual orientation, genetic information and source of payment.

Grievances

- Patients have the right to complain about the quality of their healthcare. When complaints cannot be resolved quickly and easily, patients have the right to file a grievance.

Patient Care and Protection

Developmentally Appropriate Care

Under Joint Commission standards, a provider is competent in providing developmentally appropriate care if he or she can:

- Determine a patient's status, taking into account the patient's chronological age
- Identify a patient's needs, taking into account the patient's chronological and developmental age
- Provide care appropriate to a patient's age and developmental needs

Cultural Competence

Cultural competence means providing medical care in a way that takes into account each patient's values, beliefs and practices. Culturally competent care promotes health and healing.

Examples of culturally competent care include:

- If a patient values spirituality, find a way to integrate spiritual and medical practices for healing
- If a family elder must participate in all medical decisions in a patient's culture, be certain to involve the elder in the care of the patient

Care and Sensitivity of the Bariatric Patient

As caregivers, it is our duty to provide sensitive care to our bariatric patients. The caregivers should demonstrate the following principles when caring for the bariatric patient:

- Each patient's physical and emotional needs should always be at the forefront
- Empathy is critical
- Support and encouragement is essential
- Communication and listening skills are imperative

Non-Violent
Medical and Surgical Restraint

- Restraint may be necessary to prevent a patient from removing or interfering with medically necessary devices

  Restraint used for medical or surgical reasons must:

  – Help with medical healing

  - Help treat medical symptoms
- Medical/Surgical restraint may be used only:
  - In response to dangerous behavior on the part of the patient, or
  - As a component of planned care or an approved protocol
- Restraint may be initiated only upon the order of a Licensed Independent Practitioner (LIP)
- At regular intervals, qualified staff must assess restrained patients:
  - To evaluate the continued need for restraint
  - To ensure overall physical and mental well-being of the patient
  - To assess cardiopulmonary status for variances
- As long as restraint is clinically justified, the LIP must examine the patient at least once a day; and then must renew the original order for restraint
- Use of restraint must be documented in the medical record

Violent

- A restraint or seclusion is applied as an emergency measure in a crisis situation when unanticipated severely aggressive, violent or destructive behavior places the patient or other in imminent danger.
- Work toward preventing, reducing or eliminating the use of behavioral healthcare restraint and seclusion:
  - Use only in crisis situations
  - Intervene early to prevent development of a crisis situation
  - Whenever possible, use non-physical methods to deal with behavioral problems
  - Release patients from restraint/seclusion as soon as they meet established behavioral criteria
- Restraint or seclusion must be ordered by an LIP
  - Orders must be issued on a case-by-case basis
  - Orders are to be time-limited
  - PRN orders are NOT acceptable
- A patient placed in restraint or seclusion must be monitored for health and safety
  - At least every 15 minutes, the patient must be assessed for physical/psychological status and assisted with needs as appropriate for the type of restraint/seclusion used
  - Assess cardiopulmonary status for variances
- Patients must be reevaluated to determine whether restraint/seclusion is still appropriate and necessary, and to help the patient regain control. At each evaluation, the LIP or healthcare staff must:
  - Help the patient to regain control
  - Reevaluate the need for restraint/seclusion
  - Issue a new order for restraint/seclusion (LIP), or consult with LIP to request a new order (healthcare staff) as needed
- Restraint/seclusion must be documented in the medical record

Patient Assault and Abuse in the Healthcare Setting

Patient abuse by a healthcare provider is a breach of medical ethics. Assault and abuse are also crimes. These crimes are punishable by imprisonment and fines. Patients may also be abused outside the healthcare setting. As part of the healthcare team, you are in a unique position to help identify victims of abuse.

Joint Commission requires that accredited facilities educate staff on the dynamics of abuse; establish criteria for identifying victims of abuse, assault and neglect; assess identified victims of abuse; maintain a current list of relevant agencies and resources to refer victims; and report abuse and neglect according to state and local law.

Dynamics of Abuse

- *Domestic Violence*: The victim is an adult or adolescent. In the majority of cases, the victim is a woman. The abuser is a person who is, was or wishes to be in an intimate relationship with the victim. In most cases, the abuser is a man.
- *Elder Abuse and Neglect*: Elders may be abused, neglected or exploited. This mistreatment may be physical, sexual, psychological or financial. The perpetrator may be a family member or other caregiver.
- *Child Abuse and Neglect*: Child abuse may be physical, emotional or sexual. Child neglect occurs when a child's basic needs are not met.

