Alternative Orientation

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Overview of Carilion Clinic

Overview of Carilion Clinic

Content:

- Carilion Clinic—How We Support Communities
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- Who Are the Patients We Serve?
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- Measuring Success—Carilion Clinic's Scorecard
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Objectives:

To describe the organization's mission, purpose, and values.

To explain the pillars of the Carilion Clinic.

To describe the ways we support the diversity of our patients.

To describe Carilion Clinic's scorecard.

To list the steps for taking required in-services and other training through Cornerstone.

Did You Know?

The name Carilion comes from the word "carillon," meaning a set of bells played in harmony.

Carilion literally means working in harmony.

Carilion Clinic—How We Support Communities

Carilion Clinic's Mission

Improve the health of the communities we serve.

Our Purpose

Excellence in patient care and healthcare outcomes

Our Vision

To support our mission we created a 5 year vision that we call Vision 2017. The vision statement explains what we are working towards – *We are committed to a common purpose of better patient care, better community health and lower costs.*

o Our highest priority is patient safety
o We will ensure excellent clinical outcomes
o We will provide appropriate acute care services for our region
o We will create focused efforts toward patients with chronic illnesses
o We will engage with our communities to promote health and wellness
o We will dedicate ourselves to our professional integration and collaboration to assure a thoughtful, kind, respectful patient experience
o We will provide patient-centered care that is effective, efficient, fair and timely
o We will be responsible for ongoing medical education and discovery so that we may continually improve
o We will pursue appropriate partnerships to achieve the "triple aim"
o We will be vigilant in our stewardship of the community's financial resources
o We will conduct ourselves with integrity and treat our guest, and each other, with dignity and respect

> **Did you know?**
> There are 7 hospitals that are part of the Carilion Clinic:
>
> - Carilion Roanoke Community Hospital—Roanoke
> - Carilion Franklin Memorial Hospital—Rocky Mount
> - Carilion Giles Memorial Hospital—Pearisburg
> - Carilion New River Valley Medical Center—Radford
> - Carilion Roanoke Memorial Hospital—Roanoke
> - Carilion Stonewall Jackson Hospital—Lexington
> - Carilion Tazewell Community Hospital - Tazewell
>
> Carilion has more than 160 physician practices in over 30 communities staffed by more than 250 physicians.

Our Employees

Carilion has more than 11,920 employees with a wide variety of education levels, experiences and degrees.

At last count, our employees represented more than 30 different nationalities. English is the primary language, but increasingly we're hiring workers for whom English is a second language.

Our employees are predominantly female

• 24 % Male
• 76% Female

They range in age from 16 years to over retirement age.

Our Values

1. **CommUNITY** - Working in unison to serve our community, our Carilion Family and our loved ones.

2. **Courage** - Doing what's right for our patients without question.

3. **Commitment** – Unwavering in our quest for exceptional quality and service.

4. **Compassion** – Putting heart into everything we do.

5. **Curiosity** – Fostering creativity and innovation in our pursuit of excellence.

Carilion Clinic—Who We Are

Carilion Clinic as a Not-for-Profit

What does it mean to be not-for profit?
- We still need to make money
- Surplus funds are reinvested in the organization and community
- We own some for-profit business such as Carilion Wellness Centers and Commonwealth Linen.
- That helps us cover costs of money-losing services such as Lifeguard 10, 11, and 12 and the Neonatal Intensive Care Unit.

What do we mean by "Carilion Clinic"?

It is an organization of physicians working together as a team to better care for patients. At Carilion Clinic, physicians, nurses, medical staff, facilities and technology are all aligned with a common goal of achieving the best possible outcome for every patient by working together to practice, teach and discover better ways to heal. Shared records and scheduling will provide more convenient medical care centered on the patient.

Carilion is also committed to helping our communities and our patients stay well, achieve fitness goals and manage chronic illnesses. We provide a wide range of wellness services including coordinated care teams in our primary care practices, patient education and athletic clubs.

Just like the Mayo Clinic, Cleveland Clinic, and Lahey Clinic, we are an academic center whose clinical excellence is strengthened by medical education and research.

The Pillars of Carilion Clinic

Carilion Clinic is built on three pillars:

- **Patient care** which includes clinical excellence and top quality customer service.

- **Education** which includes training new physicians and other healthcare providers as well as continuing to educate existing staff about the latest treatment options. This includes our relationship with the Jefferson College of Health Sciences, and Virginia Tech Carilion School of Medicine.

- **Research** which includes developing and testing new treatments and medical devices through the clinic and through our partnership with Virginia Tech in Carilion's Biomedical Institute.

PATIENT CARE

EDUCATION

RESEARCH
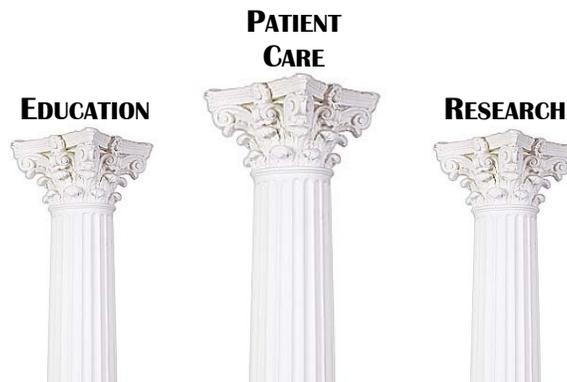
Who Are the Patients We Serve?

At Carilion, we recognize that our patients present with diverse backgrounds and experiences that affect the relationship we have with each of them and the experience they have. Assessing these influences and experiences is important so that their care/service can be modified to meet the needs identified.

Our patients are diverse in many aspects, including:
- Living location and the dwelling itself
- Gender
- Ethnicity
- Education background
- Activity level

We strive to meet our patient's needs in ways that respect and honor their backgrounds and beliefs. For example:
- We provide educational materials and discharge instructions that match the patient's educational background.
- We see patients ranging in age from newborn to elderly. The way we perform certain procedures on an infant may differ dramatically for adults. As a result, staff have age-specific competencies and complete the training and skills necessary to work with different age groups.
- We have patients and family members with spiritual beliefs and rituals unfamiliar to us, so we have chaplains who are trained to meet a variety of spiritual needs.
- We have patients who speak English as a second language or do not speak English at all, so we have access to translation services such as interpreters and the Language Line.
- We see patients with support systems in place, but we also see those who are completely on their own—some lacking financial resources, others who could benefit from counseling or support networks. We offer patient education materials, develop community contacts and make referrals.
- Of course our goal is always to provide the best clinical care to people who have a wide range of illnesses and injuries, so education is a continuous process. We have patient care conferences, Health Sciences libraries, and Clinical Nurse Specialists all to help us stay informed of the most effective treatments and options.

In the course of your career with Carilion, you will come in contact with people of different types, illnesses and personalities. There will be some patients with whom you can easily identify, while other patients may be very different from you in background, education, or economic status. There will be some patients with issues that are more complex and demanding of your time and skills, while other patients will have simpler requirements. There will be some patients who are friendly and easy to work with, while others may seem cranky or more difficult.

Regardless of the patients' background, illness or injury, personality it is important that you treat them **all** with respect.

Ethical Treatment of Patients

Carilion is committed to maintaining an ethical environment.

Code of Ethical Behavior

- Carilion will not disparage another provider in any marketing or advertising effort.

- Treatment decisions are based on the patient's health status and medical needs and are not related to financial incentives.

- Treatment is individualized for each patient. There must be a treatment plan for each patient and the appropriate resources to carry out that plan.

- Patients are only discharged on the basis of medical condition or if a patient insists upon discharge against medical advice. The decision to discharge may not take into account consideration of the patient's nonpayment of medical bills.

Patient Bill of Rights

All patients receive a copy of the Patient Bill of Rights:
- Access to any available or medically indicated treatment or accommodations
- Considerate, respectful care at all times and under all circumstances
- Privacy and confidentiality
- Right to know the identity and professional status of individuals providing services
- Right to reasonable informed participation in decisions involving his/her health care.

To support this commitment, Biomedical Ethics Services offers a variety of services throughout Carilion. These services include:

- Education and training programs for ethics committees, hospital staffs and the communities they serve.
- Development and review of policies involving patient rights and ethical issues.
- Consultation to help resolve ethical problems in patient care.
- Research that identifies, clarifies and suggests ways to improve ethical problems in the clinical setting.

The Department sponsors a major one-day ethics conference every Fall at the Hotel Roanoke and Conference Center as well as an annual Spring ethics workshop. In addition, the department hosts a one-hour "Conversations in Ethics" program at noon on the first Thursday of each month in the 6th Floor Auditorium at Carilion Roanoke Memorial Hospital. Other educational programs or workshops are available upon request.

How to Ask for Ethics Consultation

Most Carilion facilities provide ethics consultation through the institutional ethics committee. Dial the hospital operator and ask for the ethics consultant on call. For those facilities without a

consultation service, the Bioethics Committee at Carilion Medical Center (CMC) provides a consultation service that assists physicians, nurses and other clinicians in responding to ethical problems that arise in the care of patients. *An ethics consultation can be requested by a physician or any other clinician involved in the care of a patient. It may also be requested by a patient or a patient's family member.* In order to access the consultation service, dial the hospital operator and ask that a member of the ethics consultation service be contacted. During weekdays (8:00 a.m. to 5:30 p.m.), requests for consultation may be referred to the director of Biomedical Ethics Services.

Research Review

Bioethics also supports operations of the Institutional Review Board at Carilion Medical Center, a committee that reviews and approves all research conducted at CMC or by CMC employees. The IRB can also review research at other CHS facilities. The IRB helps ensure protection of the rights of human research subjects and meets on the third Wednesday and second Thursday of each month. For more information, call the IRB Coordinator at 540/853-0728 or the IRB Research Compliance Specialist at 540-981-8015. IRB policies, procedures, application forms and other information are available on-line at https://www.carilionclinic.org/institutional-review-board/new-submissions

Recognition and Reporting of Abuse

Forms of Abuse:
- **Physical Abuse:** non-accidental trauma or physical injury (Includes hitting, kicking, burning, shaking, throwing, beating, biting).
- **Sexual Abuse:** the involvement of dependent, developmentally immature children in sexual activities that they do not fully comprehend and therefore to which they are unable to give informed consent and/or which violates the taboos of society.
- **Emotional Abuse:** the systematic tearing down of another human being. What does emotional abuse include: rejection, isolation, corruption, ignoring, terrorizing, and degrading.
- **Financial Abuse:** the illegal use of an incapacitated adult or his resources for another's profit or advantage. It may include embezzlement, theft, forgery, and false impersonation.

Consequences of Abuse on Children and Adults:
- Physical: most minor injuries will heal but there can be long-term effects with more severe abuse.
- Psychological: isolation, mistrust, fear, depression, eating disorders, anxiety, suicide attempt.
- Behavioral: risk for crimes, teen pregnancy, substance abuse, poor school performance.
- Financial: incur debt, bankruptcy, eviction.

What Are Signs of Abuse?

Physical	Psychological/Behavioral	Financial
- Bruises - Welts - Burns - Cuts or Scratches - Fractures - Bleeding Genitalia - Lack of Medical Care - Poor Hygiene - Poor Nutrition - Tooth Decay - Abdominal Injuries	- Developmental Delays - Anger or Aggression - Depression - Lack of Communication and Talking - Isolation or Withdrawal - Inability to Trust - Anxiety - Suicide Attempts - Frequent Change of Healthcare Professionals	- Missing Personal Belongings - Suspicious Signatures - Numerous Unpaid Bills - A Changed Will or Power of Attorney

What Do I Document?
- Injury Documentation: location, type, number of injuries, size, degree of healing, possible causes, explanation by the care provider.
- You can include photographs & x-rays but you must document a full written description.
- Report the Abuse.

> *Documentation in the Medical Record is Critical!*

Reporting Abuse:
- If you don't report suspected cases of abuse or neglect you could be punished with fines and jail time as well as civil liability.
- Per Carilion Policy, you would notify Social Work Services for assessment and referral to Child Protective Services.
- The physician can write a 72-hour hold order in the event a court order is not immediately obtained (ex: holiday).

> *The healthcare provider must report findings to the physician.*

03/2017

Customer Service

Our patients and their families rely on us for our clinical expertise, advanced technology, and a personal connection. Embracing good customer service behaviors ensures we provide the kind of care and service our friends and neighbors deserve. Carilion is committed to making patients' best interests the top priority. We achieve that goal by ensuring our culture focuses on doing what's right for patients.

As healthcare providers sometimes we don't view ourselves as serving customers, we provide care for patients! In the book *Leadership for Great Customer Service*, the authors Thom A. Mayer, MD and Robert J. Cates, MD provide a description that has helped healthcare providers to better understand patients as customers. They determined that the more vertical (or mobile) a person is, the more likely they are seen as a customer because they can make choices where to go for there healthcare. They, also, determined that the more horizontal a person is, the more likely they are seen as a patient because they are less likely to leave without treatment. Whether or not you call them patients or customers, we are here to do what it takes to make people comfortable by respecting their emotional needs and extending that same philosophy to their families and our coworkers.

Carillion defines customers as patients, their families, and each other. Your co-workers are considered valued partners in the delivery of customer service. All three (patients, families, and other co-workers) deserve to be treated with dignity and respect and receive excellent customer service. What do you think of when you hear the words customer service? Do you think of how you want to be treated? How you want people to explain and communicate things to you? What services you are provided?

As you read through this content think of these questions and consider how you can make a difference in the customer service provided at our facilities.

Let's begin by discussing some things to consider as they relate to customer service. Remember, that making a difference to the patient, the family, a co-worker, or others is more than just showing up for work, doing enough to squeak by, and staying busy. To provide outstanding customer service, you need to place yourself in the position of the person you are helping. The key to it all is to treat others the way you would want to be treated. So, what are some things that you can do?

A **= Accountability/Attitudes**

You can apply the A in our ABC's of customer service…and look at ways you are accountable and ways your attitude impact customer service. Excellent customer service requires that you know what is expected of you, that you have self control and discipline, that you know and understand that what you do or don't do affects others, that you should be a good sport, and that you should be willing to give what is needed at the time.

- **Knowing what is expected of you includes:**
  1. Knowing your duties.
  2. Knowing your deadlines and schedule.
  3. Knowing the standards of performance.
  4. Knowing ways you can provide a safe environment.

- **Having self-control and discipline includes:**
  1. Doing what needs to be done.
  2. Living within the rules.
  3. Sticking to the standards.

- **Knowing that what YOU do or don't do affects others. Remember your actions speak loudly and the things you say and do have a direct impact on all of the following:**
  1. Patients
  2. Your Team
  3. Other Departments
  4. Carilion's overall Performance

- **Being a good sport includes:**
  1. Creating Harmony
  2. Showing Grace and Respect
  3. Sharing the Spotlight
  4. Having a Sense of Humor and Laughing at Yourself
  5. Compromising and Sharing
  6. Giving and taking Feedback in a Positive Manner

- **Concentrating on giving the group what it needs at the moment includes:**
  1. Not just what you feel like giving, but more.
  2. Not just what comes easy, but what is difficult.
  3. Not just what you have been doing by habit, but extras that you having been doing.

