Bon Secours Charity Health System ConnectCare Support Staff Orientation Packet

Welcome to the Charity Health System Annual Employee Education Program. This program is designed to review significant topics that impact our employees and our patients. It is hoped that upon completion of this program you will be aware of system initiatives to improve the quality of patient care , regulatory agency requirements and strategies to improve employee and patient safety.

This presentation includes the following topics:

- *Bon Secours Strategic Plan*

- *Service Excellence*

- *Clinical Transformation*

- *Clinical Excellence Program*

- *Joint Commission National Patient Safety Goals*

- *Patient and Employee Safety*

- *Cultural Diversity*

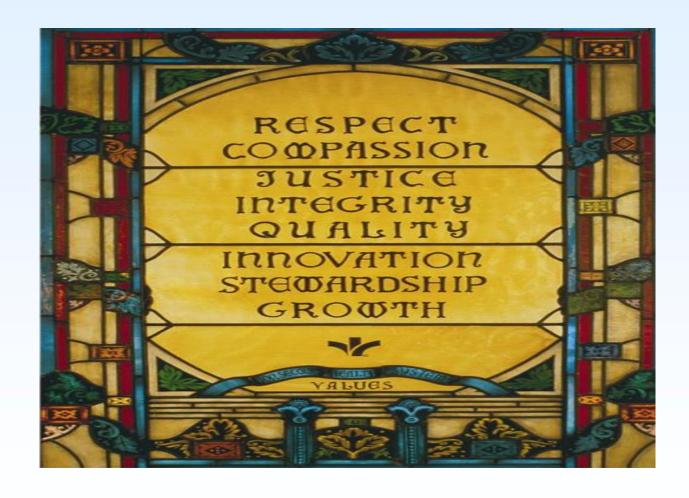# OUR MISSION

- The Mission of Bon Secours Health System is to bring compassion to health care and to be good help to those in need, especially those who are poor and dying.

- As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

OUR VALUES

RESPECT
COMPASSION
JUSTICE
INTEGRITY
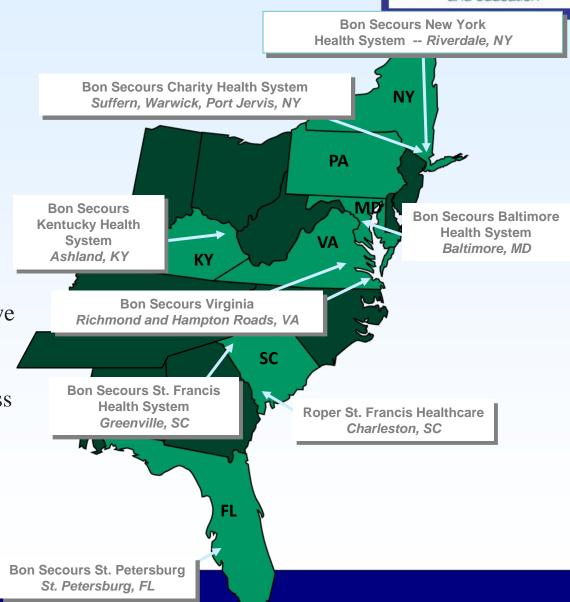QUALITY
INNOVATION
STEWARDSHIP
GROWTH

VALUES

Our Vision

- As a prophetic Catholic ministry we will partner with our communities to create a more humane world, build health and social justice for all, and provide exceptional value for those we serve.

Bon Secours Health System
Strategic Goals 2013-2015

To faithfully respond to God's gift of compassion, healing, and liberation we commit to:

- **Bring** our communities to wholeness
- **Ensure** our care is extraordinary
- **Transform** our health delivery
- **Express** our Catholic identity
- **Liberate** our people's potential

Bon Secours New York Health System -- *Riverdale, NY*

Bon Secours Charity Health System
Suffern, Warwick, Port Jervis, NY

Bon Secours Kentucky Health System
Ashland, KY

Bon Secours Baltimore Health System
Baltimore, MD

Bon Secours Virginia
Richmond and Hampton Roads, VA

Bon Secours St. Francis Health System
Greenville, SC

Roper St. Francis Healthcare
Charleston, SC

Bon Secours St. Petersburg
St. Petersburg, FL

NY

PA

MD

VA

KY

SC

FL

Service Excellence

Our Goal is:

"In every moment of every hour of every day, every person who walks through our doors will experience our very best."