Identify Victims of Abuse

Some victims may not disclose abuse. Children most often do not disclose abuse or neglect. Therefore, know and screen for sign and symptoms of abuse and neglect.

Some Symptoms of Possible Abuse are:

- *Emotional abuse*: often found in the form of depression. Symptoms may include headaches, backaches, fatigue and insomnia
- *Physical abuse*: bruises or burns, injuries in concealed or multiple sites; implausible story
- *Behaviors*: victim is quiet and submissive, not talking in presence of abuser. Abuser may hover over victim; abusers may be reluctant to leave

The assessment should document or preserve evidence of the abuse.

- Elder Abuse and Neglect – evaluate the patient's:
  - Access to healthcare
  - Cognitive status
  - Emotional status
  - Overall health and functional status
  - Social and financial status
- When child abuse is suspected:
  - Perform a thorough pediatric health assessment
  - Interview the parents and the child

Report

Most states require healthcare providers to report certain cases of domestic violence. Many states require healthcare providers to report known or suspected elder abuse and neglect. All states require healthcare providers to report suspected child abuse and neglect.

In the event you become aware of any of the above, immediately contact your supervisor or primary nurse.

Infection Control

Healthcare-Associated Infection

Healthcare-Associated Infection (HAI) is an infection that develops after contact with the healthcare system. These infections may come from environmental sources (dust, etc.), patients, staff members, students or hospital visitors. People can be sources of HAI if they are carriers of a disease, are incubating a disease or if students are actively ill with a disease.

Best practices for preventing HAI are related to hand hygiene, environmental hygiene, invasive procedures, antibiotic use, bloodborne pathogens, airborne precautions, contact precautions, droplet precautions, personal protective equipment and personal responsibility.

Hand Hygiene

The single most important factor for preventing the spread of infection is proper hand hygiene. Hands should be washed or decontaminated before and after each direct patient contact.

- Soap and water
  - Must be used for visibly soiled hands
  - All surfaces if the hands must be cleaned including palms and fingertips
  - The entire process from beginning to end requires at least 60 seconds
  - Hands must be washed for minimum of 15 seconds
- Alcohol foam
  - Rub on all surfaces of the hands and wrists until hands are dry
  - May be used up to 10 times before washing hands with soap and water

Note: Handrubs should not be used if hands are visibly soiled or if patient has Clostridium difficile.

- Skin Care - hand creams to minimize the occurrence of irritant contact dermatitis are recommended. Hand lotions should not contain petroleum jelly or other emollients which may affect the integrity of gloves. Only approved hand lotion may be used.

Environmental Hygiene

- Maintain a visibly clean environment (no visible dust or soiling).
- Clean, disinfect or sterilize medical equipment after each use.
- Dispose safely of medical waste.
- Launder used and contaminated linens safely and effectively.
- Follow appropriate guidelines for kitchen and food hygiene.
- Maintain adequate pest control program.

Invasive Procedures

- The most common type of HAI is urinary tract infection associated with indwelling urinary catheters.
- High risk procedures such as catheterization should be performed only when absolutely necessary.
- Catheters should be removed as soon as possible.
- Instruments used for invasive procedures should be properly sterilized after use. They should be used with aseptic technique.
- Prevention of bloodstream infection is another area that requires clinical focus.
- Use aseptic technique when inserting IV or changing dressings.
- Thoroughly clean hub of IV tubing before accessing.

Antibiotic Use: Antibiotic Resistance

- The more antibiotics are used, the more common resistant strains of bacteria are identified. Example: MRSA (methicillin-resistant Staphylococcus), VRE (vancomycin-resistant Enterococci, DRSP (drug-resistant Streptococcus, pneumoniae and MDR-TB (multidrug-resistant Mycobacterium tuberculosis) and Acinetabacter baummannii
- Healthcare professionals must take an active role in preventing the spread of antibiotic resistance.
- Diagnosing and treating infections effectively: use of broad-spectrum or multiple antibiotics should be avoided.
- Preventing spread of infection: hand hygiene and use of appropriate isolation precautions.
- Educate patients on ways to prevent the spread of infections.
- Using antibiotics prudently: patients should be educated regarding this (i.e. not demand antibiotics for viral illnesses such as cold, flu, etc.).

Reduce the risk of health care–associated infections

Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines. Wash hands with soap and water when visibly soiled. Use hand sanitizing agents routinely. Perform hand hygiene before and after contact with patient or their environment. No artificial fingernails.