So what can you learn from the A in the ABC's of Customer service? The biggest thing to take away from this section is understanding what you are accountable for and that your attitude makes guides the type of customer service you provide.

Me versus We … Think TEAM

"Our attitude is not determined by circumstances, but by how we respond positively or negatively. It's how we react to events, not the events themselves, that determine our attitude. "

= Behaviors

There are four essential behaviors that send a message to everyone we come in contact with that we care about them and want to help them. They are kindness, respect, selflessness, and commitment. Let's take a closer look at each of these.

Kindness
Kindness is to give attention, appreciation, and encouragement to others. This can be done by extending ourselves for others by appreciating them, encouraging them, being courteous, listening well, and giving credit and praise for efforts made by others.
What are some ways you can show kindness?
- Doing the little things mean a lot.
- Kindness is the WD40 of human relationships.

- No act of kindness, no matter how small, is ever wasted.
- Don't be yourself, be someone a little nicer.
- You cannot do a kindness too soon, for you never know how soon it will be too late.

You can show kindness by doing simple things such as:
- Offering your assistance to others.
- Taking a few extra minutes to walk a visitor to the section of the hospital they need. Trying to find your way around can be confusing. Helping someone with this only takes a few minutes and speaks volumes.
- Stepping out of an elevator so that a person in a wheelchair can have room.
- Acknowledge everyone with a smile and hello.

Respect
Respect is treating people like they are important. You could think of it in the terms of treating others the way you would want to be treated. Everyone wants it, everyone needs it, but not everyone gets or gives it. Respect is based on the fact that other people's needs, hopes, ideas, and inherent worth are just as important and valuable as your own. This is demonstrated through:

- ✓ Treating everyone with dignity, courtesy, and equality.

- ✓ Appreciating different backgrounds, cultures, and ideas (don't expect everyone to be just like you)

- ✓ Talking with people, not at them and not about them.

Selflessness
What is selflessness? Selflessness is meeting the needs of others even before your own needs. For example, you should give customers what they want, not what you think they ought to have. The only reason a customer should wait for you to serve them is because you are serving another customer.

Commitment
Commitment is sticking to your choice. Doing what you say you will do, following through on promises and finishing what you started. You must have a passion for doing the right thing and being the best you can be. Being committed to something requires you to do the right thing regardless of friendships or alliances. It shows that you are trustworthy, dependable and reliable.

It is important that if you say you will do something, whether important or seemingly insignificant…remember to do it. "I was gonna", "I meant to", "I haven't forgotten", all translate the same way, I just didn't do it. So don't make promises lightly, and don't make ones you can't keep. When you do make commitments, do whatever it takes to make good on them. Your reputation is on the line.

You may never be able to satisfy everyone's needs and requests, but if customers perceive that an effort is being made on their behalf, you will please most of the people most of the time.

Take Aways from B= Behaviors…

- Four essential behaviors = Kindness, Respect, Selflessness, and Commitment
- Give attention, appreciation and encouragement to others.
- Treat people like they are important.
- Meet the needs of others, even before your own needs.
- Do what you say you are going to do.

C **= Communication**

The goal of communication is understanding. We must be committed to listening attentively to our customers in order to fully understand their needs including the recognition and acceptance of diverse backgrounds. Close attention should be given to both verbal and non-verbal messages.

Our messages to customers should be delivered with courtesy, clarity and care. We must avoid confusing customers and speak in terms they can easily understand.
Every customer will be greeted with a warm and friendly smile. Employees will introduce themselves promptly. Use "please" and "thank you" "Sir" and 'Ma'am" in all conversations when appropriate. Listen to your customers' concerns with body language that shows you care.

As a form of proper communication, you should observe customers and visitors; if someone appears to need directions, offer to help. Let customers know that you will assist them to their destination. If you are unable to personally escort a customer, take him or her to someone who can.

Information about patients is strictly confidential. Each employee is responsible for ensuring that it is not compromised. Information about patients and their care must never be discussed in public areas such as elevators, lobbies, the cafeteria, or waiting rooms. Likewise, hospital business should not be discussed in public areas.

For additional information on confidentiality refer to the HIPAA information located on the Carilion Intranet.

C= Communication/E-Mail Etiquette
Another and probably the most used method of communication is e-mail, and yes, there are proper and improper ways to communicate via e-mail.

Top 10 e-mail Rules
- Be concise and to the point
- Use proper spelling, grammar & punctuation
- Answer swiftly
- Do not write in CAPITALS
- Read the email before you send it
- Do not overuse Reply to All
- Do not forward chain letters
- Do not use email to discuss confidential information
- Use a meaningful subject

- Don't send or forward emails containing libelous, defamatory, offensive, racist or obscene remarks

Take Aways for Communication

So what take aways are there from the C in our ABC's of customer service?

1. You should be committed to listening attentively.
2. Close attention should be given to both verbal and non-verbal messages.
3. Avoid confusing customers and speak in terms they can easily understand.
4. No matter what method of communication is being used, you should follow all guidelines and rules to ensure clear and appropriate communication.

One Final Thought:
The Golden Rule proposes treating customers the way *you* want to be treated. The Platinum Rule says to treat them the way *they* want to be treated. Perhaps its time for a new rule called the Empathy Rule. It goes something like this, "Treat customers as if YOU were the customer. "

Measuring Success—Carilion Clinic's Scorecard

Our goal is to constantly strive to improve the safety and quality of care provided. In order to reach this goal we measure performance through our scorecard. A scorecard is a tool used for monitoring, measuring, and reporting on finances and other key areas that help to determine success. A business scorecard is much like a scorecard in golf. It provides the standard (par for each hole) and allows you to determine whether you are performing better or worse than the standard. Each year, Carilion Clinic creates a scorecard listing the targets it wants to achieve. Each month, Carilion measures our success against our scorecard goals.

The scorecard includes a number of quality standards and indicators that allow us to measure how we are doing in regards to patient care. The indicators address the safety and quality of nursing care patients receive. These are set and monitored by the clinical areas. They monitor such things as: patient falls, medication errors, infections, readmissions and deaths, and we compare our data to similar hospitals.

As a hospital we have to meet the requirements of a number of regulatory agencies, but the one you may hear the most about is the Joint Commission. That's because they inspect and accredit Carilion Clinic and other hospitals. Joint Commission accreditation (or distinction) is the "Gold Standard" of healthcare evaluation. It is very important because it says to potential patients that we meet or exceed the Joint Commission's standards and quality expectations.

As part of Joint Commission accreditation, nursing and our physicians report certain clinical performance measures—Core Measures—again so that we can be compared with other hospitals. These include: Acute Myocardial Infarction (Heart Attack), Heart Failure, Pregnancy & related conditions, Community Acquired Pneumonia, and Surgical Infection Prevention.

> **Did You Know?**
> Any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission, with no retaliatory disciplinary action taken.

Finally patient satisfaction is another way we measure excellence. It is also captured on our scorecard. Carilion uses an external company to assist in collecting information.   Patients get a survey to fill out that includes many elements of their experience. Patient satisfaction is often seen as only affecting those departments that provide direct patient care (for example nursing, respiratory therapy, occupational therapy, imaging, etc.) However, the people who clean a patient's room, those who serve their food and those who respond to their questions regarding their bill are just a few individuals that can determine whether a patient feels as though they received excellent customer service.

Each department and facility supports the scorecard's goals and plays a critical role in the organization's success. Ask the unit manager about the scorecard goals for his/her department or facility.

General Safety

General Safety

Content:

- ♦ Emergency Codes
- ♦ Fire Safety
- ♦ Cellular Phones

Objectives:

To identify general safety hazards, emergency codes, and expected responses.

To identify the seven elements of The Joint Commission Environment of Care Standards.

To identify the national patient safety goals.

Carilion Clinic Emergency Code List

Every student and employee (including physicians), need to know and understand Carilion Clinic's emergency codes. You may frequently hear the operator make announcements over the public address system. The following codes are for your information only and should not be shared with patients, family members or visitors unless they ask.

General Codes

Code **Red**	Fire – response is facility wide
Code **Grey**	Bomb Threat – response is facility wide
Code **Orange**	Hazardous Material or Contamination (Internal/External)
Code **Green**	Disaster Situation (Internal/External)
Code **Siege**	Hostage Situation within the Facility
Code **Secure**	An aggressive, psychological, abusive situation within the facility that requires Carilion Police/Security to respond
Code **Evac**	Partial or total evacuation of an area, department or facility
Severe Weather	**Weather Alert**- designation by the National Weather Service that severe weather is possible
	Weather Warning- designation by the National Weather Service that severe weather is approaching the area

Patient Care Codes

Code **Blue**	Cardiac/Respiratory Arrest in Adults
Code **Blue** Pediatric	Cardiac/Respiratory Arrest in Children
Code **Lindbergh**	Actual or Attempted Abduction of an Infant or Pediatric patient within the facility
Code **OB**	Assistance is needed immediately in the OB or ED departments at CFMH

Emergency Department Alerts

Gold Alert	Patient in Emergency Department with *unstable* multi-system injuries
Trauma Alert	Patient in Emergency Department with *stable* multi-system injuries
Code **Silver**	Increase of security measures in the Emergency Department (CMC only)
Code **Yellow**	Extreme increase in patient volumes in the ED.

Facility Specific Code Definitions

Definitions	CMC	CNRV	CFMH	CSJH	CGCH	CTCH	Ambula-tory Sites
Fire situation and response facility-wide.	Red	Red	Red	Red	Red	Red	Red
Hazardous materials situation.	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Facility wide response to a bomb threat.	Grey	Grey	Grey	Grey	Grey	Grey	Grey
Adult cardiac and/or respiratory arrest.	Blue	Blue	Blue	Blue	Blue	Blue	
Child cardiac and/or respiratory arrest.	Blue-Pediatric	Blue-Pediatric	Kinder	PALS	Blue-Pediatric	Blue-Pediatric	
Actual or attempted abduction of a pediatric patient.	Lind-bergh	Lind-bergh	Lind-bergh	Pink	Adam	Lind-bergh	
Hostage situation within a facility.	Siege	Siege	Siege		Siege	Siege	
Aggressive and/or abusive situation.	Secure	Secure	Secure	Yellow	Secure	Secure	Secure
Partial or total evacuation of an area, department or facility.	Evac	Evac	Evac		Evac	Evac	
An internal or external disaster situation.	Green	Green	Green	Green	Green	Green	
A designation by the National Weather Service that severe weather is possible.	Weather Alert	Weather Alert	Weather Alert	Weather Alert	Weather Alert	Weather Alert	
A designation by the National Weather Service that severe weather is ap-proaching the area.	Weather Warning	Weather Warning	Weather Warning	Weather Warning	Weather Warning	Weather Warning	
Check your Email for an important update	E						
Called when a patient is in the ED with suspected multi-system injuries.	Trauma Alert						
Called when a patient is in the ED with known multi-system injuries.	Gold Alert						
An extreme increase in patient volume in the ED requiring additional staff.	Yellow						
Called when an increase in security is needed in the ED.	Silver						
Suspect Multi-System Injury (ED).		Trauma Alert					
Known Multi-System Injury (ED).		Gold Alert					
Assistance is needed immediately in the OB or ED to provide care to a pregnant person.				OB			
Nurse and/or clinical help needed.					White		
Medical emergency, which may include: cardiac arrest, respiratory distress, chest pain, severe bleeding, obstetrical patient in labor, other urgent or emergent condition							Code Stat

Prevention – The Key to Fire Safety

Here are some helpful tips to maintain a safe work area:

- Smoking causes more than half of all hospital fires. Follow the Carilion Clinic Smoking Policy.

- Immediately take malfunctioning equipment out of service and label/tag the equipment appropriately. Report it to Clinical Engineering immediately.

- Make sure all clinical electrical equipment has a current inspection tag. If not, contact Clinical Engineering.

- Know the locations and methods of operation for any fire extinguishers and fire alarms in the work area.

- Never interfere with the normal operation of fire doors. The use of wedges or other items to prop doors open is **prohibited**. Hallway doors must be kept open only with a proper electrical magnetic device that is connected to the facility's fire alarm system.

- Keep hallways, corridors, and exits clear of obstructions at **all** times.

RACE to Safety

Actions taken during the first two or three minutes of a fire are more important than what occurs over the next two to three hours. To respond rapidly and effectively, memorize the following formula and procedures:

R – **Rescue** anyone in immediate danger

A – Sound the **Alarm**

C – **Confine** the fire

E – **Extinguish** or **Evacuate**

> Evacuation in hospitals are horizontal — evacuate behind fire doors on the same floor.
>
> Evacuations in all other facilities are vertical— No matter where you are in the building, you go down and outside— just like you did in fire drills in school.

Fire Extinguishers

Extinguishing a Fire

- Use the back of your hand to check a closed door for heat before opening. When a door is closed to a room in which there is a fire, the fire will be deprived of oxygen and will re-enter the smoldering stage. During these stages, the fire will emit toxic and flammable gases, which may ignite when the door is opened.

- Avoid inhaling smoke or extinguisher agents.

- Choose an extinguisher to match the type of fire. Ratings and instructions are provided on the fire extinguisher canisters.

- Know where all escape routes are located. The discharge from the fire extinguisher may reduce visibility.

Fire Extinguisher Types

Carilion uses three types of fire extinguishers based on the type of activity in particular areas. These are:

Type ABC: *Multipurpose Dry Chemical*   Effective on any type of fire. Used on Type A, B, and C fires.

Type BC: *Carbon Dioxide (C02)*   Used on electrical fires or flammable liquid fires such as grease or gasoline. Used on Type B and C fires.

**Water Mist*: Fine Mist*   Used in OR settings around the patient and equipment.

Class K: *Chemical*   Used in Dietary for certain appliance fires.

How to Use a Fire Extinguisher

P – Pull the pin located near the handle

A – Aim the extinguisher's nozzle at the base of the fire and squeeze the lever

S – Squeeze the trigger

S – Sweep side to side

- Aim carefully. Most fire extinguishers last only 15 - 30 seconds. Depending on the size of the fire, it may be important to bring more than one extinguisher to the fire scene.

- Be sure the fire is completely out before stopping the discharge of the fire extinguisher

- Fire extinguishers can weigh up to 40 pounds. Remember to use proper body mechanics when lifting and carrying a fire extinguisher.

- The majority of all fire extinguishers used in Carilion facilities are of the ABC/Multipurpose type. Review and become familiar with the different types of fire extinguishers utilized in your unit/department.
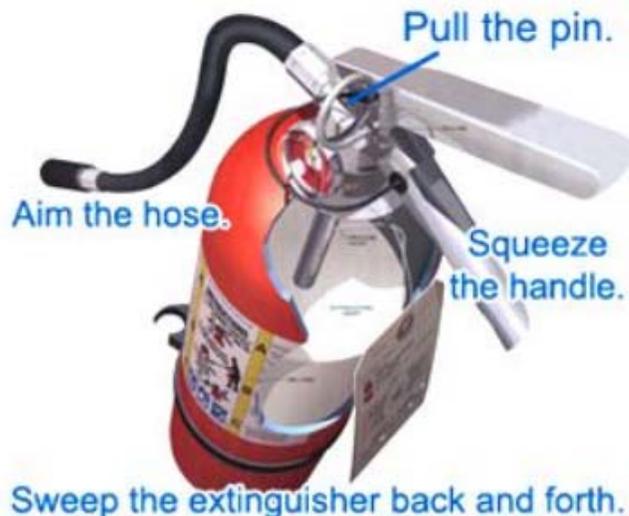
Environment of Care Elements

- Safety Management
- Security Management
- Hazardous Materials and Waste
- Emergency Management
- Life Safety
- Medical Equipment
- Utilities Management

2017 National Patient Safety Goals

Each year the Joint Commission identifies national trends that are unsafe for patients. They release a revised list of National Patient Safety Goals—best practices to help facilities improve safety for their patients.