Service Excellence

What defines Excellence?

– Patients feel the service and quality of care they receive are extraordinary

– The <u>WOW</u> Effect

– Employees feel valued

– Physicians feel their patients are getting great care

– It is a culture that makes our customer the center of everything we do.

Good Help to Those In Need

6 C's of Service Excellence

- Caring
- Consistency
- Compassion
- Courtesy
- Communication
- Competence

Service Excellence is reflected within Bon Secours Charity Health System Mission and Values and is measured by means of the Gallup Patient Engagement Survey.

A-I-D-E-T

A-*Acknowledge* the patient

Whether you acknowledge patients by name or with a friendly smile, patients know that you have connected with them.

I-*Introduce* yourself by name

State your department, your role and describe what you are going to do.

D- *Duration*

Patients always like to know how long the procedure is, how long the wait will be, etc. Please take a moment to relay this information.

E- *Explanation*

It is important to be kept informed. Explain what you are doing and what to expect.

T- *Thank You*

Thank the patient for choosing our hospital for their care. Always ask before you leave a patient, "Is there anything else I can do for you?" and "Do you have any questions I can answer before I leave?"

PD✸E
professional development and education

Service Recovery Program: ACT

A - Acknowledge/Apologize

Acknowledge the problem and offer a sincere and heartfelt apology, "I am sorry we did not meet your expectations."

C - Correct/Communicate

Correct the problem and commit to communicate. Can you fix the problem here and now? If not, find someone who can.
Continue to update on the progress of the problem's resolution.

T - Thank You

Thank the customer. "I want to thank you for bringing this to our attention so we can correct it and improve our services."

SERVICE RECOVERY

THE BASICS

- This program is designed to consistently provide Service Recovery to those patients whose expectations have not been met, and to communicate with compassion our commitment to Service Excellence.

- The single most important thing you can do in a Service Recovery situation is continually communicate with the person rendering the complaint. For example: "Thank you Mr. Jones for bringing this occurrence to our attention, I want you to know that since I am unable to solve this issue at my level, I have called my manager and he/she will be here soon to speak with you"

- If you bring the matter to the attention of a manager, supervisor or patient representative, but do not communicate that effort to the person who complained, the situation only escalates.

- Communicate, Communicate, Communicate

Clinical Transformation

A comprehensive inter-disciplinary approach to achieve care delivery excellence throughout the patient care continuum that measurable improves quality, creates holistic, patient centered care experiences, and reduces healthcare costs by reducing waste and optimizing the value proposition.

For 2013, the Clinical Transformation teams focused on:
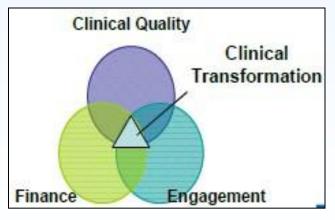- Emergency Services
- Readmissions
- Antimicrobial Stewardship
- Critical Care/ CV Surgery Plan
- Healthcare Acquired Infection / Sepsis
- Orthopedics
- General Surgery
- Maternal/ Child Care

The Joint Commission

➢ Hospitals that receive reimbursement from Medicare and Medicaid must be accredited by The Joint Commission. The Joint Commission conducts triennial surveys of organizations that are unannounced.

➢ The purpose of a survey is to evaluate the organization's compliance with nationally established Joint Commission standards.   The survey also helps the hospital maintain optimal patient outcomes.

➢ The Joint Commission standards focus on the organization's quality of care, patient safety and the environment in which care is provided.