Prevent infections from Multidrug Resistant Organisms (MRSA, VRE, CDIFF, etc). Apply consistent hand hygiene and environmental hygiene. Implement Isolation Precautions. Prescribe and administer antibiotics appropriately. Educate patients on prevention strategies.

Prevent Central Line Associated Bloodstream Infections. Use aseptic technique when inserting and accessing lines. Wear maximum barrier precautions when inserting central lines and follow standardized insertion protocols. Avoid insertion into the femoral vein unless other sites are unavailable. Use antiseptic skin preparation for insertion. Disinfect hubs and ports before accessing. Educate patient and family about bloodstream infection prevention. Discontinue device as soon as it is no longer needed.

Prevent Indwelling Catheter-Associated Urinary Tract Infections (CAUTI). Limit the use and duration of indwelling catheters to situations necessary for patient care. Use aseptic insertion techniques. Manage according to evidence-based guidelines.

Precautions to Prevent Spread of Infection

Standard Precautions should be used in the care of all patients regardless of their diagnosis.

Bloodborne Pathogens

- Spread from person to person as a result of unprotected exposure to infected blood, other body fluids, non-intact skin, and moist body tissues. Bloodborne diseases include: AIDS, Hepatitis B and Hepatitis C.
  - Handwashing
  - Barriers (gloves, gowns, mask and eye protection) are used depending on the task performed and the likelihood of exposure to a patient's body fluids
- Needlestick Prevention:
  - Use of safer needle devices
  - Contaminated needles and other contaminated sharps should not be bent or recapped
  - Contaminated sharps are placed in puncture resistant sharps' containers

Airborne Diseases

- Airborne diseases are produced when an infected person sneezes, coughs or talks. The particles can remain suspended in air for long periods of time and can travel long distances. Important disease include: chickenpox, measles, tuberculosis, SARS and smallpox.
- Precautions:
  - Patients are placed in isolation rooms with special air handling and ventilation systems (negative pressure)
  - Healthcare staff must wear personal respirators whenever they enter an airborne isolation room. **Please note that students will not be assigned patients where they would be required to wear an N95 mask.**
  - Patient transport should be limited as much as possible
  - Patient should wear a regular mask if removed from room

Contact Precautions/Strict/Enteric

- Occurs via direct or indirect person-to-person contact. This form of transmission is the most important and common cause of Hospital Acquired Infections (HAI). Examples of contact disease are MRSA, VRE, Hepatitis A, respiratory syncytial virus (RSV), impetigo, conjunctivitis, viral hemorrhagic infections and many others.
- Precautions:
  - Patients are isolated in private rooms or cohorted
  - Healthcare staff must use gloves and gowns when entering room or whenever they are in contact with the patient or their environment. Hands should be decontaminated immediately after removing gloves or other personal protective equipment (PPE). PPE should be removed before leaving patient's room.
  - Patient transport should be limited as much as possible
  - Patient equipment
    - Non-critical equipment should be dedicated to a single patient (e.g thermometers, stethoscopes)
    - If this is not possible, equipment should be cleaned and disinfected between patients (e.g. glucose monitors)

Droplet Precautions

- Transmission happens via large respiratory droplets. The droplets are generated during coughing, sneezing, talking, etc. and travel short distances (up to three feet). Droplet diseases include: mumps, rubella, influenza and many others.
- The differences between airborne and droplet transmission:
  - Tiny respiratory particles (airborne) vs. larger respiratory droplets (droplet)
  - Long distance travel (airborne) vs. short travel distance (droplet)
- Precautions:
  - Patients should be isolated in private rooms or cohorted
  - Regular isolation masks should be worn when entering patient's room or working within three feet of patient
  - Patient transport should be limited as much as possible

Personal Protective Equipment

- Prevents the spread of infection
  - from patient to healthcare provider
  - from healthcare provider to patient
- Equipment
  - Includes gloves, masks, goggles, gowns, respirators
  - Refer to specific category of precautions for instructions on which equipment to use

Personal Responsibility as Part of the Healthcare Team

- Maintain immunity to vaccine-prevented diseases
- Report all unprotected exposures (such as accidental needlesticks)
- Stay home when you are sick

Stericycle

Stericycle is a recycling program that provides management of regulated medical waste and other recyclable products (red). Recyclable item that can be disposed of in regular trash containers include:

Metals - aluminum cans, tin cans, paper clips
Cartons - milk, juice
Plastic – bottles (water, soda, juice), shrink wrap, plastic bags, plastic IV bags (w/o medications)
Paper - magazines, newspaper, NON-HIPPA documents, used folders, junk mail, phone books
Cardboard Boxes - glove boxes, medicine boxes, tissue boxes, bottles, cartons, soda bottles, cans do not have to be rinsed prior to place in trash containers.