For 2017 the goals include:

♦ **Identify patients correctly**
- Use at least two ways to identify patients. For example, use the patient's name and date of birth.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.

♦ **Improve staff communication**
- Get important test results to the right staff person on time.

♦ **Use medicines safely**
- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

♦ **Use alarms safely**
- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

- ♦ **Prevent infection**
  - Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.
  - Use the goals to improve hand cleaning.
  - Use proven guidelines to prevent infections that are difficult to treat.
  - Use proven guidelines to prevent infection of the blood from central lines.
  - Use proven guidelines to prevent infection after surgery.
  - Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

- ♦ **Identify patient safety risks**
  - Find out which patients are most likely to try to commit suicide.

- ♦ **Prevent mistakes in surgery**
  - Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
  - Mark the correct place on the patient's body where the surgery is to be done.
  - Pause before the surgery to make sure that a mistake is not being made.

Event Reporting

An event is any happening which is not consistent with the routine operation of the facility or the routine care of a particular patient. It may be an accident, a situation that may result in an accident, or inappropriate behavior of physicians, staff, or visitors.

Sentinel Events are unexpected occurrences involving death or serious physical or psychological injury.

Near Misses are critical events, not specifically "Sentinel Events" that include a process variation for which a recurrence would carry a significant chance of a serious adverse outcome or sentinel event. In addition to sentinel events, we report all near misses.

As part of our commitment to patient safety and quality, you can report events any time through our confidential online reporting system or through our event reporting hotline.

To access the online reporting system, select the Event Reporting link under the Quality tab on the Intranet homepage.

Hotline: 7-SAFE or 540-981-SAFE

Calls are forwarded to the Quality and Patient Safety contact at the facility where the event occurred.

How patient events are handled:

• **Step 1**:   Take care of the patient to prevent any additional harm.
• **Step 2**:   Notify his or her physician.
• **Step 3**:   Complete an event/patient safety report form.
• **Step 4**:   If the event causes serious injury or harm to the patient, or if the event involved a "near miss" situation, a root cause analysis (RCA) may be performed to determine what measures could be taken to prevent future events.
• **Step 5**:   Create an action plan to remedy the process and/or system.

How patient events are reported:
•   All Carilion facilities use RiskManager, which can be accessed via *Inside Carilion*, Event Reporting

Guidelines for reporting a patient event:
•   Notify your manager/director immediately
•   An Event Report must be completed and forwarded to risk management within 24 hours of an occurrence / event.
•   Never copy an Event Report.

How employee events are handled:
•   An **Employee Event Report** must be completed by an employee when he or she suffers a work related injury or exposure.
•   Report all incidents to your manager/director and/or supervisor, seek medical attention and complete the Carilion Employee Event Report and forward to Employee Health.
•   Any incident should be reported to your manager/director and the form sent to the Employee Health office within 24 hours of an injury or exposure.
•   Employees at CRMH and CRCH that have been exposed to a needle-stick, to blood or bodily fluids outside of normal Employee Health hours are to page the resource nurse and remain on their unit. The resource nurse will come to the unit and order labs on the source patient and report the rapid HIV results to the exposed employee. The exposed employee can then decide if they would like further evaluation by the E.D. and if so they will have the results of the lab-work to present to the treating Physician, decreasing the time they would have to wait for treatment. All employees will still be required to report to employee health the next business day to complete paperwork and for follow-up care.

Hazardous Materials / Waste Exposure

Hazardous Materials / Waste Exposure

Code Orange

Code Orange is the emergency code used within Carilion for hazardous materials contamination both internally and externally.

A hazardous material is any material in use that is considered to present a threat to human life or health. Under the law, a person has a right to know about the hazardous materials in use in the workplace. The *Hazard Communication Plan* includes information about the chemicals you use at work. Safety Data Sheets (SDS) are required for chemicals used within your facility. They explain how to treat someone who comes in contact with a chemical and are found on the Carilion Clinic Intranet (*Inside Carilion)*. Carilion uses SDS Solutions to obtain SDS Sheets. SDS Solutions is found on *Inside Carilion* homepage under tools. If a computer is not available a verbal SDS sheet can be obtained by calling SDS Solutions at 1-800-451-8346.

> Know where yours are:
> - CMC—hard copies in yellow notebook
> - CNRV—call and fax back
> - Other hospitals—online
> - Other locations—check with your manager

The Carilion Policy on hazardous material safety has been established to provide guidelines for the safe use, storage, and disposal of hazardous materials used in the hospital environment. The policy is located in a yellow three-ring binder labeled Hazard Communication MSDS Manual in each department. If your work involves the handling of any type of hazardous materials, you should become familiar with these procedures. Your knowledge will help everyone develop a sense of safety and support for a pollution-free environment.

When you report to the workplace, ask the staff to show you the Intranet location on Inside Carilion with items considered hazardous material.

Over the next couple of years Carilion Clinic will be moving to the Globally Harmonized System for Hazardous Classification and Labeling. This means we will have one worldwide, common approach to defining and classifying hazards and communicating information on labels and safety data sheets. You can recognize hazardous materials by the following labels:

- Warning

- Danger

The characteristics of hazardous materials include the following:

- *Corrosive*- burn on contact

- *Explosive/flammable*- catches fire easily or explodes

- *Radioactive/reactive*- burns. Explodes or releases toxic fumes when exposed to another element such as chemical, air, or water

- *Toxic*- causes physical illness or death

There are five routes a chemical can take to enter the body:

- Mucous membranes (nose, mouth, or eye)

- Inhalation (breathing into lungs)

- Absorption through skin

- Swallowing

- Injection

An Employee Event Report must be completed by an employee when they suffer a work related injury or exposure. The incident should be reported to your manager/director and the form sent to the Employee Health office within 24 hours of occurrence.

Once arriving in your department, locate the fire exits, fire pull stations, fire extinguishers, and the MSDS information.

Hazardous Waste

Healthcare institutions produce hazardous waste every day. It is:
- Waste consisting of or contaminated with human blood or human body fluids.
- Human tissues, organs, body parts, or body fluid, for example if you have a biopsy the tissue removed is hazardous waste.
- Sharps.
- And any debris from the cleanup of a regulated medical waste spill. So if someone dropped a test tube filled with blood, and it broke, the paper towels used to clean it up, the broken glass, etc would be medical waste.

Hazardous waste is disposed of in red bags or sharps containers.

Electrical Safety

Electrical Safety

Content:

- Electricity
- Electrical Outlets
- Three-Prong Plugs
- Power Cords and Extension Cords
- General Equipment

Objectives:

- To learn facts regarding electrical safety
- To review information on electrical outlets
- To review information on power cords and extension cords
- To discuss general equipment safety
- To develop an understanding of the Patient Care Environment

Electrical Safety

Introduction:

Electricity is such a part of our lives that it is often taken for granted. The shocking facts are that each year, electricity-related incidents cause approximately:

- 300 electrocutions

- 12,000 shock and burn injuries

- 15,000 fires

  (Sources: NSC, CPSC, and OSHA)

Most people think that electrical injuries happen by chance or accident – a word that implies something that cannot be foreseen or avoided. However, most electrical injuries could have been foreseen and thus avoided.

Electricity – Stop Shock Before it Stops You!

Electricity seeks the easiest path to the ground. This is easiest when a conductive material, such as wood or water, is present. The human body is made up of 70% water, which makes us good conductors of electricity. We are naturally at risk of injury or death when exposed to electrical current. If an energized base wire (live wire) or faulty appliance is touched while grounded, electricity will instantly pass through the body straight to the ground causing a harmful – sometimes fatal – shock.

Fact: The amount of electricity used by a 7.5 watt Christmas tree bulb can kill you if it passes through your chest.

Electrical Safety

Electrical Outlets

Use the following safety guidelines when using electrical outlets:

- Never use cracked, chipped or broken outlets – report these to Maintenance/Engineering
- Be sure that the plug fits securely and check for signs of warmth caused by faulty connections.
- If a prong breaks off inside an outlet, do not attempt to remove it – report it to Maintenance/Engineering
- If prongs are missing, loose, or bent – report it to Maintenance/Engineering to have entire plug replaced.
- Emergency power outlets are red in most facilities. These outlets should be used if we experience emergency power outage.

Three-Prong Plugs

- This type of plug helps prevent shock as the third plug serves as a ground.
- Never cut off or remove the third prong to fit into a two-prong outlet.
- Never use a two-wire extension cord with three-prong plugs.

Power Cords and Extension Cords

Use the following safety guidelines when using power cords and extension cords.

- Where the cord and plug are joined – check for cracks, bends, and general damage.
- Never roll over power cords with equipment, chairs, etc. – this can cause internal damage to the electrical wires.
- Remove power cords from wall outlets by pulling on the plug, not by pulling on the cord.
- Never use "cheaters" (three-two prong adapters) with any electrical equipment.
- Power-extension cords should only be used on an emergency or temporary basis.
- All extension cords used with Carilion must be equipped with a three-prong plug.
- Keep electrical cords away from areas where they might be pinched and keep them away from areas which may pose a tripping or fire hazard (doorways, walkways, under carpets, etc.)

Electrical Safety

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General Equipment

Use the following safety guidelines when using general and clinical equipment:

- Never use electrical equipment in wet areas or if your hands are wet.
- Never stack items on electrical equipment – stacked items may interfere with proper ventilation. Poor ventilation can lead to overheating and electrical fires.
- If a burning smell or unusual odor or smoke is noticed coming from a piece of equipment, remove the power cord from the outlet, remove the equipment from service, tag the equipment defective, and have the equipment checked by Engineering immediately.
- Discard damaged cords, cords that become hot, or cords with exposed wiring.

Electrical safety is part of everyone's job. It involves understanding electrical principles and being aware of potential electrical hazards. If you are concerned about a piece of equipment notify:

- **Clinical Engineering if the equipment is clinical. Use** Edison **to submit your request online or call 540-981-7517 (77517).**

- **Maintenance/Engineering for all other equipment. Repairs and maintenance to facility systems and building infrastructure. Examples include air conditioning, ceiling tile, electrical, keys, painting, plumbing, etc. Use our** online request form**. Requests for service can be made by department leaders or their designees.**

- **TSC for any computers, phones and/or handheld devices. Use** Edison **to submit your request online or call the TSC at 540-224-1599 (71599) or 800-354-1599.**

Workplace Harassment

Harassment

Content:

♦ Definitions
♦ Types of harassment
♦ Carilion's harassment policy
♦ Employee expectations

Objectives:

♦ To learn facts about harassment
♦ To review information on the types of harassment
♦ To review information on Carilion's harassment policy
♦ To discuss employee expectations

Harassment

***Introduction*:**
Harassment is in conflict with Carilion's guiding principal of respect.

Types of Harassment:
Harassment is verbal, non-verbal, or physical conduct that degrades or shows hostility or dislike toward an individual because of his or her race, color, religion, national origin, sex, age, disability or any other characteristic protected by federal or Virginia law. Sexual harassment is unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature. It is harassment if:

- The behavior is generally offensive
- The behavior is based on a protected characteristic
- The behavior is unwanted
- The behavior is unwelcome
- The behavior is repeated

The conduct must:

- Have the purpose or effect of creating an intimidating, hostile or offensive work environment
- Have the purpose or effect of unreasonably interfering with an individual's work performance
- Otherwise adversely affect an individual's employment opportunities

Carilion's Harassment Policy:
Carilion does not tolerate workplace harassment. Carilion will take appropriate action and/or will impose Corrective Action up to and including separation from employment for such offenses. Carilion will promptly and thoroughly investigate any report that is made.

Prevention:
Always conduct yourself in a professional manner while on the job and while engaging in Carilion business elsewhere. Become familiar with the definition of unlawful harassment and become familiar with Carilion's harassment policy.

If you are being harassed:
Confront the person harassing and report the harassment to your manager or HR Business Director.

Carilion's Organizational & Integrity Program

Organizational & Integrity Program

At Carilion Clinic, we understand that the community places its trust in us every day for the highest quality of care. It's our mission to improve the health of the communities we serve, and we want to carry out that mission with integrity and compliance- whether our work involves patient care or is in one of our office or support settings. To help with ensuring that we stay on the right path, Carilion Clinic has a comprehensive Organizational Integrity & Compliance Program in place.

Organizational integrity is also known as corporate or business ethics. It includes our core set of values, including our organization's commitment to doing the right thing, our understanding of right versus wrong and our accountability for meeting these standards. Carilion's values, as well as our Code of Excellence, help define our organizational integrity standards.

Compliance means complying with the standards that apply to us. This includes all legal, regulatory standards and Carilion Clinic's internal requirements, such as policies and procedures.

The Organizational Integrity & Compliance Department, also known as **OIC**, is an official department at Carilion Clinic which focuses on preventing, detecting and correcting integrity and compliance issues. OIC helps build and oversee the processes we have in place to meet the expected standards. Our OIC program is an important resource to help us identify what we are expected to do and how we can do it better.

Carilion Clinic's Code of Excellence

The compass point of our Organizational Integrity & Compliance Program is our Code of Excellence, which shows us the way in how we demonstrate these values in our interactions with others. The Carilion Clinic Code of Excellence provides guidance to follow in your actions and decisions. This comprehensive look at integrity and compliance can help ensure that the path we take as employees is the right one when it comes to our work and community. We expect our Carilion Clinic family to follow the Code of Excellence, including: our Board of Directors, employees, medical staffs, residents, students, volunteers, agents, contractors and vendors. Our Code:

- o Serves as a high level guide and expresses our commitment to integrity and compliance.
- o Helps with decision making and shares the expectations that our organization holds.
- o Augments policies, procedures and guidelines.
- o Provides examples of specific situations that can occur in healthcare and explains how to handle them.

The Code is assigned to you to read in Cornerstone OnDemand. Within 30 days of your hire date, you must provide an electronic signature indicating that you acknowledge certain core expectations based on the code.
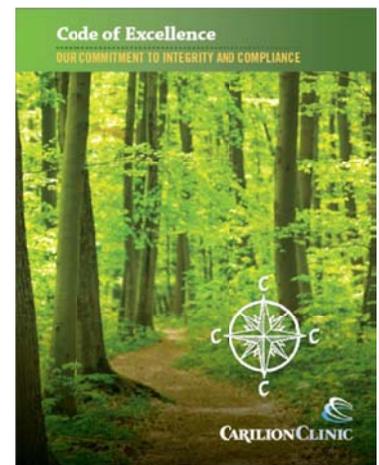
Your Responsibilities Related to the OIC Program:

Each employee has a key role in our OIC program. As an employee you should be committed to:

o Promote our mission, vision and values;
o Follow the Code of Excellence and all laws, regulations and policies and procedures;
o Ask for help when not sure of the right thing to do;
o Complete training and educational activities as requested;
o Bring up possible integrity and compliance concerns as soon as they come up; and
o Help leaders as requested, such as participating in action plans and reviews related to potential concerns or wrongdoing.