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The Joint Commission

➢ Anyone believing that he or she has pertinent and valid information about such matters is encouraged to contact the organization's management. If the concerns in question cannot be resolved at this level, please contact a Joint Commission field representative.

➢ Information presented will be carefully evaluated for relevance to the accreditation process. Information about such matters must be made in writing and must also indicate the nature of the concerns.

➢ Such requests should be addressed to:
Division of Accreditation Operations
Office of Quality Monitoring
Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
Phone Toll Free: 800.994.6610
Fax: 630.792.5636
Email: complaint@jcaho.org
This is posted in accordance with the Joint Commission's requirements.

BON SECOURS CHARITY HEALTH SYSTEM

Good Help to Those In Need

Contacting the NYS Department of Health

To initiate a complaint about a hospital or a diagnostic and treatment center, you may call the toll-free number at 1-800-804-5447, or you may print and complete the

Health Facility Complaint Form (DOH-4299) with Instructions

and send it to:

New York State Department of Health
Centralized Hospital Intake Program
433 River Street, Suite 303

Troy, New York 12180-2299

Performance Improvement

- A data driven process to continually improve care and services for our patients and customers

- Bon Secours Health System uses a Juran Six Sigma 5 step methodology called **DMAIC** (*Define, Measure, Analyze, Improve and Control*) aimed at the near-elimination of defects from every product, process and service to drive out waste, improve quality, costs and time performance

- Patient safety, satisfaction and exceptional patient outcomes is always top priority

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VALUE BASED PURCHASING

- **A set of indicators from The Joint Commission and CMS that are evidence based, scientifically researched standards of care in medicine, which have shown to result in improved clinical outcomes.**

- **Selected Core Measure (QUALITY) indicators are part of the Value Based Purchasing (VBP):**

- **AMI, CHF, Pneumonia, Stroke, and SCIP (surgical) and Hospital acquired infections.**

- **HCAPS (PATIENT SATISFACTION) scores**

- **Mortality Index**

- **Readmission Index**

- **Proper <u>documentation</u> is the key to successful compliance**

Patient Relations
Patient Bill of Rights:

➢ Mandated by the NY State Department of Health and is posted throughout the hospital

➢ Written copy given to all admitted patients via "Your Rights as a Hospital Patient" booklet or bedside patient guide which is also available to out-patients.

➢ As a patient in a hospital in New York State every patient has the right to understand each right that is consistent with the law.

PATIENT RELATIONS

➢ Every patient has the right to report any violations of their right without fear of reprisal.

➢ Every patient must be accommodated with the assistance to communicate. For patients who have a language barrier, the Cyracom language phone system is utilized.

➢ Sign language is available at each facility by a contracted service that is available as needed.

Risk Management/Patient Safety:

Goals of Risk Management:

- To encourage and support an environment of safe clinical practice

- To guide activities designed to reduce risk of injury and illness to people and property

- To maintain a physical environment free of hazards

- Reduce the risk of litigation, bad publicity and loss of confidence

The Risk Management Program was designed to reduce, modify, eliminate and control conditions and practices, which may cause injury and/or damage to persons or property and which might result in financial loss. The goal of the Program is to achieve and maintain a physically and clinically safe environment.

What is Quantros Safety Event Manager?

Safety Event Manager allows us to:

- ❖ **Report, track and monitor adverse events**
- ❖ **Identify and address adverse events in real time**
- ❖ **Reduce the risk of litigation, bad publicity and loss of confidence**

Why should I report?