Safety and Security

To report emergencies:

- Atmore Community Hospital clinics/facilities not located within a hospital – call 911
- Atmore Community Hospital – 2777

Emergency Codes

- **The following codes are used at all Atmore Community Hospital and Clinics**

  Code Green – Contaminated Patient. Isolate
  Code Gray- Security Situation. Contact Police/Security. De-escalate.
  Active Shooter- Assess Shelter/Evacuate/Neutralize.
  Code Purple- Severe Weather
  Code Orange- External/Internal Disaster
  Code Yellow- Facility Lockdown. Prevent entry and exit.
  Code Red- Fire (RACE) Rescue. Alert. Contain. Extinguish/Evacuate
  I.T.Outage- Notify department head. Use downtime procedures.
  Code Black- Bomb Threat. Notify policy/security. Search. Isolate
  Code Adam- Infant abduction. Observe. Prevent exit.
  Code White- Hostage situation. Isolate. Notify policy/security.

- **The following codes are used for medical emergencies**

  Code Blue
  Code Blue Pediatric – for pediatric medical emergencies at Atmore Community Hospital

Safety Data Sheets (SDS)

- Atmore Community Hospital-stored electronically
- If you need assistance in accessing SDS sheets please speak with the team leader or nurse manager

Life Safety (Fire)

Best defense against fire is prevention:

- Smoking policies should be followed
- Door stops or wedges should never be used to hold doors open
- Hallways should remain clear and un-obstructed for an easy exit in the event of a disaster or fire unless allowed by NFPA
- Portable medical gas cylinders should be secured at all times, stored, and labeled appropriately
- All equipment should be inspected prior to use
- Med Sleds are available for non-ambulatory patients


STOP
AIRBORNE PRECAUTIONS
To prevent the spread of infection, ANYONE* ENTERING THIS ROOM MUST:
Hand Hygiene
Surgical Mask
For visitors
N-95 Respirators
For employees
Patient needs to wear a surgical mask during transport.
Ensure that the door to patient's room remains closed at all times.
*Visitors must wash hands, wear gloves, and mask upon entering and remove upon leaving this room.
Isolation shall not be discontinued without the notification of Infection Prevention and Control 251-368-6314.
ALTO
PRECAUCIONES CONTRA PARTICULAS O GOTITAS
Para prevenir el esparcimiento de Infecciones, TODAS LAS PERSONAS* QUE ENTREN EN ESTA HABITACION TIENEN QUE:
Lavarse las Manos
Ponerse Máscara Quirúrgica
For visitors
Poneres Respirador N-95
Para empleados
* El paciente debe ponerse mascora de quirurgica duronte transporte.
Asegurse que la puerte se mantiene cerada.
Preguntas? Llame al Departamento de Prevencion y Control de Infecciones al 251-368-6314.


STOP
ENTERIC PRECAUTIONS
To prevent the spread of infection, ANYONE* ENTERING THIS ROOM MUST:
Hand Hygiene
Gown
Gloves
SPECIAL ENTERIC
Perform hand hygiene before entering room AND wash hands with "soap and water only" after leaving room.
EVS: Special Cleaning Indicated
Applies whether or not contact with the patient or the patient's environment is anticipated.
*Visitors must wash hands, wear gloves, and gown upon entering and remove upon leaving this room.
Patient Transport: Clean patient hands, clean patient gown, empty/contain all drainage, secretions, and excretions.
Isolation shall not be discontinued without the notification of Infection Prevention & Control 251-368-6314.
ALTO
ENTÉRICO DE CONTACTO
Para prevenir el esparcimiento de infecciones, TODAS LAS PERSONAS* QUE ENTREN EN ESTA HABITACION TIENEN QUE:
Lavarse las Manos
Ponerse Bata
Ponerse Guantes
Precaucion Orogastrointestinal
Lavese las manos antes de entrar al cuarto y lavese las manos con agua y jabon cuando salga del cuarto.
EVS: Special Cleaning Indicated
Esta regla se aplica aunque no anticipe contacto con el paciente o con el ambiente del paciente.
*Los visitantes del paciente deben lavarse las manos, usar guantes, y bata al entrar y salir de este habitacion.
Translado del Paciente: Asegurese que las manos y la bata del paciente esten limpios, y vacie o contenga todo drenaje, secrecion o excrecion del mismo.
Preguntas? Llame al Departamento de Prevencion y Control de Infecciones al 251-368-6314.