How to Ask Questions or Report Concerns:

If you are unsure about what to do in a situation, help is available. Asking a question is always the right thing to do. You can seek guidance from:

o Supervisor/Manager/Management Team
o OIC - Chief Compliance Officer/OIC team
  - compliance@carilionclinic.org
  - (540) 510-4573
o Human Resources
o Legal Department
o Integrity Help Line- 24/7 tool where anonymous reports are welcome.
  - (844) 732-6232
  - CarilionClinicIntegrity.org

Retaliation against anyone seeking help or raising a concern of suspected misconduct in good faith will not be tolerated.

Confidential Information:
A Need to Know
&
HIPAA

Confidential Information Guidelines

1. Only discuss patient information around people who have a **need to know**.

2. When our employees are patients in the system, it is important that their medical information is treated as any other patient. Often, checking on their progress is done out of care for a fellow co-work, however, it violates the employee's right of privacy as a patient.

3. The same is true for friends, neighbors or family members who might come to our facility for a test or even to be admitted. They also have a right to privacy. Unless a written authorization to discuss their situation has been signed, their information is considered confidential and protected by privacy laws and Carilion policy. Only discuss their medical information with people who have a **need to know**.

4. Paper records, containing patient information (lab results, x-rays, charts, etc) or financial and employee information, must not be unattended where confidentiality could be compromised. Exercising a high level of care in this regard is important. Once the need for reviewing confidential information is complete, the information should be placed in a secure area or given to someone who is responsible for its security.

5. Base on your job responsibilities, you may be given access codes to on-line computer resources or other secure areas. You must keep this access code confidential. Other employees should never **need to know** your access codes.

   You will be held personally responsible for all activities undertaken using access codes assigned to you, regardless of whether you were the one using the access. Access codes must not be posted around terminals, PCs or in locations where someone can find them.

6. When given the opportunity to choose passwords, you should not use proper names or words easily associated with you. For example, passwords such as a car license plate number, nickname, spouse or hobby are inappropriate. To make your access more secure, use a password with a combination of letters and numbers.

Maintaining confidentiality

Carilion is committed to act responsibly, honestly, and with ethical and professional principles. In healthcare, an important part of an ethical and professional environment is maintaining confidentiality. As a Carilion associate, it is important that you understand your duty when handling confidential information. Confidential information is anything that is expected to remain private by either ourselves or those individuals with whom we interact. For example, the following is considered confidential:

- Patient information
- Employee information
- Financial information
- Information relating to Carilion
- Information private to other companies or persons

A key question to ask when working with confidential information is: *Who needs to know or have access to the information?* This is often referred to as *The Need to Know Philosophy.* Only individuals who have a job-related **need to know** should have access.

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The *Corporate Information Security and Privacy Policy* outlines our organization's philosophy regarding protected information, regardless of the media in which it is published. The maintenance of confidential information ensures that our patients receive quality services in a professional manner.

A second policy, *Confidentiality of Protected Health Information* details how patient records can be used and disclosed.

The primary purpose of the patient's medial record is to:

- Document the care rendered to a patient and the response to that care.
- Help plan and evaluate the patient's treatment, and
- Help communicate among the patient's care professionals.

Access to confidential information

Because of your role within the System, you may learn of, or have access to, confidential information. It is important to remember that there are laws and strict Carilion policies that prohibit the inappropriate sharing of confidential information. Confidential information should be used only in the performance of your job-related activities.

The *Access and Confidentiality Agreement* you signed has a statement on violation of Carilion Policy as it related to handling confidential information. That statement says: The *violation of any of these duties will subject me to corrective action which might include, but is not limited to, loss of access to confidentially information, loss of privileges at Carilion's facilities, or separation of my employment, and to legal liability.*

Quality of patient care is our highest priority. It is important to understand your responsibility in handling and caring for confidential information that you may be exposed to as part of your duties. Remember only those individuals who have a job-related <u>need to know</u> should have access.

Carilion's reputation for integrity and quality of service is two of its most valuable assets. You play a key role in ensuring that these characteristics are maintained by protecting confidential information. Adhering to laws and policies related to confidential information is not only important, but it demonstrates a respect for the people we serve, each other, and our organization.

- Questions regarding use and disclosure of confidential information should be directed to your manager or to Carilion's Privacy Officer.
- Questions regarding the security of information should be directed to your manager or to Carilion's Information Security Officer.

03/2017

HIPAA

HIPAA stands for
H- Health
I- Insurance
P- Portability
A- Accountability
A- Act

This act was signed into law by President Clinton in 1996.

Who is covered:

- All healthcare providers, health plans, clearinghouses who transmit electronic health information or have someone transmit electronically for them.
  - Electronic health information is defined as a method of moving date, in a standard way, electronically between healthcare entities.

- Prescription Drug Card Sponsors

What is PHI:

Protected Health Information- Any information that could be used to identify a patient.
PHI identifiers include:

- Name
- Address
- Telephone number
- Admission date
- Electronic email address
- Discharge date
- Medical record number
- Date of death
- Health plan beneficiary number
- Account numbers
- Date of birth
- Certificate/license number
- Vehicle identifiers
- Fax number
- Social Security number
- Full Face Photographic Images
- URL's
- Internet Protocol (IP) Address
- Biometric identifiers- finger print, voice prints, iris scans

Why is there a need for privacy:
- Moral Imperative- protecting patient records is the right thing to do
- Business Imperative- protecting business information is the right thing to do
- Legal Imperative- protecting ourselves and our organization from litigation is the right thing to do
- It gives the patient more control over their medical information and how their information is, and can be, used and disclosed.

What are the Patient Rights to Privacy:
- Copy and review their medical record
- Amend their record
- Receive an accounting of disclosures
- Restrict access to their record
- Request a specific way for communication of their record
- Receive a copy of our Notice of Privacy Practices

The patient has always had rights to their medical information, but did not know it. Now with HIPAA and the Notice of Privacy Practice they will know it and we can expect an increase in privacy/security issues and activity.

Privacy Authorization:
This is a customized document that gives a covered entity permission to use specified PHI for a specified purpose, which is generally **other than TPO** or to disclose PHI to a third party specified by the individual.

Without authorization covered entities could use and disclose protected health information without individual authorization for:

- Oversight of the health care system, QA
- Public health, and in emergencies
- Research with IRB approval or to prepare a research protocol
- Judicial and administrative proceedings
- Professional judgment- in the best interest of the patient
- To provide information to next of kin
- For identification of a deceased person
- For facilities' directories
- Business Associates
- In other situations where the disclosure is mandated by law

When using or disclosing PHI, or when requesting PHI from another covered entity, you must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

As part of the 2009 American Recovery and Reinvestment Act, new regulations have been added to HIPAA. The regulations, known as **HITECH**, require that patients and the department of Health and Human Services (HHS) must be notified when a breach of unsecured protected health information has been discovered.

If you suspect a patient's PHI has been accessed inappropriately or unlawfully, do not try to resolve the breach yourself.

You or your manager should contact Carilion's Privacy Officer or Security Information Officer immediately, as there are specific procedures for handling these issues.

A risk assessment will be conducted to determine if a breach occurred. If there is a breach, the patient will receive a letter detailing what happened, the PHI involved in the breach and the steps that the patient can take to prevent potential harm.

Reporting Incidents:
Call one of the following to report incidents:

Compliance Line	1-888-822-1884
Privacy Officer	1-540-981-7751
Security Officer	1-540-224-4246

Or

Complete an Event Report and send it to your site Organizational Effectiveness designee

Any incident regarding unauthorized use and disclosure of protected health information must go to the Privacy Officer to coordinate. Action is taken on all incidents and Carilion is obligated to sanction those employees for unauthorized disclosures.

03/2017

Infection Control

Infection Control

Content:

- ♦ Handwashing
- ♦ Personal Protective Equipment (PPE)
- ♦ Isolation precautions
- ♦ Respiratory Protection Plan
- ♦ Bloodborne Pathogens
- ♦ Additional facts about Employee Health
- ♦ Employee Health Contacts

Objectives:

- ♦ To learn facts about handwashing
- ♦ To review information on the types of PPE
- ♦ To review information on the types of isolation precautions
- ♦ To review information on the respiratory protection plan
- ♦ To review bloodborne pathogens
- ♦ To discuss additional facts about employee health and how to contact them

Infection Control

<u>Chain of Infection</u>*:*
Normal human skin is colonized with bacteria. When admitted to the hospital, patients bring with them their own bacterial flora (normal flora). Within hours of admission to the hospital, the patient's flora begins to acquire characteristics of the surrounding bacterial pool. The patient then becomes a susceptible host. Infection results from the interaction between an infectious agent and a susceptible host. This interaction, called transmission, occurs by means of contact between the agent and the host.

The links of the chain are affected by the environment. To control the spread of infection we can break the chain by practicing infection control techniques such as standard precautions. However, some bacteria can colonize the hospital environment and then be spread to the patient, resulting in a healthcare-associated infection. In order to prevent these bacteria from colonizing and overwhelming the hospital environment, additional precautions such as Isolation Precautions, are necessary.

Each of us have organisms living on and in our body, this is called our normal flora. We live in harmony with these organisms. Occasionally they may get somewhere they're not supposed to and cause an infection, like a pimple or urinary tract infection.

In the hospital, everyone brings in their own normal flora. When healthcare workers touch patients, they can pick up the patient's normal flora. If they don't perform hand hygiene, they could take these organisms to other people who may get an infection.

Some of us may have resistant strains of organisms that we carry on our body. They may not ever cause us an infection but we could pass these on to other people. It is important to separate patients who have an infection from those patients that do not have an infection.

We all work together to ensure the safety of our patients, our facilities, and one another. Even staff who don't work directly with patients can spread illness to other staff members, thus affecting our patient's care and health.

That is why it is extremely important to perform hand hygiene before and after each patient. It's also important to clean medical equipment after each patient use.

Handwashing:

Hand Hygiene is a general term that applies to hand washing with soap and water, use of alcohol-based waterless products, condition of fingernails, use of appropriate personal protective equipment (PPE), and limited jewelry use.

The most important way to prevent the spread of infection is HANDWASHING.

When Should You Wash Your Hands?

Wash your hands whenever there is a chance that your hands may become contaminated. Always cleanse your hands:

- Before and after direct patient contact.
- After contact with body fluids, non-intact skin and wound dressing, even if hands are not visibly soiled.
- After contact with inanimate objects (including medical equipment in the immediate vicinity of the patient).
- After removing gloves.
- Wash hands after using toilet facilities.

Steps for Handwashing with Soap and Water

When hands are visibly soiled, wash hands with soap and water.

1. Get a paper towel ready.

2. Apply one pump of foam soap.

3. Lather and wash hands for at least 15 seconds (the time it takes to sing Happy Birthday or Yankee Doodle).

4. Rinse both sides with water.

5. Dry hands and shut faucet off with towel.

6. Apply hospital provided lotion (use of other lotions can break down the integrity of gloves and also cause irritation).

Cleaning Hands with Waterless Products

If hands are not visibly soiled, use an alcohol-based product for hand cleansing. Carilion Health System uses QuickCare.

- Apply product to palm of one hand.
- Rub hands together covering all surfaces of hands and fingers.
- Rub hands together until dry; this usually takes about 15-20 seconds. By doing so, you are reducing the risk of electrostatic shock.

Because of the increased likelihood of spreading disease, **do not wear artificial nails or extenders when having direct contact with patients** (this includes but is not limited to acrylic, gel, and silk wraps). Fresh nail polish is permitted but must be changed when visibly cracked or chipped. Natural nails must be less than 1/4 inch long.

Review the Hand Hygiene policy for a complete list of expectations on hand hygiene including: hand washing with soap and water, use of alcohol based waterless products, condition of fingernails, use of appropriate personal protective equipment (PPE), and limited jewelry use.

Personal Protective Equipment (PPE):
PPE may include the following items depending on the type of environment you will be exposed to:

- Gloves
- Gowns
- Face shields/masks
- Eye protection
- Pocket masks
- Other protective gear- hair and shoe covers

Isolation Precautions for Non-Clinical Staff
If you do not have clinical training, but you have contact with patients, remember:

- Standard precautions mean treating all blood and body fluids as if they have an infection.
- Use standard precautions when caring for or interacting with all patients.
- Some infections require that you take extra steps to prevent spreading the germs to you or to other patients. This might mean wearing special clothing or equipment referred to as personal protective equipment (or PPE).
- If there is a card on a patient's door, it will tell you what type of personal protective equipment (PPE) and clothing you will need to wear to go into the room. **You may not enter an isolation room wearing PPE unless you have been verified competent on your competency form.**
- You can always ask at the nurse's station if you are not sure what to do.

**Isolation Precautions For Clinical Staff*:*

If you have a clinical role remember that there are two tiers of isolation precautions: **Standard Precautions** and **Transmission-based Precautions**. Standard Precautions should be used when caring for all patients and is an important strategy for the prevention of healthcare associated infections.

Standard Precautions are the primary strategy for successful nosocomial infection control. Standard Precautions reduce the risk of transmission from both recognized and unrecognized sources in hospitals. These precautions apply to **all** patients receiving care regardless of diagnosis or presumed infection status. Standard Precautions apply to blood, all body fluids, secretions and excretions, non-intact skin and mucous membranes.

There are three additional practices that have been added to Standard Precautions. These practices focus on the protection of patients and healthcare workers and include:

- Respiratory Hygiene/Cough Etiquette- cover nose and mouth when coughing or sneezing, use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use, perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.
- Safe Injection Practices- use a sterile, single use, disposable needle and syringe for each injection, use of a single-does vial is preferred over multi-does vials.
- Use of masks for insertion of catheters or injection of materials into spinal or epidural spaces via lumbar puncture procedures (e.g. myelogram, spinal or epidural anesthesia)

Transmission-based Precautions are designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in hospitals.

There are three types of Transmission-based Precautions: Airborne Precautions, Droplet Precautions and Contact Precautions. They may be combined together for diseases that have multiple routes of transmission. When used, either singularly or in combination, they are used in addition to Standard Precautions.

Airborne Precautions (Blue Card) are designed to reduce the risk of airborne transmission of infectious agents. Microorganisms can be widely dispersed by air currents and may become inhaled by, or deposited on, a susceptible host. Examples of such diseases are pulmonary tuberculosis, measles or chickenpox.

Droplet Precautions (Green Card) are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves

contact of the eye or the mucous membranes of the nose or mouth of a susceptible person with droplets containing microorganisms generated from a person who has a clinical disease or is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing or talking and during the performance of certain procedures. Examples of such diseases are influenza, Neisseria meningitis, mumps or pertussis.

Contact Precautions (Orange Card) are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. Direct contact transmission involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected person, such as occurs when personnel turn a patient, give a bath or other patient care activities that require physical contact. Indirect contact transmission involves contact of a susceptible person with a contaminated object in the environment of the patient. Examples of such diseases are Scabies, viral conjunctivitis, impetigo or major noncontained abscesses and multi-drug resistant organisms such as MRSA and VRE.