- ❖ **We can't fix what we don't know about**
- ❖ **Data collection helps to monitor quality of care and target appropriate interventions to improve healthcare delivery**
- ❖ **IT'S THE RIGHT THING TO DO!**

QUANTROS TRIAGE MANAGER

- • **Click on Internet Explorer and you will be on the Charity IRIS home page**
- • **On the right lower side of page you will see Quick Links…find the Quantros link and click on it**
- • **Select your hospital from drop down box, then click on Patient or Visitor**
- • **On next screen, there are several options; choose the one which one pertains to your event**
- • **When that page opens, you may begin to fill-out form. Give us as much information as you can (the more, the better)**
- • **All <u>red</u> asterisked areas are required**
- • **Click <u>Submit</u> and you are done!**
- • **Please do not click "Save as Incomplete"**

Employee Incident Reporting

If an exposure occurs to blood or body fluid:

- Wash with soap and water immediately to remove blood or body fluid.
- If the contact is to mucous membrane (eyes, nose, and/or mouth) flush with copious water
- Notify the shift manager of the event and the name of the source patient if known
- Report to the emergency room, as soon as possible
- Determination of exposure is made by emergency room physician
- For exposures, the shift manager is responsible for making sure the "needle stick protocol for source" is drawn for source patient
- Lab communicates result of source patient to ED physician (with written consent only)
- Complete an employee occurrence report and notify Employee Health of exposure

(Note: Quantros is not used for Employee incident reporting)

ORGAN DONATION

- Bon Secours Charity Health system adheres the standard of required referral.

- **All** deaths are called in to organ donor network

- Potential brain death patients and donation after cardiac death patients must be called in also

- Our system has policies that are in compliance with the laws and standards of practice mandated by Federal and State regulations.

- Our policies clearly speak to our consideration, sensitivity, and respect for cultural and religious beliefs while adhering to the legal statutes.

Life Safety Codes

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SYSTEM WIDE LIFE SAFETY CODES

CODE	MEANING	CODE	MEANING
HICS	Disaster Plan Activated	ORANGE	Hazardous Materials Incident
RED	Fire	BROWN (Mr or Mrs)	Adult Patient Missing or Elopement
GREEN	Evacuation	BLACK	Severe Weather
BLUE	Cardio-Pulmonary Arrest	TRIAGE	Multiple Causality Incident
WHITE	Pediatric Cardio-Pulmonary Arrest	TRAUMA	ED Trauma Team Activated
PINK	Infant/Child Abduction	BRAIN STAT	Stroke Protocol Initiated
YELLOW	Bomb Threat	HEART STAT	Chest Pain Protocol Initiated
GRAY	Security/Behavioral Emergency	H	Hemorrhage
SILVER	Person With Weapon or Hostage	RAPID RESPONSE	Urgent Medical Assistance

NUMBER FOR ALL EMERGENCIES IN ACUTE AND LONG TERM CARE FACILITIES

4444

NEW EMERGENCY NUMBER

Call 4444

Don't Forget:

"Four Fours"

SACH Call: **845-986-3423** direct

for Police and Fire

Emergency Preparedness

➢ Charity utilizes a Comprehensive Emergency Management Plan (previously called Disaster Plan).

➢ It is crucial to have an effective emergency response and management plan in place in order to be ready for any and all types of events, incidents or disasters. It features common terminology and reliance on a unified Action Plan and Chain of Command. This system is called HICS – "Hospital Incident Command System".

➢ HICS integrates with our response plan using basic management principles

PREPAREDNESS
CLOSEOUT
RESPONSE
DISASTER MANAGEMENT PLAN
MITIGATION
RECOVERY

DILIGENT PREPARATION + ORGANIZED RESPONSE = SUCCESSFUL RECOVERY

Hospital Incident Command Systems (HICS)

- A standardized chain of command

- Allows hospital to function effectively during a disaster

- Universal structure
  - All agencies and hospitals responding speak the "same language"

When the plan is activated, designated management personnel respond to the following command centers:

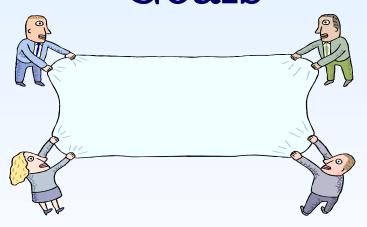GSRMC: Conference Room #5 in the Caroline Schwartz Bldg.