STOP
DROPLET PRECAUTIONS
To prevent the spread of infection, ANYONE* ENTERING THIS ROOM MUST:
Hand Hygiene
Surgical Mask
Gown
Gloves
N-95 Respirators should not be used for personal protection for patients on droplet precautions.
Patient needs to wear a surgical mask during transport.
*Visitors must wash hands, wear gloves, mask and gown upon entering and remove upon leaving this room.
Isolation shall not be discontinued without the notification of Infection Prevention and Control 251-368-6314.
ALTO
GOTITA DE CONTACTO
Para prevenir el esparcimiento de infecciones, TODAS LAS PERSONAS* QUE ENTREN EN ESTA HABITACION TIENEN QUE:
Lavarse las Manos
Ponerse Máscara Quirúrgica
Ponerse Bata
Ponerse Guantes
Los Respiradores N-95 no se deben utilizar para la proteccion personal de pacientes con precauciones contra particulas o gotitas.
El paciente debe Ponerse mascora quirurgica durante trans porte.
Quitese la bata y guantes antes de salir.
Preguntas? Llame al Departamento de Prevencion y Control de Infecciones al 251-368-6314.


STOP
CONTACT PRECAUTIONS
To prevent the spread of infection, ANYONE* ENTERING THIS ROOM MUST:
Hand Hygiene
Gown
Gloves
Applies whether or not contact with the patient or the patient's environment is anticipated.
*Visitors must wash hands, wear gloves, and gown upon entering and remove upon leaving this room.
Patient Transport: Clean patient hands, clean patient gown, empty/contain all dreinage, secretions, and excretions.
Isolation shall not be discontinued without the notification of Infection Prevention and Control 251-368-6314.
ALTO
PRECAUCIONES DE CONTACTO
Para prevenir el esparcimiento de infecciones, TODAS LAS PERSONAS* QUE ENTREN EN ESTA HABITACION TIENEN QUE:
Lavarse las Manos
Ponerse Bata
Ponerse Guantes
Esta regla se aplica aunque no anticipe contacto con el paciente o con el ambiente del paciente.
*Los visitantes del paciente deben lavarse las manos, usar guantes, y bata al entrar y al salir de esta habitacion.
Translado del Paciente: Asegurese que las manos y la bata del paciente esten limpios, y vacie o contenga todo drenaje, secrecion o excrecion del mismo.
Preguntas? Llame al Departamento de Prevencion y Control de Infecciones al 251-368-6314.


STOP
Neutropenic Precautions
To prevent the spread of infection, ANYONE* ENTERING THIS ROOM MUST:
Hand Hygiene
Surgical Mask
No Flowers, Fruit or Vegetables
Private room with closed door.
Hand hygiene is required upon entering the room.
Mask are required.
Gowns and gloves are optional.
No fresh fruits, vegetables, or flowers maybe taken into the room.
No visitors or staff with infectious illness may enter the room.
No special precautions must be taken with articles leaving the room.
Patient to wear mask upon leaving room.
ALTO
Neutropénico Precauciones
Para prevenir el esparcimiento de infecciones, TODAS LAS PERSONAS* QUE ENTREN EN ESTA HABITACION TIENEN QUE:
Lavarse las Manos
Ponerse Máscara Quirúrgica
No triaga fruta, flores o vegetales
Habitacion privado, con puerta cerrada.
Lavarse las manos en cuando entra esta habitacion.
Batas, guantes y mascara son openionales.
No triaga plantas o frutas frescas a esta habitacion.
Visitantes o empleados con infeciones estam prohibidos de entrar a esta habitacion.
No ay precausciones al salir de esta habitacion
El paciente debe ponerse mascara antes de salir esta habitacion

Do You Know the Color?	
Bag Color	Waste Description
Red	To collect infectious waste such as dressings and disposable supplies contaminated with blood and body fluids. To collect items that have patient identifiers.
All other colors	Non-infectious / non-toxic waste

If you have a fire in your area: Remember “RACE” and follow the fire plan for your area. Your leader can obtain a copy of the plan for your area.