Contact Precautions- Enteric (Yellow Card/Brown Stripe) are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact of GI tract waste. Direct contact transmission involves feces contact and physical transfer of microorganisms to a susceptible host from an infected person, such as occurs when personnel complete personal hygiene for patients, give a bath or other patient care activities that require physical contact. Indirect contact transmission involves contact of a susceptible person with a contaminated object in the environment of the patient. Examples of such diseases are multi-drug resistant organisms such as C-Difficile.
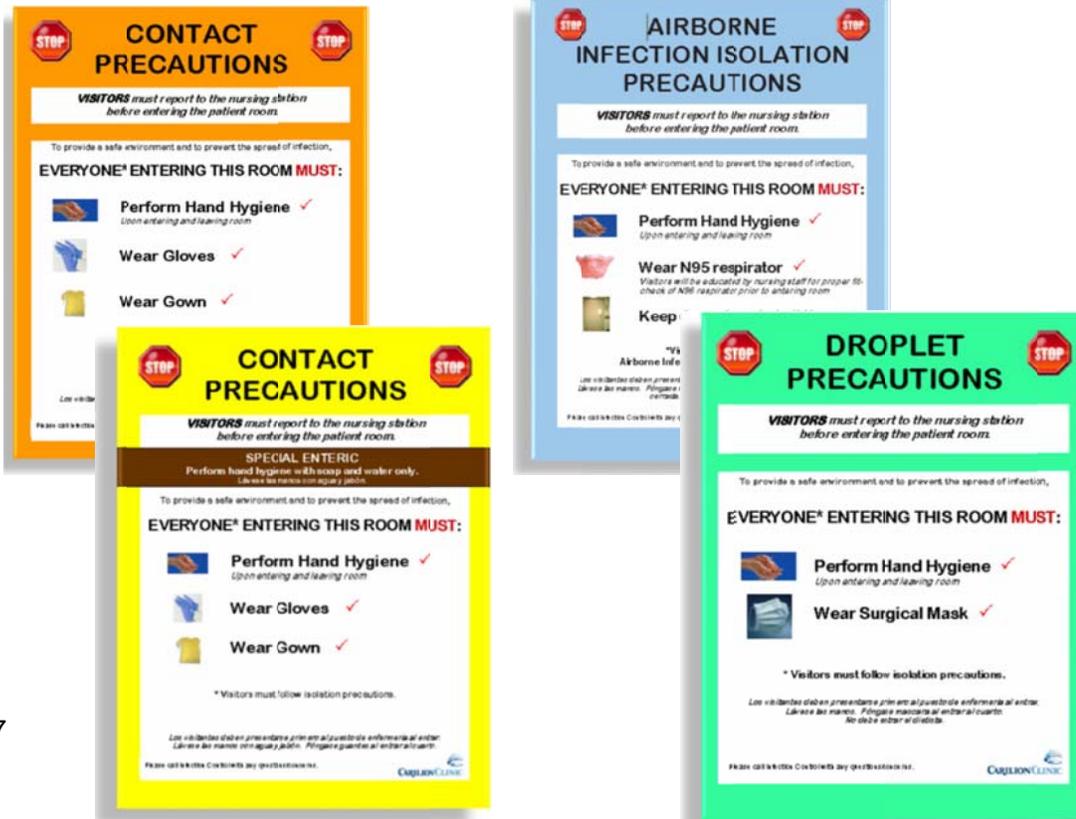
Protective Precautions (White Card) are used for patients whose normal body defenses for fighting infection are impaired due to medication or illness. Protective Precautions are a set of measures designed to reduce the spread of infection from staff, visitors, and other patients. These include:

- Positive pressure, well-sealed rooms,
- Minimizing dust, prohibiting dried and fresh flowers and also potted plants.

Respiratory Protection Plan:
Refers primarily to Tuberculosis (TB). TB is a bacterial infection that attacks the lungs. It is not as prevalent as it used to be because we have effective antibiotics that are able to treat the disease.

Infection versus Disease:
Persons with the actual disease will have the following signs:
Fatigue
Loss of appetite
Loss of weight
Night sweats
Fever
Cough

You become infected with the bacteria when you come into contact with a person having the actual disease by breathing in the bacteria into your lungs. Once you breathe in the bacteria, your lung will "seal off" the bacteria into your lungs. You have a 5% chance of developing the disease within two years of this exposure. If you have sustained an actual exposure you will see your PPD turn positive within 10-12 weeks of that exposure.

As we age, our immune system decreases in its ability to fight off infections so there is another 5% chance of developing the disease as we age.

This is why Carilion does a two step PPD process. We place your first PPD and then 1-2 weeks after we place a second PPD. This second PPD boosts your body's immune system to see if it can "recognize" the bacteria and let us know if you have been exposed before.

PPD's are placed upon hire and then annually within your birth month for all employees who have patient contact.

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Bloodborne Pathogens Exposure Control Plan:
OSHA requires all healthcare systems to have a plan in place for employee exposures to Bloodborne pathogens. A copy of our plan can be obtained via the Carilion Intranet, from the Infection Control Practitioner or the Employee Health Office.

Types of Bloodborne diseases:
- HIV
- Hepatitis B – vaccine offered free to all employees whose job requires them to have patient contact. This vaccine process is completed with three shots. The first shot is given, the second shot is placed after 4 weeks of the first, the third shot is placed after 5 months of the first.
- Hepatitis C

Environmental controls:
We are required to have sharps containers in all patient rooms and those patient care areas where sharps are used. All sharps must go into these containers and not the regular trash.

There is no eating or drinking in any nurses' station or patient care area.

What is an exposure:
An injury with a contaminated instrument (needle, blades, etc)
Blood or body fluids that come in contact with mucous membranes (eye/mouth)
Blood or body fluids that come in contact with an open wound or non-intact skin

What do you do if you have an exposure:
Cleanse the exposed area immediately and notify your supervisor. Report to Employee Health when it is open at your facility or to the Emergency Department during other hours for immediate treatment and follow up. You must complete an Student Event Report form.

Employee Health Contacts:
CRCH	224-4411	(84411)
CRMH	981-7206	(77206)
CFMH	489-6345	
CGMH	921-6078	
CNRVMC	731-2892	(32892)
BMH	587-3444	
CSJH	458-3557	
CTCH	988-8705	

Contacts for Infection Control
CFMH	489-6345	
CGMH	921-6078	
CNRVMC	731-2892	(32892)
CRMH	981-9091	(89091)
CRCH	985-9091	(89091)
BMH	587-3471	
CSJH	458-3557	
CTCH	988-8706	

Falls Precautions and Restraints

Falls Prevention and Restraints

Content: **Falls Prevention**
- Philosophy
- Patient Assessment
- Falls Screening Triggers
- Instituting the Protocol
- Initial Documentation
- Ongoing Documentation

Protective Interventions
- Philosophy
- Scope
- Definitions
- Types of Restraints
- Associated Risks
- How to Apply
- Initial Orders
- Documentation
- Emergency Use of Restraints

Objectives:

- To review information on Falls Prevention/Entrapment
- To review information on Non Behavioral (Non-violent/Non Self Destructive) Restraints
- To review information on Behavioral (Violent/Self Destructive) Restraints

Falls and/or Entrapment Precautions

Philosophy:

Carilion is committed to decreasing falls and entrapment in acute care facilities by increasing staff awareness of the risk for falls/entrapment, increasing the use of falls/entrapment prevention strategies and identifying and consistently monitoring high risk patients. All patients in the hospital are at risk for falls/entrapment. High risk patients are identified per falls and entrapment screening tools.

Patient Assessment (Adult):

The admitting nurse will perform the assessment at the time of admission by utilizing the Morse Fall Scale assessment screening tool on the Adult Admission Database. Nursing judgment should be used when assessing patients for fall risk or entrapment.

Adult Falls screening triggers include the following:
- Fall history
- Mobility
- Elimination
- Mental status changes
- Medications causing impairment
- Patient care equipment
- Handicaps

If one or more of these triggers are present the falls protocol should be implemented. Handicaps include any impairment of the five senses, amputation and/or ataxia. Assistive devices include walkers, canes, crutches, wheelchairs, casts and prosthetics.

Patient Assessment (Pediatrics):

The admitting nurse will perform the assessment at the time of admission, every shift, and as the patient's condition changes by utilizing the Humpty Dumpty Assessment Tool. Interventions to prevent a fall will be made for patients according to the Low Risk Standard Protocol or High Risk Standard Protocol based on the patients identified level of risk from the Humpty Dumpty Assessment tool.

Pediatric Falls screening triggers include the following:
- Age
- Gender
- Diagnosis
- Cognitive impairments
- Environmental Factors
- Response to surgery/sedation/anesthesia
- Medication usage

The tool is a cumulative sum of the seven parameters. If any parameter is not applicable, the child would receive a minimum score of one for that category. If a child

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falls into multiple categories in a parameter, the highest score of the possible choices would be given.

Entrapment screening triggers include the following for all patient populations:
- Confusion
- Restlessness
- Lack of muscle control
- Patient's size and/or weight are inappropriate for bed's dimensions
- Patient requires restraints (vest, belt, any body holder restrains. Does not include wrist
- Harm to self or others
- Wound precautions for limbs
- Seizure activity

Nursing judgment will be used to determine if side rail protectors are appropriate for the patient.

<u>Once Adult Patient is identified as high risk:</u>
For Carilion Facilities:
Place a yellow armband on the patient. May also apply a "falling star" sticker to the patient's door, call light, etc., to alert staff as appropriate. Enter standard treatment order in computer system where available. Initiate Falls Precautions and document on the patient flow sheet.

For CNRVMC:
Place a yellow armband on the patient. Also apply a magnet to the door and a fall precaution label on the chart to alert the staff as appropriate. Initiate Falls Precautions and document on the patient flow sheet.

Modify environment to prevent falls. These modifications can include:
- Non skid footwear
- Place patient's belongings within reach, including phone, glasses and hearing aids
- Instruct family on safety measures and to call for help
- Place urinal within reach. Place bedside commode near patient's bed
- Adjust lighting to assist patient when out of bed
- Remove unused items from the patients' room
- Keep pathway to bathroom unobstructed for ambulatory patients
- Keep nurse call system within reach
- Keep upper side rails up. Bed in low locked position
- Consider room location
- Consider bed check device
- Offer toileting assistance a minimum of every 2 hours while awake

<u>Once Pediatric Patient is identified at risk:</u>
Interventions are based on the overall score and fall into two categories:
Low Risk Standard (Score 7-11) **Inpatient**
- Orient patient to room
- Place bed in low position with the brakes on
- Use two or four side-rails.
- Use non-skid footwear and appropriate size clothing
- Assist with elimination needs as needed
- Place call light within reach
- Keep environment clear of unused equipment.
- Leave on nightlight

Low Risk Standard (Score 6-8) **Outpatient**
- Orient patient to room
- Keep environment clear of unused equipment

High Risk Standard (Score 12 and above) **Inpatient**
- Identify Patient with a Humpty Dumpty sticker on the patient and the patient's chart
- Educate patient/family on Fall Protocol precautions
- Check the patient a minimum of every hour
- Accompany patient with ambulation
- Place patient in developmentally appropriate bed
- Consider moving patient closer to nurse's station
- Assess need for one to one supervision
- Evaluate medication administration times
- Remove all unused equipment
- Use protective bed barriers to close off spaces and gaps
- Keep door open at all times unless isolation precautions are in effect.
- Keep bed in lowest position and wheels locked

High Risk Standard (Score 12 and above) **Outpatient**
- Identify patient with a Humpty Dumpty sticker on the patient and on the patient's chart. Signage may be placed above the patient's bed
- Accompany patient with ambulation
- Educate patient/family on Fall Protocol precautions

<u>Initial Documentation:</u>
Initial documentation to occur in the following locations of the EMR by licensed personnel:
- Admission Database
- Nursing Flow Sheet- patients are instructed in activity limitations and/or changes in activity level orders on admission and PRN
- Focus Note- initiation of falls protocol and all education with patient/family to include explanation of protocol, immediate notification to staff of any environmental hazards or barriers, call for assistance and observation of safety measures and understanding of the information provided to them.

Ongoing Documentation:
Observe needs of the patient at the start of each shift and PRN with documentation on the nurses' notes. Document patients' inability or failure to comply with safety instructions. Upon discontinuation of falls protocol, remove the treatment from computer system, remove orange dot and/or bracelet and document why the protocol was discontinued.

What if a fall occurs:
- Assess the patient- check vital signs and ask the patient what occurred
- Help the patient to get up, unless injured, try to restore his/her dignity
- Notify the physician
- Notify the family/significant other of the fall incident
- Observe the patient for delayed complications such as head injury or fracture
- Discuss with the patient/family at an appropriate time their perception of the experience
- Document- follow laminated guidelines found on nursing unit for documentation of a fall in the nurses focus note. Complete Risk Manager, event report, notify Director/Manager of event
- Initiate high risk protocol- if the patient is not already on protocol and follow the policy
- Evaluate the need for restraints
- Education- educate the patient and family about safety and document in the appropriate location. Ensure understanding of education given to patient and/or family.

Restraints

Carilion is committed to prevent, reduce and eliminate the use of restraints by limiting the use of restraints to situations in which there is an imminent risk of physical harm to the patient, staff, or others; discontinuing the use of restraints as soon as possible and preserving the patient's safety and dignity.

Scope:
This includes all in- and out-patients in the acute, non-behavioral health care setting. It is not applicable to patients in any setting emerging from general anesthesia who have not met post anesthesia discharge criteria or for patients on suicide precautions or violent behavior admitted for medical stabilization.

Definition of a restraint:
Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or a medication when it is used to manage a patient's behavior or restrain the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Types of Restraints:
- Administrative- handcuffs, leg irons, waist chains. Carilion employees are not allowed to manipulate these devices. Carilion staff should ensure correctional facility forensic staff is present whenever administrative restraints are removed/manipulated.
- Non Behavioral (Non Violent / Non Self Destructive - components of care in the medical/surgical setting used to promote healing, prevent re-injury, protect tubes, dressings or other medical equipment.
- Behavioral (Violent/Self Destructive) - protects the patient from injury to self and/or others related to dangerous, violent or aggressive behaviors.
- Chemical- psychopharmacologic drug that is used to control behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.

What are Restraint Devices:
- Four side rails
- Writs/ankle
- Mitts
- Pediatric freedom sleeves (No-No's)
- Adult freedom sleeves
- Enclosure Bed

.