BSCH: 1st floor Conference Room

SACH: 3rd floor Conference Room

2013 National Patient Safety Goals

Our Safety Net to Practice

Objective: To demonstrate the importance of improving, identifying and solving patient safety issues.

Review via the following link:

2013 Joint Commission National Patient Safety Goals

Goal One: Identify patients correctly

Use at least _two patient identifiers_ when providing care, treatment, or services

- GSRMC uses patient name and medical record number

- BSCH and SACH uses patient name and date of birth

- Check both identifiers before every procedure, medication administration, before taking the patient for tests, drawing blood, administering blood, etc.

- Label all specimens in the presence of the patient

Goal Two: Improve Staff Communication

Get important test results to the right staff person on time

- For verbal or telephone orders and reporting of critical test results
  - Verify the complete order and/or test result
  - Receiving person must document and "read-back" complete order and/or test
- Use SBAR (Situation, Background, Assessment, Recommendation) for standardized handoff communications

Goal Three: Uses medications safely

Bon Secours Charity's program for medication safety:

- Pre-procedure medication labeling in practice areas

- Take extra care with patients on medications to thin their blood—anticoagulation education, order sets, and policy

- Bar-Coding – co-signatures, hard stops, allergy and dosing alerts

- Medication Reconciliation – compare home medications to hospital medications and verify medications patient to take at home upon discharge, bring updated list to all doctor appointments
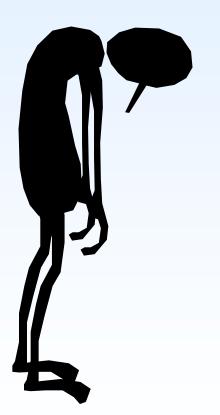
Goal Four: Prevent Infection

- Hand Hygiene Protocols—CDC and WHO Guidelines for hand washing. **This is built into our policies and procedures and we monitor compliance on a monthly basis.

- Use proven guidelines to:
  - ✓ Prevent infections that are difficult to treat (MRSA and VRE).
  - ✓ Prevent infection of the blood from central lines (CLABSI)
  - ✓ Prevent infection after surgery (SSI prevention and SCIP protocols)
  - ✓ Prevent infection caused by urinary catheters (CAUTIs)

**The above are a part of the Clinical Transformation Initiatives that have been developed throughout BSHSI. The practices implemented are all evidence-based.

Goal Five: Identify Patient Safety Risks

Identify patients at risk for suicide

- All patients are screened for signs of suicidal ideations at triage in the ED and again upon admission to the hospital

- In the case of a positive screening, physician must be notified and the patient should be observed continuously until transported to an appropriate environment or an appropriate medical/ psychological evaluation is completed and the patient is cleared

Goal Six: Prevent errors in surgery

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

Follow the Universal Protocol:

- Mark the correct place on the patient's body where the surgery is to be done—to be done by the surgeon performing the procedure, using his/her initials.

- Pause before surgery to make sure that a mistake is not being made. This is the "Time Out" phase of the procedure; the WHO Surgical Safety Checklist should be implemented for all procedures.

- During the 'Time Out" phase, the procedure must be verified verbally by those licensed practitioners at the bedside and directly involved in the procedure

Goal Seven: Medication Reconciliation

Medication reconciliation MUST occur across the continuum of care

- Record and communicate information about the patient's medications

- Record what the patient is taking at home and compare to medications ordered in hospital

- Clarify with the patient which medications to take when they go home upon discharge

- Teach patient to bring an up-to-date medication list to each doctor's office visit

Goal Eight: Falls Reduction

Reduce the risk of patient harm resulting from falls

- Falls reduction program has been instituted Charity wide

- Routine evaluations of falls are done to test effectiveness of the program

- Falls are a reportable event if accompanied by serious injury and require a Root-Cause

  Analysis (RCA) of the fall

Goal Nine: Patient Involvement in Care & Safety

Encourage & Identify ways in which patients & family can report concerns about safety & care

- Brochures in patient care areas

- Admission packets contain names and numbers for reporting agencies; i.e., Joint Commission, Department of Health