R - Remove all patients, visitors, and staff to safety, based on the fire plan
A - Activate emergency response by dialing your facility’s code or pulling the alarm
C - Confine the disaster (fire or chemical spill) as much as possible
E - Evaluate the appropriate method of handling the disaster (extinguish a fire or confine a chemical spill)
• Follow instructions of supervisor

Fire Extinguishers

Fire extinguishers are located inside our building. The MRI extinguisher is located inside the MRI unit. Do not block any fire extinguishers or fire hoses at any time with obstacles. Remember “PASS” To use a fire extinguisher:

Pull the pin
Aim at the base of the fire
Squeeze the handle
Spray in a sweeping motion

Medical Gases

- Oxygen is available in all patient care areas
- Oxygen shut-off (zone valves) are located at each nursing unit. The valves are labeled to indicate the rooms they serve
- The following staff are authorized to turn off medical gas in an emergency situation at Atmore Community Hospital
  – Plant Operations
  – Nurses
  – Respiratory Therapists
- Ensure O2 tanks are stored in an upright position in appropriate containers

Equipment Safety

Most equipment in the healthcare setting is electric. This means there is risk of electrical shock. Electrical devices which are likely to come in contact with patients must be equipped with three-prong plugs or rated as double-insulated.

- Remove and report electrical hazards
- Use electrical equipment properly
- Check to make sure equipment has been inspected within the date as specified on the inspection

Safety Inspection Program

All electrical devices entering the hospital should receive an initial safety inspection.
Incoming equipment includes:

- Patient-owned devices: Patients may bring in personal appliances in all areas except intensive care units and telemetry units.
- Other outside devices: This category includes borrowed units, rentals, demonstration equipment and equipment brought in for evaluation. Such devices should be processed through the receiving department before they are delivered to any other department.

Inspected equipment will have a safety inspection label attached to it. It is very important that the label on patient-care devices include dates within the last year. Do not use electrical equipment in the vicinity of patients unless it has an inspection label dated within the last year. Call the bio med department if you need assistance in determining whether a device has been inspected.

Radiation Safety

Limit exposure to radiation

- Time: minimize the amount of time you are exposed
- Distance: maximize your distance from the radiation source
- Shielding: use appropriate shielding to absorb the energy of radioactive particles

Radioactive Materials

Areas where radioactive materials are located will be identified with the universal radioactive symbol. Only authorized personnel shall enter an area where radioactive materials are located. Refer to the radiation safety policy for additional information.

MRI Safety

Hazards can arise when certain items enter the MRI system. Patients should be screened prior to MRI to ensure they do not have MRI-unsafe implants or embedded objects; and do not have metallic objects in their pockets.

- Implanted or embedded ferromagnetic objects (aneurysm clips) will try to align with the magnetic field which can cause damage to soft tissues
- Pulsed radio frequency fields in the MRI system can produce electric currents in metal implants or monitor cables resulting in burns
- Electronic devices (such as pacemakers) can fail

Ergonomics

Ergonomics means designing work equipment and tasks to fit the “natural laws” of the human body.

Ergonomics best practices are:

- Avoid fixed or awkward postures
- Avoid lifting without using proper devices or equipment
- Avoid highly repetitive tasks
- Avoid forceful exertions
- Provide support for your limbs
- Use proper posture and body mechanics when sitting, standing or lifting
- Keep tools close to you to avoid reaching, twisting and bending
- Use supportive equipment and ergonomic tools (e.g. wrist supports for keyboards)
- Respond promptly to aches and pains. This can help you address slight injuries before they become severe or debilitating

Back Safety

- Healthcare is a high-risk setting for back pain and injury. Healthcare workers who lift and move patients are at especially high risk for injury.
- Injury may be prevented through:
  - Proper care and operation of the spine
  - Proper posture
  - Regular exercise

Lifting and Transporting Patients

- General Lifting Techniques
  - Get the load close
  - Use a diagonal lift (one foot in front of the other)
  - Lock the back in
  - Push the load up with the hips and legs

- Keep your head and shoulders back (eyes on horizon)
- Never jerk and twist

- Before lifting a patient, the patient should be assessed to determine how to do the transfer safely
  - Determine appropriate method for the transfer
  - Determine appropriate equipment to use
- Determine how many staff members are needed