Risks Associated with Restraint Use:
- Injury from falls
- Functional decline
- Decreased appetite
- Skin breakdown
- Pneumonia
- Accidental death
- Circulatory problems
- Dehydration
- Emotional stress

What are Not Considered Restraints in Acute Care:
- Upper side rails
- Over bed/chair trays
- Safety belt with Velcro fasteners
- Medical immobilizer- used during medical procedures
- Protective mechanisms- helmets, cribs, bed padding
- Adaptive devices- walkers, prosthetics, canes

When Is a Restraint Applied:
- After a comprehensive assessment by an RN
- When the least restrictive mechanisms have been determined to be ineffective
- When specific patient behaviors are interfering with care
- After patient and family education has been provided
- By qualified staff whose competency in restraint application has been validated
- According to manufacturer's instructions

Initial Restraint Order:
- Based on assessment and documentation the nurse may initiate the use of restraints. Verbal orders may be accepted by RN's or LPN's
- If there is no physician's order, the order must be completed in the EMR within 12 hours, or immediately if there is a **significant** change in the patient's condition
- The licensed independent practitioner (LIP- MD, NP, and/or PA) will assess the patient within 24 hours of the initiation of restraints and every calendar day
- A new order must be placed in the EMR every 24 hours for continued use of restraints after the face to face assessment of the patient by the Licensed Independent Practitioner.

How May the Physician Write the Restraint Order:
- The initial order may be placed in the EMR or on the physician's order sheet or the white peel and stick label (for facilities without EPIC).
- Renewal orders are placed in the EMR every 24 hours or will be written on the:
  - Physicians order sheet
  - White initial order peel and stick label

- Pink SMS generated renewal label at Carilion New River Valley Medical Center (generated only once in a 24 hour period)
- Pink peel and stick renewal label for hospitals not on SMS or orders that are less than 24 hours duration

Documentation of Restraints Includes:
- Completion of the restraint Flowsheet
- A comprehensive assessment of the patient's neurological status (orientation), psychological status, coping mechanisms, physical and medical needs and social support system
- Type of restraint device and length of time used
- The least restrictive mechanisms have been determined to be ineffective
- The specific behaviors that are interfering with care
- Patient and family education provided prior to use and is understood
- Measures taken to protect the rights, dignity and well being of the patient
- Notifying leadership of the restraint use per patient
- Forwarding the yellow copy of the restraint Flowsheet to unit leadership

Required Reporting:
- Hospitals must report deaths associated with restraint use to CMS by telephone no later than close of business the next business day following knowledge of the patient's death. Reportable deaths include:
  - Any death that occurs while the patient is in restraints
  - Any death that occurs within 24 hours after a patient had been removed from restraints
  - Any death that occurs within 7 days of restraint where it is reasonable to assume that the use of restraint contributed directly or indirectly to the patient's death

CMS reportable deaths are completed through Risk Manager daily by the identified CMS restraint death individual

For Behavioral Health patients the local Human Rights Advocate, and the State Protection and Advocacy Agency as well as the local CMS Regional Office must be notified by the next business day. This notification will be documented in the patient's medical record.

Use of Behavioral Restraints

Used during emergency situations where behavior is dangerous, violent or aggressive. It is meant to protect the patient from injury to self or others and is applicable regardless of patient care setting.

Initial Order:
- The RN may initiate the restraint use based on assessment and documentation with patient/family education
- Physician, NP or PA must see and evaluate the patient **within 1 hour of initiation of restraints**
- Order limited to 4 hours for adult, 2 hours for children 9-17 years of age, and 1 hour for children < 9 years of age

Continued Use of Emergency Restraints:
- The nurse may request the original order be renewed for continued use of the restraint based on assessment of patient
- One additional renewal of time limits per Policy and Procedure.
- Physician, NP, PA must reassess patient if a second order renewal is required

Patient Evaluation for Continued Use of Restraints:
Physician must complete an in person re-evaluation of the restrained person at least
- every 8 hours for patients 18 years and older
- every 4 hours for persons aged 17 years and younger

Monitoring of Patients:
- Patients who are restrained for behavioral purposes are continually assessed
- 1:1 nursing care with documentation of monitoring every 15 minutes
- As soon as the behavior requiring the application of the restraint stops the restraint should be removed

Discontinuation of Restraints (Behavioral Restraints):
- RN may discontinue the restraint based on a comprehensive assessment, intervention, evaluation and re-intervention
- Patient debriefing must take place when restraint is removed after each episode
- Patient's rights, comfort, dignity and privacy are respected at all times

Debriefing Must Include:
- Patients physical well being
- Expressed feelings regarding restraint use
- Address any trauma issue
- Include the patient's view of circumstances leading to the restraint use
- Explore how the situation could have been handled differently
- Include family members during the session

<u>Patient/Family Education- Applies to all Restraints:</u>

- Each patient and/or family members are to receive the brochure: "Patient and Family Guide to Restraints"
- Teaching includes as appropriate:
    - benefits/risks associated with restraint use
    - regulatory guidelines governing restraint use
    - types of restraints and proper application
    - situations warranting the use of restraints
    - alternatives to restraint use
- Education is documented on the Restraint Monitoring Flowsheet

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Surgical/Procedural Site Verification

Surgical/Procedural Site Verification

Content:

- Overview
- When is the operative procedure site verified
- Who is responsible for verifying
- How is the site verified
- What is a "time out"
- Exceptions to marking the site
- Variations to the policy
- Discrepancy in documentation

Objectives:

- Employee responsibilities
- To review information on Surgical/Procedural Site Verification

Surgical/Procedural Site Verification

*Introduction***:**
All Carilion employees are responsible for patient safety.

Why surgical/procedural site verification:
This process was initiated from Joint Commission findings on wrong site surgery as part of the National Patient Safety Goals to ensure patient rights.

When is the operative/procedure site verified:
- Prior to obtaining informed consent
- Prior to posting the surgical procedure
- Prior to administering non-routine, mind altering medications
- Prior to marking the surgical/procedural site
- Prior to entering the OR/procedure room
- Prior to making the surgical incision/starting the procedure

Who is responsible for verifying the surgical/procedural site:
- Patient or legal guardian
- Nurse
- Surgeon
- Clinical staff assisting with the procedure

How is the surgical/procedural site verified:
- Location of the surgical/procedural site, structure or level to the site is verified verbally and/or pointed out
- Identify and mark the operative site, structure or level as close as possible to the incision site
- Site is marked with a permanent marker: **"X"** on the spot should **never** be used (Appropriate marking examples- "Yes", initials, line on the incision/procedure site)

Timeout:
A timeout is conducted before the incision is made. All activity stops and the surgical/procedure site is verified again. The timeout is documented in the EMR.

Exceptions to Marking:
- Single organ cases which include
  - C-section
  - Appendectomy
  - Cholesystectomy
  - Cardiac surgery
  - Splenectomy

- Ovaries- only when side cannot be predetermined
- Natural body openings- (if laterality is involved mark the site closest to the natural opening ex. Kidney stones)
  - Vaginal

- Rectal
- Penile
- Scrotal area
- Mouth

- Intervention cases- when insertion site of the instrumentation or catheter is not predetermined
- Premature infants- ink will tattoo their skin
- Teeth- indicate the name of the tooth

Variations to the Policy:
Patient unable to mark the site
- surgeon/nurse/designee marks the site under the direction of the patient/guardian

Patient refuses marking of the surgical site
- follow the policy except for marking the site
- during the preoperative phase, the patient verbalizes/points to the site
- nurse documents the patients refusal to mark the site on the EMR
- **CMC only**- two independent practitioners, not directly involved in the case, are to identify the site and document in the EMR

Discrepancy in Documentation:
- Nurse notifies surgeon of discrepancy
- Procedure is delayed until the surgeon and patient agree on the procedure and site
- Surgeon marks the site
- Surgeon obtains a new informed consent if applicable

Pain Management

Carilion Clinic Orientation
Pain Management Independent Study

Objectives:
Participants will review:

- **The Importance of Pain Management**

- **Pain Management Responsibilities**

Pain is something that we all have at some time in our lives. There are many types of pain and causes of pain. Pain interferes with people's lives.

Pain control is important because it is the right thing to do for our patients. Carilion Clinic wants all employees to know about their part in helping patient's control their pain. Joint Commission looks at how well Carilion Clinic helps our patient's control their pain. You need to know what you should do about a patient having pain.

Any time a patient says they are having pain we have to:
- Believe them
- Do something about it

A patient in pain may be:
- Crying
- Moaning
- Frowning
- Restless
- Stiff/not moving

If you see a patient in pain you should:
- Find a nurse
- Tell the nurse what you saw

We must all work together to keep our patients comfortable. What you see is important. Please be sure to report any patient you think is in pain.

Prepared by:
Phyllis Whitehead, Ph.D., M.S.N., A.P.R.N., A.C.H.P.N., Clinical Nurse Specialist
Pain Management

Organ, Tissue, and Eye Donation

- Depending on the unit or area you will be working in, you may be in a position to interact with patients/families who may have to consider organ donation.
- We want you to be well informed of <u>your role</u> in this process

Our policy and procedure at Carilion is based on federal regulations surrounding Organ, Tissue, and Eye Donation. These regulations were developed to ensure that-

- all potential donors are identified
- only suitable patients' families are approached
- patients' families receive accurate information, and
- patients' families are approached at an appropriate time in the grief process, by persons trained to offer the donation option

Your role-
- ✓ Every patient death is referred to LifeNet regardless of age, diagnosis, or cause of death
- ✓ Have the patient's chart readily available as the LifeNet coordinator will gather pertinent data about the patient
- ✓ The coordinator will either defer the donation, or put you in contact with LifeNet or ODEF personnel to facilitate the most appropriate approach to the family
- ✓ **At no time is it appropriate to approach the family about donation before LifeNet is contacted**

Key points-
- ➢ Once LifeNet has determined the medical suitability of the potential donor, they will work closely with the physician and other staff decides the most appropriate approach to the family.
- ➢ For further information, please refer to the Carilion Clinic policy on Organ, Tissue, and Eye Donation, located in the Carilion Encyclopedia and on *Inside Carilion*.
- ➢ A laminated flyer with this information and phone numbers is posted in clinical areas

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Additional Resources

GETTING STARTED WITH CARILION CLINIC'S TECHNOLOGY

As a new employee, there are many tasks you'll need to complete on the computer. Here are a few tips to get you started.

ACTIVE DIRECTORY

Active Directory is a database that houses data such as your name, passwords and computer information. For software like your email, Epic, Carilion's Intranet, and logging into a computer, you'll log in using your Active Directory name and password. Typically, your active directory name is your first initial, middle initial and full last name For example if your name was Homer Jay Simpson, your Active Directory user name would most likely be HJSimpson, unless there is already an HJSimpson, in which case you will be assigned HJSimpson1, HJSimpson2, etc. Please note, Active Directory usernames are not case sensitive.

Your manager should have received your Active Directory account information. If you are not aware of your account password or you have received your account information for the first time, you can use the Web browser on any computer, including your home PC, to access https://passport.carilionclinic.org to reset or establish one. Please note, Active Directory passwords are case sensitive.

If you still need help with your account, please call the Technology Service Center (TSC) at 540-224-1599

USING INSIDE CARILION

Carilion's Intranet (employee only website) is called Inside Carilion. Through it you can access most items listed below in this document. Inside Carilion is available to employees both on and off the Carilion Clinic campus.

To access Inside Carilion:

1. Open Internet Explorer or other browser. From a Carilion network computer, Inside Carilion is usually set as the home page. If it is not: type the following in the browser window. **http://insidecarilion.org**.

2. Log in using your Active Directory username and password.

ACCESSING EMAIL

1. From a Carilion computer, click the Exchange icon on the desktop. If you are accessing email from home or a computer that does not have an icon, simply browse to **https://email.carilionclinic.org.**

2. Use your Active Directory user name and password to login. Your email address is your Active Directory username@carilionclinic.org. i.e. hjsimpson@carilionclinic.org.

Note: Emails are automatically deleted after 3 months.

Getting Started with Carilion's Technology

UPDATING YOUR EMAIL ADDRESS BOOK INFORMATION

You can update your information in the Exchange Address Book which is accessible to all employees using email. To update your information:

1. Use a computer, to log into Inside Carilion.

2. Choose **Benefits**>**My Total Access** (MTA) from the main menu.

3. Log into My Total Access using your Active Directory name and password.

4. Once logged into MTA, under **Bookmarks** select **Employee Self Serve** and choose **Update Work Information**.

5. Complete the form with your work information and choose **Save** when complete. Your updated information will be visible in the Exchange Address Book within the next 24 hours.

SELECTING BENEFITS AND SIGNING UP THROUGH MY TOTAL ACCESS

1. Review benefits material at Inside Carilion by selecting **Benefits**>**My Benefits**.

2. *Enroll in benefits within 31 days of your hire date* by logging into My Total Access (MTA) as noted above.

3. Under **Bookmarks** select **Employee Self Serve** and choose **New Hire Checklist**. Complete all items in the list, in order, and print your confirmation statement in the Benefits section. *Fax dependent eligibility documentation to 540-857-5209 within 60 days of your hire date.*

Note: It is best to use a Carilion computer to ensure successful enrollment in your benefits.

COMPLETING REQUIRED INSERVICES AND REGISTERING FOR CLASSES THROUGH CORNERSTONE

1. Access Inside Carilion. Scroll down to Tools. Click **Cornerstone OnDemand.**

2. On the Cornerstone login page, type your user ID, password, and then click Login*.

*By default, both your user ID and password are your Carilion Identification Number (CIN) /Badge number (located on the back of your Carilion ID Badge). When entering your ID number please do not include the leading zeros. Ex: 012345 would be 12345. Change your password once you log in.

Getting Started with Carilion's Technology

SAVING DOCUMENTS AND OTHER DATA

If you log into a computer using your Active Directory username (such as an office computer or a non-shared PC outside of clinical areas) you will have access to storage (drives) on the network. Your P: (or, personal) drive is used to store your personal, business-related files and folders. Everything stored on your P: drive will be backed up nightly. Storing data on your local C: drive is not recommended, not supported by TSG, and any data stored there is not recoverable if lost.

Your S: (or, shared) drive is used to store a team or department's business-related files and folders that may be shared between staff. Any data stored on the S: drive is also backed up nightly and is recoverable if lost. (The T: drive is shared storage for those users working at or with CASB.) To request new or access to existing folders on either the S: or T: drives, your manager must submit an access request using the On-line Access Request tool within MyTSC.

GETTING HELP

There are several options available to you if you need assistance with Carilion Clinic computers, software, or related services:

1. The Technology Service Center (TSC). The TSC is Carilion Clinic's "help desk" and can be reached via 540-224-1599, or using 5-digit dial from a Carilion phone: 71599.

2. Submit a service request online using MyTSC. Use the icon on your Carilion computer desktop or Start Menu to access MyTSC, or simply point your Web browser to https://mytsc.carilionclinic.org.

3. Self-help! There is a vast amount (and growing) of information on the TSG Hub on Inside Carilion. The TSG Hub is a resource for you that contains links to service requests, access requests, job aids, FAQs, and information for most all of your computing needs at Carilion Clinic.

Cornerstone

WHAT IS CORNERSTONE?

Carilion is about finding better ways. Cornerstone, our online Talent Management System, is just another way Human Resources provides opportunities for your development. Whether you need to complete your required inservices or learn more about patient safety skills, you can get that education in Cornerstone with the click of a mouse!

It's convenient. You can log on 24 hours a day, seven days a week using any computer with access to the Internet.

It's great at tracking your education. Cornerstone tracks your education record online so you can check those courses you have taken at any time.

It's packed with choices. Cornerstone provides a wide variety of online courses to help you reach your developmental goals. Examples include required inservices, workplace improvement courses, computer courses, nursing skills courses, patient safety courses, communication courses and many more. You can even use Cornerstone to register for live classes!