- Patient Bill of Rights

Goal Ten: Rapid Response

Improve the recognition and response to changes in patient condition

- The development of Rapid Response Criteria, Team and Program

- Each facility has developed forms to aide in proper documentation and communication

- SACH: Call overhead "4444" -Nursing supervisor, anesthesia, hospitalist and respiratory respond. Log kept in Nursing Office

- BSCH: Call "4444"- Primary Care & Critical Care Nurse, Nursing Supervisor/Clinical Director, & Respiratory & Hospitalist (during operational hours)

- GSRMC: Call "4444"- Critical care nurse, respiratory therapist, and hospitalist respond; Nursing supervisor responds to Family Rapid Responses. Order sets initiated

Medical Waste

<u>Objective</u>: To properly determine the difference between types of medical waste and items belonging in bio-hazardous red bag waste

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What is Medical Waste?

Regulated Medical Waste includes:

- Cultures and Stocks

- Human Pathological Waste –tissues, organs, body parts & body fluids removed during surgery, autopsy or other medical procedures; specimens of body fluids and their containers; and discarded materials <u>saturated</u> with body fluids other than urine.

- Urine or fecal matter submitted for purpose of diagnosis of infectious diseases only.

- Containers with <u>free flowing blood</u> and materials <u>saturated</u> <u>with flowing blood.</u>

- Sharps whether used or unused (Disposed in a Needle box)

- Any other waste materials containing infectious agents.

- Items in which dried blood can flake off in particles.

What is NOT Medical Waste ?

Waste NOT for Red Bag disposal:

- <u>Used personal hygiene products</u> : Diapers, Facial Tissues and Sanitary Napkins, Underpads and Adult Incontinence products

- <u>When empty:</u> Urine collection bags and tubing, suction canisters and tubing, IV solution bags and tubing, colostomy bags, ileostomy bags, urostomy bags, plastic fluid containers, hemovacs, and urine specimen cups

- Urinary catheters, suction catheters, plastic cannula, IV spikes, nasogastric tubes, oxygen tubing and cannula, ventilator tubing, enema bags and tubing, enema bottles, thermometer probe covers, irrigating feeding syringes, and bedpans/urinals.

- Items such as Bandages, Gauze, other Absorbent Materials which are NOT saturated, release blood or body fluids in a semi liquid state if compressed or if caked with dried blood or fluids.

Domestic Violence

" *A pattern of coercive behavior which can include*

- **physical,**
- **sexual,**
- **economic,**
- **emotional,**
- **and/or psychological abuse**

exerted by an intimate partner over another with the goal of establishing and maintaining power and control."

Domestic Violence Intervention

How we can help:

1. Identify domestic violence

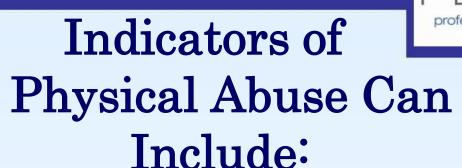2. Assess risks and needs

3. Make a statement "That's not OK"

4. Provide referrals and limited assistance when safe to do so

5. Assure documentation of abuse

6. Follow up if able

DOMESTIC VIOLENCE:
How Health Care
Providers Can Help

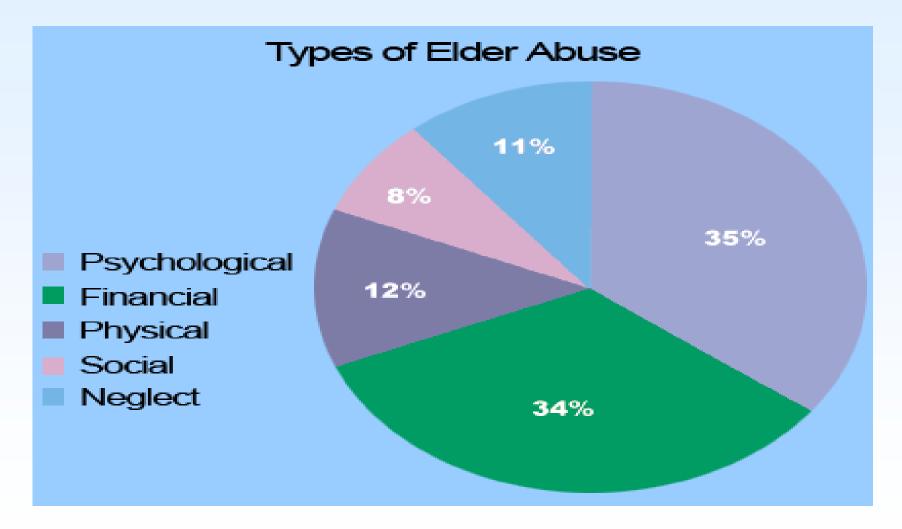# Child Abuse

Indicators of Physical Abuse Can Include:

- Injuries to the eyes, both sides of the head or body (accidental injuries typically only affect one side of the body)
- Frequent injuries of any kind (bruises, cuts, and/or burns) may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns, or impressions of other instruments
- Be alerted to the child who developmentally is unable to provide an adequate explanation of the cause
- Destructive, aggressive, or disruptive behavior
- Passive, withdrawn, or emotionless behavior
- Fear of going home or fear of parent(s)

Elder Abuse

Indicators of Sexual Abuse Can Include:

- Symptoms of sexually transmitted diseases

- Injury to genital area

- Difficulty and/or pain when sitting or walking

- Sexually suggestive, inappropriate, or promiscuous behavior or verbalization

- Expressing age-inappropriate knowledge of sexual relations

- Sexual victimization of

  other children

Warning Signs

- **<u>Skin findings:</u>**
  - Skin tears, abrasions, lacerations, and bruises
- **<u>Fractures:</u>**
  - Spiral fractures of long bones
- **<u>Malnutrition</u>**
  - Also consider financial exploitation
- **<u>Pressure Ulcers:</u>**
  - May indicate neglect
- **<u>Indicators of Sexual Abuse:</u>**
  - Venereal disease
  - Vaginal or rectal bleeding
  - Bruises or lacerations on the vulva, abdomen, or breasts

Reporting Abuses

Health Care Providers are mandated reporters of violence, maltreatment, neglect, and abuse.

Case Management is a helpful resource for staff.

SACH: 987-5171

GSRMC: 368-5000 extension 5083

BSCH: 858-7080

Reporting Abuses

DOMESTIC VIOLENCE:

Victims of domestic violence may not choose to seek help. This must be respected. If a victim does want help some of the resources available to them are:

<u>New York State Domestic Violence 24 hr hotline</u>
<u>1-800-942-6906</u>

Reporting Abuses

CHILD ABUSE:

Reportable with suspected reasonable grounds and requires immediate call to child protective services and/or local police. Healthcare Providers are immune from civil or criminal liability.

For suspected child abuse or maltreatment cases involving children call:

- **Child Protective Services**: 1-800-342-3720
  - ❖ **Orange County:** 845-291-4000
  - ❖ **Rockland County:** 845-821-5639
- **NYS Child Abuse & Maltreatment Register:** 1- 800-635-1522
- **NYS Child Advocacy Resources & Consultation Center:** 1-866-313-3013

Reporting Abuses

ELDER ABUSE:

Often the elderly are left vulnerable when independence is lost. They depend on the care of family and others outside the home.

- New York State **only** 24 hour hotline: 1-800-342-3009 (Option 6)

- Local County Departments of Adult Protective Services:
  - ❖ **Orange County:** 845-291-2800 or 24 Hours Toll Free: 1-800-451-5155
  - ❖ **Rockland County:** 845-364-2020

Thank You
for Completing the
Bon Secours Charity Health System
Orientation Packet

Please close this module by clicking the X
in the upper right hand corner and
proceed to the ConnectCare Support Staff
Orientation Verification Document Link.