Slips, Trips and Falls

- Keep floor clean and dry
- Choose slip resistant shoes.
  Look for:
  - Soft rubber soles
  - A large amount of surface area in contact with the floor (i.e. no heels)
  - Patterned soles that increase friction
- Post safety signs around slip hazards
- When conditions are hazardous (wet floors) avoid slipping and falling by walking like a duck
  - Keep your feet flat and slightly spread apart
  - Point your toes slightly outward
  - Take slow, short steps
  - Make wide turns at corners
  - Keep your arms at your sides

Latex Allergy

- Latex allergy is becoming more and more common. Most reactions to latex are mild but some can be life-threatening
  - Make sure that patients are screened for latex allergies
- Anyone who is allergic to latex should avoid latex products
  - Do not use any latex products, including latex cleaning gloves in the patient's room
  - If you are allergic to latex use non-latex gloves only, use silk or plastic tape instead of adhesive tape and consult for latex-free cart

Hazard Communication

To protect healthcare workers from exposure to hazardous chemicals, the following groups of people have hazard communication duties:

- Manufacturers
  - Research, create and distribute SDS listing the specific hazards of the chemical
  - Label all containers of hazardous materials
- Employers
  - Maintain a file of SDS's for all hazardous chemicals used by workers
  - Inspect incoming chemicals to verify proper labeling
  - Train employees in the use of hazardous chemicals
- Employees/students
  - Know which hazardous chemicals are used in their work area
  - Know how to access SDS
  - Read product labels carefully, follow all instructions and heed all warnings

Wireless Transmitter and Cellular Phone Use

It is inappropriate to use smart phones, cell phones, two-way radios phones or other electronic devices for personal communication, personal activity or any other personal endeavors while on duty.

Hand-off Communication

Every student is required to hand-off patient care at the end of the clinical day by providing the patient's nurse with a report of the patient's status, care provided and task to be completed. Communication with the patient's nurse before leaving the unit is imperative for patient safety and positive patient outcomes.

Security and Workplace Violence

General Safety/Security Information

The safety and security of Atmore Community Hospital employees, volunteers, contractors, students, patients and visitors is of vital importance. Ways you can assist with safety and security include:

- Wear your identification badge
- Park in designated areas
- Don't leave valuables unattended
- Be observant of your surroundings; promptly report suspicious activity to security
- Avoid construction areas when possible. Doors should remain closed at all times to prevent dust and other contaminants from coming in contact with patients, visitors and staff.

What not to do

- Do not let someone use your ID badge to enter the facility
- Do not smoke while on property
- Do not take property that doesn't belong to you
- Do not ignore suspicious behavior
- Do not obstruct a locked exit door to enable your re-entry or someone else's
- Do not bring friends or family to your work area or other areas that are not appropriate for visitors
- Do not visit other employees in their work areas where you are not assigned or do not have authorization to go

Workplace Violence

Workplace violence is any violence committed in a work setting. To help keep the workplace safe from violence:

- Recognize aggressive behavior and warning signs of potential violence
- Respond appropriately to the level of aggressive behavior
  - Response to aggressive behavior of tension: Remain calm, listen and acknowledge the person's frustration. Try to resolve the problem
  - Response to aggressive behavior of disruptiveness: Set clear limits; remain calm and choose words carefully to avoid aggravating the situation; call security privately if the disruptive behavior continues
  - Response to aggressive behavior of loss of control: Remove yourself from danger and get help. Do NOT try to restrain the person yourself.

Reporting Incidents

A breach in safety is referred to as an incident. Incidents happen when normal procedures are not followed, safety is compromised and injury (or near-injury) occurs.

Common examples of incidents mentioned above are:

- Equipment malfunction
- Exposure to radiation

- MRI injury
- Latex allergic reaction
- Back injury
- Slip, trip or fall
- Exposure to hazardous chemicals
- Workplace violence

All incidents should be reported to your instructor and/or primary nurse immediately.

Student/Instructor-Specific Information

Dress Policy

- Students must wear the approved school uniform/scrubs.
- Instructors must wear the following: school issued scrubs
- Scrubs or uniforms from other healthcare facilities are not acceptable while providing clinical supervision.
- Neither student nor instructors may wear personal scrubs. Identification should clearly demonstrate school affiliation and role definition, i.e. student/ instructor.
- No artificial fingernails are allowed.
- Tattoos need to be covered.
- Badges clearly visible.
- Single pair small earrings.