Go ahead… begin your journey as a student by logging on to Cornerstone today!

HOW DO I LOG ON TO CORNERSTONE?

1. Type **https://carilion.csod.com** in your browser's address field, *or* from Carilion's Intranet, Inside Carilion, scroll down to Tools. Click **Cornerstone OnDemand.**

2. On the Cornerstone login page, type your **user ID**, **password**, and then click **Login***.

CORNERSTONE USER ID AND PASSWORD

* For your initial login, both your user ID and password are your Carilion Identification Number (CIN) / Badge number (located on the back of your Carilion ID Badge). When entering your ID number please do not include the leading zero. Ex: 012345 would be 12345.

Change your password once you log in.

Cornerstone

HOW CAN I LEARN MORE ABOUT CORNERSTONE?

Once logged on to Cornerstone, the welcome page guides you to many of the things you want to do. You may also click the Help link located in the upper right corner of the screen for help on how to use and navigate Cornerstone.

HOW CAN I TAKE MY REQUIRED INSERVICES USING CORNERSTONE?

You must take a series of required inservices during your orientation period and on a subsequent annual basis. To take the courses, click the Learning tab on the navigation bar at the top of the window. Then click the Manage link for the Annual Inservice Series. You will see the training details for the Annual Inservice Series. Click the Activate link, then the Launch link to take the first course in the series. As you finish each item in the list, you will be able to activate the next item. (You may need to click the Refresh button on your web browser to get the item to change to Complete on your transcript page.) You must complete all courses and the questions in each course, to get your Annual Inservices Series to show as complete.

In addition, new Clinical employees may also have additional training that is required. Your manager or preceptor can identify these courses.

HOW CAN I FIND A COURSE IN CORNERSTONE?

To search for a course using Cornerstone, follow these steps:

1. Once logged on to Cornerstone, type a key word(s) from the course title into the Search field located in the top right corner of the screen.

2. You can also search by the course ID. For example if you want the course Carilion Clinic Falls Prevention (CE700E), you can just type CE700E in the Search filed.

3. Press **Enter**. All courses that contain the search terms you typed appear on your screen.

4. Click a course name to access that course. When the screen refreshes, scroll down to see details. If the course is held in a classroom, you will see dates and times listed. Click the **Request** button.

Recording The Training That You Take

WHAT KINDS OF TRAINING DO I RECORD ON MY TRANSCRIPT IN CORNERSTONE?

External Training consists of any learning opportunity that you register for or is tracked outside of Cornerstone, even if it is offered by Carilion. Use the External Training feature when you:

○ Attend departmental meetings
○ Participate in unit inservices that are less than 30 minutes
○ Participate in vendor inservices
○ Read books or articles
○ Attend professional association meetings or conferences
○ Take college courses
○ Obtain certifications (other than life support)
○ Author a book or article
○ Deliver a presentation
○ Join professional associations
○ Track external certifications

Your manager must approve education opportunities determining whether they are work-related and the appropriate amount of credit to award. A manager may decide that an activity does not support the educational goals of an employee or the unit and choose not count it towards an employee's annual education requirement.

GO TO YOUR TRANSCRIPT

As you add educational opportunities, review your transcript to ensure that it is accurate. Any classes or conferences sponsored through Human Resources will continue to be added automatically to your transcript. Please monitor your transcript monthly and let us know if items are missing rather than waiting until your performance evaluation is due.

1. Click the **Learning** tab to get to your transcript.

2. Click **Options** and select **Add External Training**.

3. The Add External Training screen opens in a new window. Fill in each field with guidance from your manager or preceptor.

4. Click the **Submit** button.

5. Once you have completed the training or education, click **Mark Complete**, under Options.

Life Support Certifications at Carilion Clinic

LIFE SUPPORT CLASSES AVAILABLE THROUGH CARILION

The Carilion Clinic Life Support Training Center offers more than 500 American Heart Association (AHA), NAEMT, ACS, ENA and other emergency and cardiac care classes per year to employees, providers and other clinicians in our community.   In addition, the Training Center supports many AHA training sites and instructors that provide life support instruction throughout Southwest Virginia. A full list of courses provided is below.

- ❍ AHA Basic Life Support - Healthcare Provider (BLS)
- ❍ AHA Advanced Cardiac Life Support (ACLS)
- ❍ AHA Pediatric Advanced Life Support (PALS)
- ❍ AHA Pediatric Advanced Emergency Assessment, Recognition and Stabilization (PEARS)
- ❍ AHA Heartsaver CPR
- ❍ Neonatal Resuscitation Program (NRP)
- ❍ Emergency Nurse Pediatric Course (ENPC)
- ❍ Trauma Nurse Core Course (TNCC)
- ❍ Advanced Trauma Life Support (ATLS)
- ❍ Fundamentals of Critical Care Support (FCCS)
- ❍ Pre-Hospital Trauma Life Support (PHTLS)
- ❍ Advanced Medical Life Support (AMLS)
- ❍ Geriatric Emergencies (GEMS)
- ❍ Emergency Vehicles Operations Course (EVOC)

As part of your Carilion benefits, you receive your life support training at no charge to you. The savings can be significant, particularly if you need multiple life support certifications. In addition, we provide access to all employees to receive basic life support training.

American Heart Association (AHA) certifications are the required credential at Carilion Clinic. To meet role-based job requirements, BLS, ACLS and PALS certifications must be issued by an AHA Training Center.

LIFE SUPPORT TRAINING FOR NEW EMPLOYEES

AHA BLS for Healthcare Providers certification is required within 60 days of hire for many clinical positions. To assist new employees in meeting this requirement, registration in a BLS class (or Heartcode BLS module) is now included as part of orientation training if you unable to provide your AHA life support credentials for your job role.

Any employee who is required to have BLS, but does not provide proof of certification during onboarding, will be enrolled based on their prior clinical experience. Nursing and experienced clinicians will receive a Heartcode assignment; non-licensed staff will be registered for an instructor-led class. Additional information on Heartcode is available on Inside Carilion.

If you need to provide a copy of your current certification after system orientation:
Email a copy of the front and back of your current card(s) to HRTrainingDevelopment in Exchange or bring a copy with you to Clinical Orientation.

If you need to register for a new life support provider certification:
Log in to CSOD and search for the course title (such as BLS). Note that ACLS-P and PALS-P (provider courses) are reserved for new employees or for new job requirements. These courses should not be used in place of a renewal course.

If you are unable to attend a scheduled class:
Please log onto CSOD and withdraw from the class. Look to ensure you are able to register for an alternate date prior to withdrawing from a scheduled session to ensure you are able to prevent a lapse in certification.

Once your certification (external or a Carilion-provided course) is on record within CSOD, *you will be automatically enrolled for a recertification class prior to your expiration date.* This process happens automatically so that maintaining your appropriate life support certifications is easy.

PREPARE FOR SUCCESS

Remember, no matter what course you are taking, please review course descriptions and requirements. This will help to ensure you are eligible for training before registering and help you prepare for class. Most life support classes require that students have a book during class. Loan and purchase options are provided in the CSOD course description.

The Life Support Training Center page on Inside Carilion has valuable course specific information including prerequisites, pre-test requirements and recommended study materials. Some classes require you to bring proof of pre-test completion to class.

Arrive on time. All life support classes start promptly on time, per American-Heart Association guidelines. Students who arrive late are considered "no shows" and will be asked to reschedule themselves for another class.

If you are taking a renewal class, bring your current life support certification card(s) with you.

For more information about our life support certification courses, contact the Life Support Training Center at 540-224-6975 (86975).

Benefits

A Variety of Benefits

In addition to compensation, Carilion offers a variety of benefits to its employees.

Health and Wellness
- ○ Medical, prescription, and vision insurance plans
- ○ Dental
- ○ Disability coverage options
- ○ Health care flexible spending account
- ○ Support for smoking cessation
- ○ Fitness discount memberships

> Go to
> Carilion's New Hire Hub
> for costs and details

Work/life Balance
- ○ Paid time off
- ○ Dependent care flexible spending account
- ○ Childcare discount
- ○ Employee assistance program
- ○ Leaves of absence

Financial Management
- ○ Employee discounts
- ○ Life insurance / AD&D
- ○ MedKey
- ○ Pension
- ○ Savings Plans - 401(k) and 403(b)

Career Development
- ○ Educational opportunities
- ○ Educational assistance

> Details about benefits and costs are available on the New hire hub or InsideCarilion.org.

Benefits

How to Sign Up for Benefits

- ❍ Review benefits material at InsideCarilion.org by selecting **Benefits**>**My Benefits.**

- ❍ Enroll in benefits within 31 days from the date you were hired, rehired or changed status:

  - Enroll in benefits by logging into My Total Access (MTA). To access MTA, go to InsideCarilion.org, select **Benefits**>**My Total Access** and use your Active Directory name and password.
  - To complete your new hire checklist/benefits, select Bookmarks>Employee Self-Service (ESS)>New Hire Checklist.

  Note: It is best to use a Carilion computer to ensure successful enrollment in your benefits.

Important!

For normal processes to occur, complete enrollment by:

_____

following your hire date.

- ❍ Print your confirmation statement.

- ❍ Within 60 days, fax dependent eligibility documentation to 540-857-5209 if you than yourself. Refer to the list of eligible documentation (e.g. copy of first page of your latest federal tax return) on the next page in the New Hire Orientation booklet. *Please write your employee ID /Kronos number on the top of each dependent document before sending to Human Resources.*

- ❍ There is a 12 month waiting period for major service coverage (crowns, dentures, bridges, etc.) and orthodontia when enrolling in comprehensive dental.

- ❍ Guaranteed enrollment for disability and guaranteed issue for life insurance are only available when first eligible for benefits.

- ❍ Complete a medical history form if you choose more than $100,000 in life insurance for yourself or more than $50,000 in life insurance for your spouse. To access the form:
  - Go to Inside Carilion
  - Click **Benefits**>**My Benefits.**
  - Select **Forms, Links and Tools** on the left side of the page.
  - Select **Medical History Statement** under Benefits Resources.
  - Complete the online application within 45 days of the date you were hired, rehired or changed status.

If you have any questions, contact Human Resources at 800-599-2537 or email at hrservicecenter@carilionclinic.org or submit an online form at http://insidecarilion.org/hubs/hr/hr-service-center.

Benefits: Covering Your Dependents

REQUIRED DOCUMENTATION FOR DEPENDENT ELIGIBILITY

To be able to offer medical and dental coverage to you on a pre-tax basis, the Internal Revenue Service requires that we follow our plan rules and cover only eligible dependents. To ensure compliance with our plan documents, you are required to provide documentation to verify the eligibility of any dependents to be covered on the medical or dental plan. Coverage for your dependents will not be effective until their eligibility is confirmed. The chart below lists the documentation required to verify your dependents. **You have 60 days to provide the required documentation.**

DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
Spouse	A person to whom you are legally married.	❍ Photocopy of marriage certificate or a copy of the top half of the front page on your federal tax return for the year just filed (you may black out all financial information).
Domestic Partner	Refers to the partner of an eligible employee who is a domestic partner, sharing a long-term committed relationship of indefinite duration that meets the criteria listed in the Domestic Partnership Affidavit or is in a same-sex union in a jurisdiction that recognizes such union.	❍ Notarized Domestic Partnership Affidavit or photocopy of civil union certificate from a jurisdiction that recognizes such union.
Children	Refers to your children, including stepchildren and children of your domestic partner, legally adopted children and children in a guardian-ward relationship. To be eligible to participate, your children must be under age 26.	**Biological Children** ❍ Photocopy of birth certificate showing your name or hospital certificate showing your name or a copy of the top half of the front page of the federal tax return for year just filed. **Stepchildren or Children of your Domestic Partner** ❍ Photocopy of birth certificate showing your spouse's or domestic partner's name and a copy of marriage certificate or documentation of domestic partnership (see above) or a copy of the top half of the front page of the federal tax return for the year just filed. **Legal Guardian or Adoption** ❍ Photocopy of Affidavits of Dependency, final court order with presiding judge's signature and seal or copy of the Adoption Final Decree with presiding judge's signature and seal or a copy of the top half of the front page of the federal tax return for the year just filed.
Dependent Children with Disabilities	Refers to your children over age 26 who are physically and mentally incapable of self-support and disabled before age 26.	❍ Photocopy of Social Security disability award (if a disability ruling by Social Security is pending, include a current copy of the application for disability) and a copy of the top half of the front page of the federal tax return for year just filed.

Falsifying reports and records, including both verbal and written is a Type II offense as defined in the Disciplinary Action Policy and may result in separation from employment. Such records include, but are not limited to employment applications, vouchers, reports, employee records, patient records, insurance claims, time and attendance records, leave of absence paperwork, disability, worker's compensation or other business documents.

TSG for Epic Training Courses and Testing

If your schedule shows that you are to attend training at Technology Services Group (TSG), go to 451 Kimball Ave. in Roanoke.

From I 581:

1. Exit at Elm Ave, and turn towards Carilion Roanoke Community Hospital.

2. Turn right onto Williamson Rd. (at the corner of the hospital closest to I-581).

3. Turn right onto Kimball Ave. (The Hotel Roanoke will be on your left and Dominoes Pizza will be on your right.

4. Go about ¼ mile.

5. The TSG building is a two-story beige building on your right, with a sign out front that says 451 Kimball. Employee parking is on your left as you turn into the driveway.

Tell the receptionist that you are there to attend training.

CRCH MOB for Classes

For classes or testing at the Carilion Roanoke Community Hospital (CRCH) Medical Office Building (MOB):

1. Exit at Elm Ave, and turn towards Carilion Roanoke Community Hospital/Jefferson School of Health Sciences.

2. Turn left onto S. Jefferson.

3. Turn left at the first stoplight at Mountain Ave.

4. Go under the bridge that connects the hospital (on left) to the medical office building (on right).

5. Park in the parking garage.

6. As you exit the garage, the MOB is now on your left.

7. Go to the 4th floor.

The Community Room is directly across from the elevators.

Suite 435: Turn left off the elevators. Suite 435 is at the end of the hall.

Parking

CARILION POLICE

The CMC Police and Security Department's main office is located at Carilion Roanoke Memorial Hospital on 5 North with satellite offices located at CRMH ED, CRCH, and at the Riverside Campus. The department provides 24 hour security and police coverage, and can be reached at 981-7140 or 7-7140. In case of emergency, call 981-7911 or 7-7911.

HELPFUL INFORMATION

Our campus is very safe due to our police/security staff and its patrol procedures. The police have 24 hour surveillance cameras in strategic locations that are constantly monitored by officers and dispatchers. However, everyone is advised to take as many safety precautions as possible. Employees are encouraged, particularly after dark, to walk in pairs and avoid isolated areas. Police encourage the locking of all vehicles. Always report any suspicious activity, crime in progress, property damage or disorderly persons to the Carilion Security Services Department.

VEHICLE REGISTRATION

To park legally in any parking lot on campus, each employee must register his or her vehicle. The free registration decal has to be placed on the rear view mirror readable through the windshield. Decals can be obtained in Security at all facilities.

PARKING ENFORCEMENT

Any vehicle parked illegally on campus can be ticketed and or towed at the owner's expense after the issuance of the third parking ticket. Failure to register a vehicle and /or failure to comply with parking regulations will be treated as a violation of policy. Carilion is not responsible for theft of personal property or damage to vehicles while parked on any leased or owned Carilion property.

PARKING AT ROANOKE CAMPUS LOCATIONS

Employees may park in the following locations:

- ❍ Tiered Parking (Behind Hospital)
- ❍ Riverwalk Parking Garage (walk across bridge to get to hospital)-Employee parking for all shifts.
- ❍ HoneyTree Extension- Parking for employees and students.
- ❍ Terrace View Parking Garage (walk through tunnel to get to hospital)- The Terrace View Parking Garage is mainly for our patients, families and visitors. However, the lowest level is reserved for physicians at all times. Employees may park in Terrace View Garage between 2pm - 8am weekdays, and at all times on weekends and Carilion designated holidays. Management levels 5 and above may park in Terrace View with a yellow decal provided through Police and Security Services. However, this parking is restricted to the north end (new expansion) of the garage.
- ❍ Fairfax Parking- The parking area located under the Fairfax Condominiums is designated employee parking for the Rehabilitation Center and the Crystal Spring Medical Office Building.
- ❍ Crystal Spring Garage- This garage is a paid facility and employees are required to pay a monthly fee for parking. The employee designated areas are the basement (card access only) and the roof of the garage.
- ❍ Riverside III Garage- Employee parking is allowed on floors 3 -7 only, keeping the lower floors available for patient parking.

Parking

Parking at CRCH

The Community Hospital campus is a diverse community that hosts both clinical and student populations. Jefferson College students should follow the parking directions located in the current Student Handbook. Employees on campus should park in the main parking garage. Employees and students may park in areas distinguished by yellow markings in the front parking lot at any time.

Parking at CNRV

Take a right on Lamb Circle after driving up toward the main entrance. When you get to the first left going toward the building, employee parking is on your right and continuing down around the hill is. You can enter the building through the ED entrance from this area. There is also an employee lot behind the building at the Center for Rehabilitative Medicine. If you park here, enter through the door going into the cafeteria (near the fountain). Students must wear badges, but are not required to place decals on their vehicles.

CASB
Employee Parking

Park in the Jefferson Street surface parking lots near 915 S. Jefferson and across from Jefferson Plaza . Be sure to have a Carilion parking sticker on your vehicle. These stickers are available in System Orientation or from Carilion Security. Allow an extra 20 minutes to get to work for the first one to two weeks. The extra time will ensure that you are able to report to work on time as you learn a new routine.

The Star Line Trolley may be an option for traveling to and from the Jefferson Street surface parking lots. More information on the trolley route and hours of operation is available on the Intranet and Employee Hub by choosing Benefits from the left menu bar, then choosing Alternative Transportation under the Work/Life Balance header.

Don't ignore the signs of a HEART ATTACK.

If you have any of the signs, acting fast improves your chances for recovery. Carilion Clinic's Emergency Departments throughout western Virginia and our accredited [Chest Pain Center](#) are prepared to treat any heart condition, while our Heart Alert program fast-tracks heart attack patients to life-saving care.

So, when your body talks, listen. If you are having any one of the five signs of a heart attack, call 911 immediately.

Signs of a *HEART ATTACK*

1. **PRESSURE** or squeezing in the center of the chest
2. **SHOOTING PAIN** that spreads to shoulders, arms, neck or jaw
3. **NAUSEA,** dizziness, fainting or sudden abnormal sweating
4. **SHORTNESS of BREATH**
5. **HEARTBURN or INDIGESTION**-like pain
   Women may also experience abdominal pain and weakness

Signs of a *STROKE*

1. **WALK** – Loss of Balance
2. **TALK** – Slurred Speech or Droopy Face
3. **REACH** – Numbness or Weakness of the face, arm or leg, especially on one side of the body
4. **SEE** – Impaired vision or difficulty seeing in one or both eyes
5. **FEEL** – Severe headache with no known cause

Don't ignore the signs of a STROKE.

If you have any of the signs, acting fast improves your chances for recovery. If you get help soon enough, the new interventional treatments and fast-track Stroke Alert program available at Carilion Clinic can lessen the effects of a stroke or eliminate them altogether.

So, when your body talks, listen. If you are having any one of the five signs of a stroke, call 911 immediately.

If you see anyone experiencing these symptoms at CMC call 77111 immediately.

CARILION CLINIC

The Star Line
THE VALLEY'S TROLLEY NETWORK

1 Downtown Market

2 Kirk & Jefferson

3 Church & Jefferson

4 Mountain & Jefferson

5 Highland & Jefferson

6 Walnut & Jefferson

7 Virginia Tech Carilion School of Medicine

8 Riverside Clinic

9 Carilion Rehabilitation Center

10 Crystal Spring & McClanahan

11 Carilion Roanoke Memorial Hospital

12 Virginia Tech Carilion School of Medicine

13 Riverside Clinic

14 Walnut & Jefferson

15 Jefferson College of Health Sciences

16 Franklin & Jefferson

— Outbound

— Inbound

— Roanoke River Greenway
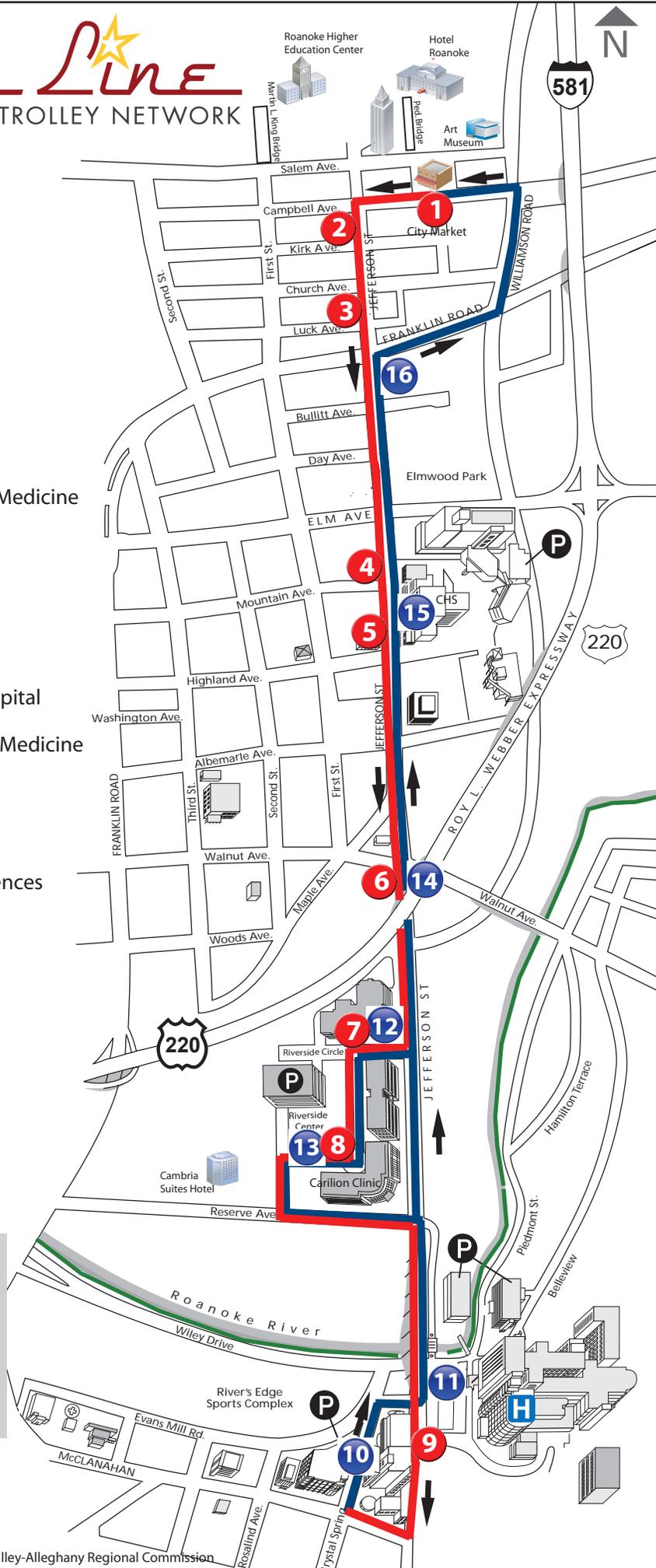
Monday through Friday Service
7AM through 7PM, every 15 minutes.

Extra service from 10AM through 2PM
Every 12 minutes.

Time between Downtown Market and
Hospital is 15 minutes.

Valley Metro

Basemap Source: Carilion Clinic SD, Prepared by the Roanoke Valley-Alleghany Regional Commission

N

581

Roanoke Higher Education Center

Hotel Roanoke

Art Museum

Ped. Bridge

Salem Ave.

Campbell Ave.

City Market

Martin L King Bridge

First St.

Kirk Ave.

Church Ave.

Luck Ave.

Second St.

JEFFERSON ST.

FRANKLIN ROAD

WILLIAMSON ROAD

Bullitt Ave.

Day Ave.

ELM AVE.

Elmwood Park

Mountain Ave.

CHS

Highland Ave.

Washington Ave.

Jefferson St.

220

ROY L. WEBBER EXPRESSWAY

Albemarle Ave.

Third St.

Second St.

First St.

FRANKLIN ROAD

Walnut Ave.

Maple Ave.

Walnut Ave.

Woods Ave.

220

Riverside Circle

Riverside Center

Carilion Clinic

Cambria Suites Hotel

Reserve Ave.

Hamilton Terrace

Piedmont St.

Belleview

Roanoke River

Wiley Drive

River's Edge Sports Complex

Evans Mill Rd.

McCLANAHAN

Rosalind Ave.

Crystal Spring

2017 | PAYROLL CALENDAR

CARILION CLINIC

January

S	M	T	W	T	F	S
1	2	3	4	5	6	7
◇8	▲9	10	11	12	○13	14
15	16	17	18	19	20	21
◇22	▲23	24	25	26	○27	28
29	30	31				

February

S	M	T	W	T	F	S
			1	2	3	4
◇5	▲6	7	8	9	○10	11
12	13	14	15	16	17	18
◇19	▲20	21	22	23	○24	25
26	27	28				

March

S	M	T	W	T	F	S
			1	2	3	4
◇5	▲6	7	8	9	○10	11
12	13	14	15	16	17	18
◇19	▲20	21	22	23	○24	25
26	27	28	29	30	31	

April

S	M	T	W	T	F	S
						1
◇2	▲3	4	5	6	○7	8
9	10	11	12	13	14	15
◇16	▲17	18	19	20	○21	22
23	24	25	26	27	28	29
◇30						

May

S	M	T	W	T	F	S
	▲1	2	3	4	○5	6
7	8	9	10	11	12	13
◇14	▲15	16	17	18	○19	20
21	22	23	24	25	26	27
◇28	**29**	▲30	31			

June

S	M	T	W	T	F	S
				1	○2	3
4	5	6	7	8	9	10
◇11	▲12	13	14	15	○16	17
18	19	20	21	22	23	24
◇25	▲26	27	28	29	○30	

July

S	M	T	W	T	F	S
						1
2	3	**4**	5	6	7	8
◇9	▲10	11	12	13	○14	15
16	17	18	19	20	21	22
◇23	▲24	25	26	27	○28	29
30	31					

August

S	M	T	W	T	F	S
		1	2	3	4	5
◇6	▲7	8	9	10	○11	12
13	14	15	16	17	18	19
◇20	▲21	22	23	24	○25	26
27	28	29	30	31		

September

S	M	T	W	T	F	S
					1	2
◇3	**4**	▲5	6	7	○8	9
10	11	12	13	14	15	16
◇17	▲18	19	20	21	○22	23
24	25	26	27	28	29	30

October

S	M	T	W	T	F	S
◇1	▲2	3	4	5	○6	7
8	9	10	11	12	13	14
◇15	▲16	17	18	19	○20	21
22	23	24	25	26	27	28
◇29	▲30	31				

November

S	M	T	W	T	F	S
			1	2	○3	4
5	6	7	8	9	10	11
◇12	▲13	14	15	16	○17	18
19	20	21	22	**23**	24	25
◇26	▲27	28	29	30		

December

S	M	T	W	T	F	S
					○1	2
3	4	5	6	7	8	9
◇10	▲11	12	13	14	○15	16
17	18	19	20	21	22	23
◇24	**25**	▲26	27	28	○29	30
31						

◇ **First day of pay period.** All personnel actions for the prior pay period must be made in Lawson Manager Self Service by this date. Changes submitted after this date will be processed in the following pay period.

■ **Carilion-designated holiday.** Individual departments or areas will determine closures based on patient and customer needs. Eligible employees who work approved shifts on these dates will receive holiday differential pay.

○ **Paychecks distributed.** Employee Reimbursement Vouchers must be submitted to Accounts Payable by noon the Friday before the paycheck distribution date for inclusion in this paycheck. PTO Cash In will be paid out on March 10, July 14 and Nov. 3, 2017.

▲ **Kronos must be approved by noon. On May 30, Sept. 5 and Dec. 26, 2017, Kronos must be approved by 10 a.m.** New employee orientation is held in Roanoke every other Monday on Kronos approval days. During months when the Carilion designated holiday falls on this Monday, orientation will occur on Tuesday. Tuesday orientations will occur on May 30, September 5 and December 26 in 2017.

Carilion Clinic
EMPLOYEE RECORD OF HOURS WORKED

Department: _____ **Employee Name:** _____

Cost Center: _____ **Supervisor Name:** _____

| Year:_____ | | | MEALS | | | |
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Subtotal: Hours worked Week 1.						

| | | | MEALS | | | |
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Subtotal: Hours worked Week 2.						

TOTAL: Hours to be paid for this pay period.	
TOTAL: PTO hours during this reporting period	

The above record represents a true and accurate recording of the hours worked on those days indicated.

Submit to your manager Friday of your first work week

_____ _____
Employee's Signature   **Supervisor's Approval**

■ Orientation Forms—Section II

Please complete and return the following forms to:

Lisa Mauk
Carilion Roanoke Community Hospital – Medical Office Building
102 Highland Avenue, Suite 435
Roanoke, VA 24013

or
Email: nlmauk@carilionclinic.org
Fax: (540) 224-4486

❑ Alternative Orientation Record

Carilion Clinic
Alternative Orientation Record

Employee Name:	Badge/Kronos #:
Position:	Date of Employment:
Department:	Facility:
Manager:	

I completed Carilion Alternative Orientation on **Date:**

Employee Signature:

Please check off the topics reviewed:

❑ Orientation—Welcome to Carilion

❑ Orientation—HIPAA/Confidentiality

❑ Orientation—Corporate Compliance

❑ Orientation—Infection Control

❑ Orientation—Managing a Safe Environment

❑ Orientation—Benefits

Revised: 01/2012; 1/2013; 2/2014; 1/2015; 2/2016; 3/2017

Return the Alternative Orientation form to:
Lisa Mauk
Carilion Clinic
102 Highland Avenue, Suite 435
Roanoke, VA 24013
nlmauk@carilionclinic.org
Fax: (540) 224-4486