Tobacco-free Workplace

Atmore Community Hospital maintains a tobacco-free work environment at all locations. As a student you are prohibited from smoking or using tobacco products on all Atmore Community Hospital property, owned and/or leased properties, buildings, parking lots and company vehicles. Each student should:

- Comply with policy guidelines.
- Assist in ensuring compliance with fellow students.
- Pay attention to personal hygiene. Having a strong odor of smoke/tobacco products while working is inappropriate.

Failure to comply with these provisions may result in disciplinary action.

Parking

Atmore Community Hospital provides parking areas for students. Persons who possess disability parking placards or license plates issued, may park in the designated handicap parking spaces.

Solicitation

Atmore Community Hospital prohibits solicitation for and distribution of literature for non-Atmore Community Hospital organizations or activities unless allowed and approved in accordance with the Solicitation/Distribution of Literature policy.

Obtaining Patient Information

All instructors/students must wear appropriate attire, as well as an Atmore Community Hospital identification badge when they visit the nursing units to obtain patient information. The nurses on the unit have been instructed to verify that the instructor/student have this identification. This procedure is vital to protecting our patient's confidentiality. Therefore, unless the instructor/student provides this information, they will not be allowed to view the patient's chart.

ATMORE COMMUNITY HOSPITAL

We only receive credit if the patient responds with the response in red. Any other response is scored as "0" and no credit is given.

HCAHPS

(Hospital Consumers Assessment of Healthcare Providers and Systems)

HCAHPS was created to publicly report the *patient's perspective* of hospital care. The HCAHPS survey asks patients to answer questions related to eleven topics. The topics and questions are listed below.

How often did nurses communicate well with patients?

During this hospital stay……

- how often did nurses treat you with courtesy and respect? (Q1)
- how often did nurses listen carefully to you? (Q2)
- how often did nurses explain things in a way you could understand? (Q3)

✓ ❑ **Always** ❑ **Usually** ❑ **Sometimes** ❑ **Never**

How often did doctors communicate well with patients?

During this hospital stay……

- how often did doctors treat you with courtesy and respect? (Q5)
- how often did doctors listen carefully to you? (Q6)
- how often did doctors explain things in a way you could understand? (Q7)

✓ ❑ **Always** ❑ **Usually** ❑ **Sometimes** ❑ **Never**

How often did patients receive help quickly from hospital staff?

- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? (Q4)
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (Q11)

✓ ❑ **Always** ❑ **Usually** ❑ **Sometimes** ❑ **Never**

How often was patients' pain well controlled?

During this hospital stay…….

- how often did hospital staff talk with you about how much pain you had? (Q13)
- how often did the hospital staff talk with you about how to treat our pain? (Q14)

✓ ❑ **Always** ❑ **Usually** ❑ **Sometimes** ❑ **Never**

How often did staff explain about medicines before giving them to patients?

Before giving you any new medicine……..

- how often did hospital staff tell you what the medicine was for? (Q16)
- how often did hospital staff describe possible side effects in a way you could understand? (Q17)

✓ ❑ **Always** ❑ **Usually** ❑ **Sometimes** ❑ **Never**

How often were patients' rooms and bathrooms kept clean?

During this hospital stay…….

- how often were your room and bathroom kept clean? (Q8)

✓ ❑ **Always** ❑ **Usually** ❑ **Sometimes** ❑ **Never**

How often was the area around patients' rooms quiet at night?

During this hospital stay…….

- how often was the area around your room quiet at night? (Q9)

✓ ❑ **Always** ❑ **Usually** ❑ **Sometimes** ❑ **Never**

Were patients given information about what to do during their recovery at home?

During this hospital stay……..

- did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (Q19)
- did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (Q20)

✓ ❑ **Yes** ❑ **No**

How do you rate the hospital?

- Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible,
  What number would you use to rate this hospital during your stay? (Q21)

✓ ❑ **10** ✓ ❑ **9** ❑ **8** ❑ **7** ❑ **6** ❑ **5** ❑ **4** ❑ **3** ❑ **2** ❑ **1** ❑ **0**

Would patients recommend the hospital to friends and family?

- Would you recommend this hospital to your friends and family? (Q22) ✓ ❑ **Definitely Yes** ❑ **Definitely No** ❑ **Probably Yes** ❑ **Probably No**

Transition of Care

- During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left. Would you say… (Q23)
- When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. Would you say…. (Q24)
- When I left the hospital, I clearly understood the purpose for taking each of my medications. Would you say… (Q25)

✓ ❑ **Strongly Agree** ❑ **Agree** ❑ **Disagree** ❑ **Strongly Disagree**